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Attacks on reproductive health care reach new low

Michele Goodwin is a Chancellor's Professor at UC Irvine and director of the Center for Biotechnology & Global Health Policy and its Reproductive Justice Initiative. She serves on the Executive Committee of the American Civil Liberties Union and board of directors of the Orange and San Bernardino Counties Planned Parenthood. The comments in this article are the author's own and do not reflect Planned Parenthood or the ACLU.



The misguided attacks on reproductive health care rights reached a new low last week. Shrouded in secrecy and kept largely from public view, a divided senate undercut poor women's access to urgent reproductive health care such as contraception, gynecological exams, cervical and breast cancer screenings, and testing for STDS and HIV. In reality, many of these services protect men too, but it is a consistent pattern in this Congress to take

direct aim at women's reproductive healthcare and rights.

On April 13, in the wake of a failed "repeal and replace" of the Patient Protection and Affordable Care Act (ACA), republican lawmakers successfully ushered health care legislation to President Donald Trump's desk, which he quickly and quietly signed. The new law permits states to withhold federal Title X family planning dollars from clinics and organizations that do exactly that - provide family planning services such as contraception to poor men and women throughout the U.S.

Uncharacteristically, Trump signed the law behind closed doors, away from cameras and reporters, avoiding public scrutiny about the legislation, which barely made it out of the Senate. Republican lawmakers scrambled for votes after Sens. Lisa Murkowski (R-Alaska) and Susan Collins (R-Maine) voted against the legislation, likely because the law stands to harm the poorest Americans. The new legislation allows states to bar organizations that perform abortions from participating in Title X programs. Vice President Michael Pence cast the deciding vote to break the Senate's tie.

On one hand, the law took aim at Planned Parenthood and other medical providers who provide abortion services to the women who need and want them. In fact, this has been a long-standing effort by some members of Congress. However, Planned Parenthood will survive. Its doors will remain open. But what about the women it serves through this program, where will they go? Although Planned Parenthood receives only 13 percent of Title X funding, it provides care to almost 40 percent of the women benefiting from Title X.

Moreover, the problem is that without preventative health care services, poor women unjustifiably suffer. This can even mean their deaths. For example, women are more likely to die during pregnancy in Republican strongholds than elsewhere in the country. That is even while access to abortion is being stripped away. Women who try to carry pregnancies to term in dignified ways, suffer high rates of death in the U.S. - often in the very states that also impose the most restrictive barriers and obstacles to abortion and now contraception.

One federal data point shows that Mississippi has "one of the highest" maternal mortality rates in the U.S. and it's climbing; the average rate of death for pregnant women in that state is about 40 deaths per 100,000 live births. In Texas, the maternal mortality rate nearly doubled between 2010 and 2014. Indeed, this was during the same period that Texas enacted some of the most restrictive abortion laws in the country, while also cutting Planned Parenthood from its Medicaid funded programs. In fact, according to one report, Texas has the highest maternal mortality rate in the developed world. The data for Georgia, Michigan and Oklahoma are equally chilling.

One thing in common among each of these states has been the concerted legislative attacks on women's reproductive rights both in their state legislatures and by their representatives sent to Congress. Indeed, the ailing Georgia senator, Johnny Isakson, who recently underwent two back surgeries, made his way from Georgia to cast the tie vote on Title X before leaving again.

These disturbing state trends reflect a growing national problem that disregards poor women's health generally, and particularly within the family planning sphere. In fact, according to the CIA, the United States ranks at the bottom of all industrialized nations on maternal and infant mortality. On maternal mortality alone, the CIA reports that the U.S. ranks behind Iran, Bosnia, Croatia, Kuwait, Serbia, Slovenia and way behind Switzerland, Italy, Sweden, Spain and the Netherlands - to name a few. None of this data is new; members of Congress already know this.

Lawmakers who voted to allow states to ban abortion providers from receiving Title X reimbursements for preventative healthcare services, claim that poor women will receive contraceptive care, STD treatments, and cancer screenings elsewhere. In reality, that simply isn't true. Texas is a perfect example.

In 2013, Texas banned Planned Parenthood from receiving state funds related to preventative healthcare services. Texas claimed that poor women would receive family planning services, including birth control services elsewhere. That's not what happened. Instead, there was a dramatic rise in unintended pregnancies amongst poor women. There was a sharp decline in long-acting reversible contraceptives, a reduced demand for hormone injections, which inhibit ovulation, and the rate of intra-uterine device implants fell.

According to a recent study published in the *New England Journal of Medicine*, although fewer than 10 percent of Texas counties has a Planned Parenthood affiliate, the organization actually served 60 percent of that state's poor women of childbearing age. Not surprisingly, births to low income women increased in Texas counties where Planned Parenthood providers were not able to provide care. Researchers have not concluded why that is. However, one good guess is that few medical providers want to take women on state funded insurance, like Medicaid. So, many do not offer services to that population. Texas paid the price in millions of dollars for Medicaid funded pregnancies and childbirths.

The study's authors concluded, "the exclusion of Planned Parenthood affiliates from a state-funded replacement for a Medicaid fee-for-service program in Texas was associated with adverse changes in the provision of contraception."

Those most likely to hurt by the exclusion of qualified, safe, medical providers from Title X funding will be low income women, especially African-American women who already disproportionately suffer the worst reproductive healthcare fates in the U.S.

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