**LCI Position on Women’s Healthcare**

Because the Trump administration has made significant attempts to diminish women’s healthcare services and women’s right to choose and with the current conservative bias of the Supreme Court, the Lowcountry Indivisible Health Team has determined that it is important to address the subject of women’s healthcare as a separate issue.

Issues of relevance women’s healthcare include:

* Access to family planning services
* Coverage for maternal-childbirth care
* Addressing domestic violence as a public health emergency
* Continued access to abortion care

ACCESS TO FAMILY PLANNING SERVICES:

According to the Guttmacher Institute, when women and their partners have access to a wide range of contraceptive methods, they are better able to plan and space their births leading to positive health, social and economic outcomes for women, families and society.

* Contraceptive services and supplies can be costly. In particular long-acting methods, which are the most reliable, can cost hundreds of dollars.
* Unless the federal and state governments provide funding for family planning services and supplies to help women meet these challenges, approximately 20 million women will not be able to afford contraceptive services and supplies.
* Family planning plays a pivotal role in poverty reduction. (Allen, RH, The role of family planning in poverty reduction, Obstet Gynecol, 2007, 110(5): 999-1002, doi: 10.1097/01.AOG.0000287063.32004.23)
* It is estimated that in 2014, publically funded family planning services helped women avoid nearly two million unintended pregnancies, which would likely have resulted in 900,000 unplanned births and nearly 700,000 abortions. ([https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update](https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update" \t "_blank))
* Providing family planning services to avoid unintended pregnancies saves approximately $7.00 in Medicaid expenditures for every dollar spent on these services. (Frost JJ et al., Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program, *Milbank Quarterly*, 2014, 92(4):696–749, doi:10.1111/1468-0009.12080)
* The Affordable Care Act (ACA) requires (in most instances) that private insurance companies and employer health insurance plans cover a designated list of preventive services without out-of-pocket costs to the consumer, including all FDA-approved contraceptive methods and contraceptive counseling for women. The ACA is under active attack by the Trump administration and Congressional Republicans whose goal it is to repeal the law and limit access to family planning services.
* As of July 2018, only 29 states also have laws in place requiring that insurers cover prescription drugs in general to cover the full range of FDA-approved contraceptive drugs and devices, which could leave millions of women without affordable coverage. ([https://www.guttmacher.org/state-policy/explore/insurance-coverage-contraceptives](https://www.guttmacher.org/state-policy/explore/insurance-coverage-contraceptives" \t "_blank))

LCI supports federal funding for family planning services for those individuals who have incomes at 250% of the poverty line or below and continued mandates for all health insurance plans to provide full coverage for family planning services and contraceptive care. \*\*

\*\* Planned Parenthood currently uses 223% of poverty level as their benchmark for free contraceptive services.

COVERAGE FOR MATERNAL-CHILDBIRTH CARE:

According to a new report on maternal and infant mortality released by UNICEF and WHO, approximately 2.8 million pregnant women and newborns die each year worldwide, mostly from preventable causes. In the United States the maternal mortality ratio among women ages 15–49 is 14/100,000 live births, which is higher than 10 other developed countries including Canada, Germany and the United Kingdom.

* Republicans have been critical of requiring health plans to cover maternity care arguing that this is not something that all individuals should subsidize as many may not have children or be of childbearing age. It is important to point out that almost all individuals benefit at some point in their life from maternity and newborn care. The most recent national estimate found that by age 40, 85% of U.S. women had given birth; 76% of men had fathered a child; and essentially every person has benefited as an infant. ([https://www.cdc.gov/nchs/data/nhsr/nhsr051.pdf](https://www.cdc.gov/nchs/data/nhsr/nhsr051.pdf" \t "_blank))
* The ACA mandated that all health plans cover maternity care. The cost for a live birth in the US averages between $15,000 and $20,000. For many families, this is unaffordable. Without the mandate women would face the problems with maternity care coverage and discrimination that existed prior to the ACA’s passage. With a maternal mortality rate that is already higher than most of the developed countries, this could result in higher rates of maternal and neonatal deaths especially in poor and minority communities.
* The Centers for Disease Control and Prevention reported that African-American, Native American and Alaska Native women [die of pregnancy-related causes at a rate about three times higher than those of white women](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w" \t "_blank).
* Gaps in care exist and The American College of Obstetricians and Gynecologists, acknowledges that racial bias within the health care system is contributing to the disproportionate number of pregnancy-related deaths among minority women.

LCI supports continued mandates for all health insurance plans for provide coverage for maternity care services and that all candidates for office have a plan to address maternal mortality (particularly in the minority community) as a public health priority.

ADDRESSING DOMESTIC VIOLENCE AS A PUBLIC HEALTH EMERGENCY

Domestic Violence, also known as Intimate Partner Violence (IPV) is common in all countries including the US.  It affects millions of people in the United States each year. Data from CDC’s National Intimate Partner and Sexual Violence Survey (NISVS) indicate:

* About 1 in 4 women and nearly 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related impact.
* Over 43 million women and 38 million men experienced psychological aggression by an intimate partner in their lifetime.
* According to the Violence Policy Center, South Carolina continues to rank as the fifth worst state in the nation when it comes to protecting female victims of domestic violence, and the state’s “domestic-violence homicide rate” is more than 1.5 times the national average. (<https://www.thestate.com/news/state/south-carolina/article219317295.html> )

LCI supports candidates for office who address the problems of domestic violence from both a criminal justice and public health perspective. Policies should include barring reported domestic abusers from owning guns; increasing penalties for offenders; increasing training for healthcare workers, police officers and first responders; and increasing funding for shelters and other programs that assist victims of domestic and intimate partner abuse.

CONTINUED ACCESS TO ABORTION CARE

The legal right to choose has been under assault from the radical right for a number of years and has escalated dramatically since the Trump inauguration and the appointment of Gorsuch and Kavanaugh to the Supreme Court. Statistics from the Guttmacher Institute (<https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>) show that:

* 13.5 percent of pregnancies end in voluntary abortions and approximately 862,320 abortions were performed in 2017, down 7% from 926,190 in 2014. This is the lowest rate ever observed in the United States; in 1973, the year abortion became legal, the rate was 16.3%.
* As of September 1, 2019, 29 states are considered hostile toward abortion­­ rights, 14 states are considered supportive and seven states are somewhere in between.
* In 2019, 58% of U.S. women of reproductive age (nearly 40 million women) lived in states that were considered hostile to abortion rights. In contrast, 24 million women of reproductive age (35% of the total) live in states that were supportive of abortion rights.
* The Supreme Court has agreed to hear in this term the Louisiana case that requires all abortion providers to have admitting privileges at a hospital within 30 miles. A remarkably similar Texas law was struck down three years ago when Justice Kennedy was still on the bench. The fact that the Court is willing to re-litigate this case is ominous for abortion access in states hostile to abortion rights.
* Right-leaning legislators and so called pro-life advocacy groups continue to harass abortion providers and misrepresent the facts on abortion, yet the majority of the American public still believes that abortion should be legal in all or most cases.
* Planned Parenthood was forced to withdraw from all federal funding for its comprehensive women’s healthcare program and declined the Trump administration ultimatum that they cease all abortion care and referral services.

LCI supports candidates for office who support a women’s right to choose and have a platform to address the assault on abortion rights, including the appointment of judges and justices who support the right to choose, and a plan to address legislative challenges to abortion rights in states hostile to the legal right to choose.