



Advancing Reproductive Rights and Health in the New Administration:
Immediate Action Steps

As the nation's leading reproductive health care provider and advocate, Planned Parenthood Federation of America urges the next President to take immediate action to signal a strong commitment to women's health and advance a commonsense approach to pressing reproductive health needs. In addition to appointing/nominating qualified individuals with a demonstrated commitment to the advancement of women's health and rights, the next President should immediately:

- ✓ Restore Affordable Birth Control
- ✓ Repeal the Global Gag Rule and Restore UNFPA Funding
- ✓ Reverse the HHS Refusal Rule
- ✓ End Failing Abstinence-Only Programs and Invest in Comprehensive Sex Education that Protects Young People's Health and Safety

Restore Affordable Birth Control to College Students and Low-Income Women Nearly four million women who depend on college health centers and safety net providers for their birth control have seen prices skyrocket out of reach as an unintended consequence of a change in the Deficit Reduction Act (DRA).¹ Birth control that previously cost \$5 to \$10 per month is now prohibitively expensive for many women and students, costing as much as \$40 or \$50 a month.

Position/Optics: Congress gave the Secretary of Health and Human Services (HHS) the authority to restore nominal drug pricing to appropriate entities. The Bush administration declined to do so. Senator Obama was the sponsor of the no-cost, legislative fix to restore affordable birth control (S.2347 – 36 Senate cosponsors / H.R. 4054 – 176 House cosponsors). 73% of voters think the government should enact policies that make it easier for women at all income levels to obtain contraceptives². 75% believe government should protect the right of individuals to get contraception without government interference or intrusion².

Action: The Secretary of HHS should issue a regulation designating non-profit family planning and college health centers as entities eligible for nominal drug pricing and thereby restoring affordable birth control to college-age and low-income women.

Rescind the Global Gag Rule The global gag rule forces foreign organizations to stop using their own funds for legal abortion-related services or to advocate for safe abortion laws and policies in order to be eligible for desperately-needed U.S. family planning aid. The global gag rule has led to dramatic cutbacks in services, closures of clinics, and serious shortfalls in contraceptive supplies and has gagged providers from providing appropriate health care counseling and information worldwide.

Position/Optics: Senator Obama has voted to repeal the global gag rule³. Moreover, in a questionnaire by RH Reality Check in late 2007, Senator Obama stated that he would repeal the global gag rule.

The global gag rule is the most visible flag in the battle over women's health. On his first day in office, and on the anniversary of Roe v. Wade, President Bill Clinton issued an executive order repealing the global gag rule⁴. On his first day in office, and on the anniversary of Roe v. Wade, President Bush followed the path charted by Presidents Reagan and George H.W. Bush and issued an executive order restoring the "global gag rule."⁵

Action: The President should immediately issue an executive order to repeal this dangerous policy, restore funding, and remove this politically-motivated obstacle to health care for women around the world.

Reinstate Funding to the United Nations Population Fund (UNFPA) The Kemp-Kasten Amendment, which was enacted in August 15, 1985, denies federal funding to organizations or programs that, as determined by the President, support or participate in coercive abortions or involuntary sterilization⁶. Over the last seven years, the Bush Administration has distorted the interpretation of the Kemp-Kasten law to justify its political decision to withhold the funds that Congress has consistently appropriated to UNFPA for family planning services. It is estimated that the \$235 million withheld from UNFPA since 2002 could have prevented roughly 294,000 maternal deaths and could have allowed 82 million women to plan their pregnancies.



Position/Optics: In a questionnaire by RH Reality Check in late 2007, Obama stated that if elected, he would reinstate funding for UNFPA. On September 25, 1985, the Reagan Administration determined that the United Nations Population Fund (UNFPA) was involved in China's one-child program and therefore violated Kemp-Kasten. In 1993, the Clinton Administration issued a new UNFPA policy determination and resumed funding. In 2002, the Bush Administration made the determination that UNFPA supported the China program and has withheld funding since 2002.⁷

Action: The President should instruct the State Department to conduct an unbiased review of the law's requirements in relation to UNFPA's work, taking into account the numerous investigations of UNFPA's activities, to make a fair determination about UNFPA's eligibility for a U.S. contribution for FY 2009.

Reverse the HHS Federal Refusal Rule: A proposed HHS rule published on August 26, 2008 would obstruct access to reproductive and other health services, counseling, and referrals and could open the door for more widespread health service refusals. By HHS' own estimate, the regulation will affect 584,294 health care entities, including hospitals, private physician offices, and health centers. This new, expansive interpretation of existing law not only takes patients' health care needs out of the equation but also conflicts with accepted medical standards of health care and treatment and creates possible conflicts with state laws designed to enhance access to reproductive health services.

Position/ Optics: Senator Obama signed on to a Congressional letter calling on HHS to withdraw the proposed rule. Since HHS formally proposed this regulation, strong public opposition to the proposed regulation has been generated, including comments from over 150 members of Congress (including Senators Obama and Biden), a bipartisan coalition of state elected officials, and 200,000 official comments -- 90,000 of those from Planned Parenthood activists. In addition, the Office of the General Counsel and two Commissioners of the EEOC opposed the rule. State departments of health weighed in as well, and a group of over 80 organizations sent a letter to Secretary Leavitt opposing the rule. Nearly every prominent health care provider association and health advocacy organization has weighed in against the regulation, including the American Medical Association, National Association of Community Health Centers, the American Public Health Association, the American Academy of Pediatrics, and the Association of Maternal and Child Health Programs.

Action: The Secretary of HHS should take immediate steps to reverse this policy.

Eliminate Failing Abstinence-Only Programs & Invest in Comprehensive Sex Education Since 1998, federal policymakers have allocated more than \$1.3 billion taxpayer dollars for abstinence-only programs despite overwhelming evidence that these programs are failing to protect young people.^{8,9}

Complete, accurate, and age-appropriate sex education helps young people reduce their risk of unintended pregnancies and STIs, including HIV/AIDS, helps keep young people safe by delaying sexual activity and increasing contraceptive use when they do have sex.¹⁰

Position: Polls show that most parents believe that young people should receive comprehensive sex education, as do a broad range of professional health organizations. In fact, a majority of voters in nearly every demographic category, including Democrats, Republicans, and independents, as well as "red state" voters, Catholics, and evangelical Christians, support comprehensive sex education. 75% of voters believe public schools should be required to teach comprehensive sex education, which includes information about contraception, abstinence, and how to avoid sexually transmitted diseases such as HIV and AIDS.ⁱⁱ

Senator Obama supported an amendment to provide funding for comprehensive, medically accurate sexuality education and other programs to prevent unintended teen pregnancies¹¹. He is also a cosponsor of the Responsible Education About Life (REAL) Act (S. 972 – 18 Cosponsors, H.R. 1653 – 110 cosponsors), which would provide federal money to support responsible sex education in schools, and the Prevention First Act, which includes the REAL Act language (S. 21 – 34 cosponsors, H.R. 819 – 164 cosponsors). Senator Obama also introduced S. 1790, the Communities of Color Teen Pregnancy Prevention Act of 2007, which would help prevent teen pregnancies in minority communities.

Action: The President's budget should de-fund abstinence-only and invest in the health and lives of our nation's young people by:



- (i) abolishing the abstinence-only program within the Title V MCH Services Block Grant;
- (ii) abolishing the Community-Based Abstinence Education program;
- (iii) de-linking the Adolescent Family Life Act (AFLA) from the A-H definition in the Title V abstinence-only program;
- (iv) providing at least \$50 million to promote comprehensive sex education in our schools and communities nationwide.

We look forward to working with the new administration to continue to advance common sense solutions that promote women's health. These measures should:

- Prioritize prevention;
- Improve access to abortion care;
- Support healthy pregnancies;
- Guarantee access to comprehensive, quality, affordable health care for all;
- Reclaim America's global leadership on reproductive health;
- Restore integrity to the government's public health decision-making processes;
- Appoint judges and executive officials who are highly qualified and committed to individual rights and justice.

Strike Budgetary Restrictions That Block Women's Access to Abortion Care: Bans on public funding for abortion services have severely restricted access to safe abortion care for women who depend on the government for their health care. These policies create an unjust obstacle to quality health care and inflict disproportionate harm on poor women, women of color, and certain immigrant women who already face significant barriers to receiving timely, high-quality health care. Limited resources can force women to delay the procedure, which then becomes more expensive and more complicated. Women who have health coverage through the federal government should receive high-quality and comprehensive services, at least equal to those that women in most private health insurance plans receive. The President's budget should strike language restricting abortion funding for (i) Medicaid-eligible women and Medicare beneficiaries (Hyde amendment); (ii) federal employees and their dependents (FEHB program); (iii) residents of the District of Columbia; (iv) Peace Corps volunteers; (v) Native-American women; and (vi) women in federal prisons.

Position/ Optics: President Clinton eliminated these funding "riders" from his budget submissions to Congress. While the votes do not exist in Congress to eliminate all restrictions on funding for abortion in annual Appropriations bills (such as the Hyde Amendment), it is important that the President send the message that he does not support these restrictions; in addition, we would likely win a fight to restore abortion access for residents of the District of Columbia (currently DC can not even use its own funds for abortion services). Vote count for DC is roughly 223-209 in the House and 60-38 in the Senate. Vote count for Hyde / measures related to public funding generally is roughly 184-248 (in the Senate, vote would be roughly 43-67). Vote counts will change based on the outcome of outstanding races.

Action: The President should omit these restrictions in the budget submitted to Congress and indicate a commitment to working with Congress to repeal these restrictions fully.

¹ Planned Parenthood fact sheet: Affordable Birth Control Campaign Issue Brief. http://www.plannedparenthood.org/idaho/files/Idaho/issue_brief.pdf (accessed October 21, 2008).

Tessa McClellan, "Birth Control Prices Remain High," CBS.com (May 8, 2008), <http://www.cbsnews.com/stories/2008/05/06/politics/uwire/main4076566.shtml> (accessed September 24, 2008).

² On behalf of Planned Parenthood Federation of America and the National Women's Law Center, Peter D. Hart Research Associates, Inc., conducted a multi-stage research project focused on issues surrounding reproductive health and abortion. The first stage of research involved six focus groups among voters who express ambivalence about abortion policy. This qualitative stage was followed a large-scale national survey of 1,870 voters with oversamples of African-American and Hispanic voters.

³ 4/05/05, Boxer Amendment to S.600, passed 52-46, roll call 83

⁴ Clinton, William J. Memorandum for the Acting Administrator of the Agency for International Development, Subject: AID Family Planning Grants/Mexico City Policy. January 22, 1993.

⁵ Bush, George W. Memorandum for The Administrator Of the United States Agency For International Development, Subject: Restoration of the Mexico City Policy. January 22, 2001.



⁶ P.L. 107-115

⁷ Blanchfield, Louisa. CRS Report for Congress RL32703: The U.N. Population Fund: Background and the U.S. Funding Debate. July 24, 2008

⁸ Trenholm et al., Impacts of Four Title V Section 510 Abstinence Education Programs, Final Report. Princeton, NJ: Mathematica Policy Research, Inc.; April 2007.

⁹ Kirby, D. *Emerging Answers, 2007*. The National Campaign to Prevent Teen and Unplanned Pregnancy, Washington, DC, 2007.

¹⁰ Douglas Kirby, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases* (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007)

¹¹ 07/25/06, Lautenberg amendment to S. 403, amendment failed 48-51, roll call 214.



**SHORING UP THE SAFETY NET: A CRITICAL COMPONENT
OF THE ECONOMIC STIMULUS**
Proposal to Stimulate the Safety Net

Funding Request

Congress should invest \$15 billion for safety net health care providers, with at least \$7 billion reserved for freestanding health care clinics that provide essential primary and preventive care to low income populations in their communities. Women, in particular, are affected by this economic downturn, as they are more likely than men to lose their jobs and less likely to qualify for unemployment benefits. In addition, women and children make up the vast majority of Americans living in poverty, as well as the total number of uninsured. Accordingly, special emphasis should be placed on supporting freestanding safety net health care clinics that provide preventive health care services for women and families.

To address the disproportionate impact the economic downturn has on women and children, \$2 billion dollars of this investment should be made directly to eligible public or nonprofit freestanding health clinics through Title X (Voluntary Family Planning) of the Public Health Service Act, and Title V (Maternal and Child Health Services Block Grants) and Title XX (Block Grants to States for Social Services) of the Social Security Act for the purposes described below. Due to the targeted use of these grants as well as the need to distribute the funding in an expedited fashion, the typical process for allocation of funding through these programs should be bypassed and the federal government should be responsible for distributing grant funding directly to eligible entities.

Eligible Entities

Eligible entities should include freestanding health care clinics that are recipients of funding through Title X of the Public Health Service Act, or Title V or Title XX of the Social Security Act, as well as entities that provide the same or similar services to the same population but that do not receive public funding under these programs.

Purposes

Direct Grants for Infrastructure Investment - The Secretary should make grants to and enter into contracts with eligible entities to assist them with costs associated with the expansion, development and on-going operation of health delivery sites and services, including:

- (1) the recruitment, retention, compensation, and training of health professionals and administrative staff;
- (2) the purchasing and upgrading of equipment, supplies, and information systems, including health information technologies (HIT);
- (3) the acquisition, modernization, expansion or construction of facilities;
- (4) the creation of reserves to furnish services on a prepaid or capitated basis; and
- (5) such other capital costs as the Secretary may determine are necessary.

Direct Grants for Essential Public Health Services - The Secretary should make grants to and enter into contracts with eligible entities to assist such entities in providing primary preventive health care services authorized under the programs referenced above.

Direct Grants for Enabling Services - The Secretary should make grants to and enter into contracts with eligible entities to assist such entities in providing enabling services, including transportation, community and patient outreach, patient and family education, translation services, care coordination, and such other services as the Secretary determines appropriate in carrying out the purpose of the economic recovery package.

Anti-discrimination Provision

The governing body responsible for allocating the grant funding authorized herein should be expressly prohibited from discriminating against eligible entities on the basis that they provide legal health care services.

Diversity Provision

The governing body responsible for allocating the grant funding authorized herein must ensure that such funding is distributed to a diverse group of health care safety net providers that includes private nonprofit health centers.

For more information, please contact the Planned Parenthood Government Relations Department at 202-973-4828.



STIMULATING THE HEALTH CARE SAFETY NET: GENERATING JOBS, EXPANDING ACCESS

ECONOMIC CRISIS

Last month, 533,000 jobs were cut in the United States—the largest loss since 1974. Tragically, when Americans lose their jobs, they often lose their health insurance coverage too. In fact, for every one percentage point rise in unemployment, 1 million people become uninsured.

Women, in particular, are affected by this economic downturn. Women pay more for their health care than men and because they earn less, these health care expenses make up an even greater share of their income. When women lose their jobs, they are less likely to qualify for unemployment benefits, putting health care even further out of reach. In addition, women and children are more likely to be insured through public programs like Medicaid and SCHIP, which are being cut in many states due to the economy.

As the economic crisis worsens, women and their families are increasingly turning to health care safety net providers, such as family planning health centers, for a reliable source of care. At the same time, the state revenue support and private funding that safety net providers depend on is dwindling fast.

It is critical that Congress make a significant investment in the recruitment, training and staffing of health care providers who will undoubtedly serve as a lifeline for an increasing number of Americans in the coming years. Doing so will not only expand access to care, but it will contribute to the economic stimulus our country so badly needs right now.

BUILDING INFRASTRUCTURE; CREATING JOBS

Investing in safety net providers would serve as an engine of job growth—generating training programs and employment for skilled health care professionals. In fact, U.S. safety net health systems are responsible for over one million jobs and more than \$133 billion in economic output.¹

However, the health care safety net is severely strained from the increasing demand for its services—limiting providers' ability to generate more jobs, purchase supplies and equipment, and invest in desperately-needed infrastructure projects.

Without an immediate infusion of federal financial support, safety net providers will crumble under the weight of this unprecedented demand, with detrimental effects for millions of Americans and for the economic outlook of states.

Proposal to Stimulate the Safety Net

As a part of the economic stimulus package, Congress should invest federal funds into shoring-up the health care safety net—generating jobs and building the infrastructure that will support real health care reform in the process.

Investing in the Safety Net*:

Congress should set aside \$15 billion for safety net health care providers, with at least \$7 billion reserved for freestanding health care clinics that provide essential primary and preventive care to low income populations in their communities. To address the

overwhelming effects of the economic downturn on women and children, \$2 billion of this investment should be made through the following funding streams:

- Title V Maternal and Child Health
- Title X Family Planning Program
- Title XX Social Services Block Grant (designated medical care provided under the program).

These funds should be designated for job retention and creation, infrastructure investment, essential public health services, and enabling services, including:

- (1) the recruitment, retention, compensation, and training of health professionals and administrative staff;
- (2) the purchasing and upgrading of equipment, supplies, and information systems, including health information technologies (HIT);
- (3) the acquisition, modernization, expansion or construction of facilities;
- (4) the creation of reserves to furnish services on a prepaid or capitated basis;
- (5) the provision of primary preventive health care services authorized under these programs;
- (6) transportation, community and patient outreach, patient and family education, translation services, care coordination, and such other services as the Secretary determines appropriate; and
- (7) other capital costs as the Secretary may determine are necessary to achieve the objectives of the economic recovery package.

* For more information on Planned Parenthood's proposal to invest in the safety net, please see *Shoring up the Safety Net: A Critical Component of the Economic Stimulus; Proposal to Stimulate the Safety Net*.



EXPANDING ACCESS TO AFFORDABLE HEALTH CARE

In addition to laying employees off or shutting their doors, businesses across the country are also liquidating health care benefits—fueling our nation’s health care crisis and exasperating our economic one. It is critical that Congress consider the importance of expanding access to health care services during this time by implementing common-sense policies that support safety net providers and the patients they serve.

340B Expansion: The 340B Program is a federal drug discount program that requires manufacturers to sell drugs at a reduced cost to certain safety net providers. While the 340B program includes approximately 12,000 covered entities, key safety net providers, including many non-Title X family planning health centers, do not currently qualify for the program. As a result, these health care providers have been left with dramatically increasing drug costs and are struggling to serve the patients who rely on them most. The 340B program must be expanded to increase access to drugs and devices for preconception, post-natal and inter-conception care in the 340B program by: (1) adding public or private non-profit clinics providing the services described in Sections 1001 and 318 of the Public Health Service Act including preconception, post-natal and interconception care and (2) covering certain devices under the program

Restore Affordable Birth Control: Nearly four million women who depend on college health centers and safety net providers for their birth control have seen prices skyrocket out of reach as an unintended consequence of a change in the Deficit Reduction Act and the implementing final rule. Birth control that cost nearly \$5 to

\$10 per month is now prohibitively expensive for many women and students, costing as much as \$40 or \$50 a month. In addition, many family planning health centers have absorbed much of this price increase, further straining already limited resources. Restoring nominal drug pricing for certain family planning health centers and all university based health centers would ensure that family planning clinics are able to continue to serve low-income and uninsured individuals in need of family planning services. This provision would cost nothing to the federal government, but would be a meaningful savings to American families and prevent costs associated with unintended pregnancies.

Expand Coverage of Medicaid-Funded Family Planning Services: It is well-documented that Medicaid family planning expansions save millions of dollars for both states and the federal government. In fact, every \$1 spent on family planning by family planning clinics saves the Medicaid program over \$4. However, in order to expand these critical services to populations in need, states have to navigate a burdensome administrative process that can take up to two years to complete. Congress should include a provision (similar to that passed in the House in 2007) that gives states the option to expand access to family planning services without having to go through the cumbersome 1115 demonstration waiver process. The Congressional Budget Office has estimated that this provision would save the federal government \$400 million dollars over 10 years.

Extend California’s Family Planning, Access, Care and Treatment Program (F-PACT): F-PACT is one of the most successful Medicaid family planning waiver programs in the nation, serving more than 1.65 million people and averting nearly 170,000 unintended pregnancies every year. Recent changes required by the Centers for Medicare and Medicaid Services (CMS) would create significant barriers to continuing the

program. In its September 2008 renewal of F-PACT, CMS stipulated strict new eligibility determination procedures that would increase the cost of services by more than 66 percent. Congress should include a provision that extends the F-PACT waiver under the existing terms and conditions until June 30, 2009, to give the new Administration and California an opportunity to negotiate terms and conditions that will protect the viability of the F-PACT program and ensure patient access to the vital services provided under it.

Ease the Regulatory Burden on States: Under the Deficit Reduction Act, individuals are now required to provide satisfactory documentary evidence of citizenship or nationality when initially applying for Medicaid or upon a recipient’s first Medicaid re-determination. This requirement has resulted in millions of eligible citizens losing access to Medicaid. Additionally, states are paying millions of dollars to implement this onerous and unnecessary requirement. Restoring the citizenship documentation to a state option would not only save states millions of dollars during these rough economic times, but would allow citizens to access care for which they are eligible.

Without a support mechanism in place for safety net providers, states will undoubtedly make more budget cuts that will both weaken the economy and hurt American workers. The economic stimulus package being considered by Congress must include resources to fortify the health care safety net. By supporting safety net providers’ efforts to stabilize health care operations, rebuild capacity, and modernize delivery of care, the federal government will go a long way towards restoring the health of our nation.

For more information, please contact Planned Parenthood Government Relations Department at 202-973-4828.

¹ National Association of Public Hospitals, “Safety Net Solutions: Ensuring Health Care Access & Jobs.” December 2008.