

Though reproductive health issues are not in the forefront of most lawmakers' agendas, they remain profoundly controversial both on Capitol Hill and across the country. Americans are sharply divided about such issues as abortion, sex education, and insurance coverage for reproductive health services. At the same time, sexually transmitted diseases and un-wanted pregnancies remain key parts of the social landscape. In the absence of a consensus on such issues, leaders in all three branches of government, at both federal and state levels, will continue to grapple with reproductive health issues by balancing strongly held views on opposing sides.

BACKGROUND

While pregnancy and abortion rates declined between 1990 and 1999, unintended pregnancy remains problematic.¹ Nearly half of all pregnancies in the United States each year are unplanned, and half of all unplanned pregnancies end in abortion.² Over nine of 10 women at risk of unintended pregnancy are using a contraceptive method, but because the risk of pregnancy is so high for women who use no method, nearly half (47 percent) of all unintended pregnancies in the U.S. occur among the small percentage of women (7 percent) who do not use any contraception.³

PUBLIC AND PRIVATE FAMILY PLANNING COVERAGE

Many women of childbearing age are covered by employer-based health insurance. Prescription coverage for oral contraceptives, though not common 10 years ago, has increased substantially in recent years under these plans. In 2002, 97 percent of employment-based insurance plans covered oral contraceptive pills, up from 59 percent in 1993.⁴ This increase in coverage reflected, in part, the impact of 20 states having enacted laws requiring insurance plans to give the same coverage for FDA-approved contraceptive prescriptions as they do for other prescription drugs.^{5,6} (See chart, "Employer-Based Coverage of Oral Contraceptives and Prescription Drugs, 1999-2003.")

Federal employees gained full coverage for prescription contraceptives in 1998, when Congress required contraceptive coverage in insurance plans participating in the Federal Employees Health Benefits Program (FEHBP). As the largest collection of employer-sponsored health plan in the world, FEHBP serves as a bellwether for private employers shaping their employee health plans.

Many American women rely on publicly funded family planning clinics for free or low-cost contraceptives and

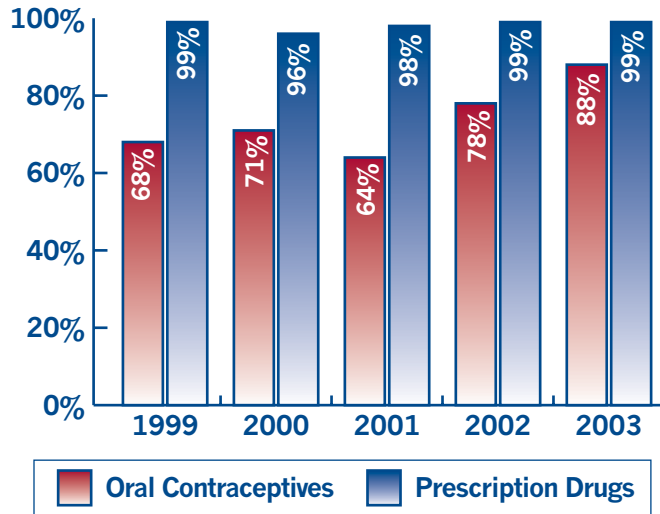
KEYFACTS

- In 2000, six million of the 60 million American women of childbearing age (15-44) became pregnant.^a
- The proportion of private insurance plans covering the full range of contraceptive methods tripled from 28% in 1993 to 86% in 2002, and the proportion covering no method at all plummeted from 28% to only 2%.^b
- Each year an estimated 18.9 million new STD infections occur among Americans aged 15 and older. Roughly nine million of these new infections occur among teenagers and young adults.^c
- The teenage pregnancy rate in the United States is down 28% since its peak in 1990, and is at its lowest level in 30 years.^d The abortion rate among 15-19 year olds was 25 per 1,000 women in 2000, a 27% decline from the rate in 1994.^e
- In 2000, 1.31 million abortions took place, down from an estimated 1.36 million in 1996.^f At current rates, about one in three American women will have had an abortion by the time she reaches age 45.^g

For key fact sources, see endnotes.

Employer-Based Coverage of Oral Contraceptives and Prescription Drugs, 1999-2003

Percentage of Covered Workers in Plans with Coverage



Source: Kaiser Family Foundation and Health Research and Educational Trust (1999-2003). (www.kff.org/insurance/ehbs-archives.cfm)

related preventive health services.⁷ Medicaid, the joint federal-state program that finances health services for millions of low-income individuals, is now the single largest source of funding for subsidized family planning services and supplies nationwide, contributing \$770 million in 2001.⁸ Without public funding for contraceptives, an estimated 1.3 million additional unplanned pregnancies would occur each year; about 632,300 would likely end in abortion.^{9,10}

As part of their coverage of prescription contraceptives, many private and public insurance programs include coverage for emergency contraceptives.¹¹

ABORTION

The U.S. abortion rate has been declining for the past decade, and in 2000 reached its lowest level since 1974.¹² The majority (93 percent) of abortions occur in clinics, primarily because clinic abortions are less expensive than hospital and private physician's offices, and are more easily accessible. Only 5 percent of abortions in the U.S. are performed in hospitals and 2 percent in physicians' offices.¹³ Two types of abortion

— surgical and medical — are currently available. The most common surgical abortions are first trimester procedures, known as vacuum aspiration and dilation and curettage (D&C). Late-term abortion procedures, which are relatively rare, are known as dilation and evacuation (D&E) and dilation and extraction (D&X). Together, all these procedures accounted for 94 percent of all abortions performed in 2000. The second type of abortions are referred to as medical abortions, in which a doctor administers a combination of drugs (either mifepristone or methotrexate, in combination with misoprostol), made up the rest.¹⁴ The number of abortion providers has been decreasing over the past decade. (See chart, "Number of Abortion Providers in the United States.")

About 31 percent of Americans with employer-based health insurance are covered for abortion services.¹⁵ Federal law enacted as an annual rider to appropriations bills — collectively known as the Hyde Amendment — prohibits Medicaid from paying for abortion services with federal funds, with exceptions for life endangerment, rape and incest. The State Children's Health Insurance Program (SCHIP) permanently prohibits permanently prohibits payment for abortion services with the same restrictions. However, 17 states use their own funds to pay for all or most medically necessary abortions for poor and lower-income women.¹⁶ Many women (74 percent) pay out-of-pocket for abortions. The cost depends on the type of abortion (surgical or medical) and gestational age. In 2001, women on average paid \$372 for the procedure, most often at a clinic. The average charge for a medical abortion was \$490 for an abortion using mifepristone and \$438 using methotrexate.¹⁷

Abortion opponents often characterize D&X procedures as "partial birth-abortion" and assert that the fetus should be considered viable. In June 2000, the U.S. Supreme Court in *Stenberg v. Carhart* struck down a Nebraska ban on partial-birth abortions because it created an "undue burden" on a woman's right to end her pregnancy. The Supreme Court also expressed concern about the vague wording in the ban that could have prohibited first-trimester procedures.¹⁸

During the Clinton administration, Congress passed

legislation to outlaw partial-birth abortions three times. On two occasions, Congress failed to override President Clinton's veto. In the third instance, the House and Senate passed different versions and the bill never reached the president.¹⁹

In 2003, President Bush signed the Partial-Birth Abortion Ban Act.

Pro-choice advocates argue that the abortion ban legislation prevents doctors from providing safe and medically appropriate care for their patients. The ban does not include an exception to allow the procedure when a woman's health is threatened, and advocates express concern that the ban may be a stepping-stone to banning all legal abortions. Pro-life organizations assert that, from a medical viewpoint, the procedure is never necessary.

As of May 2004, 31 states had enacted partial-birth abortion bans, but only four of them meet the requirements of the Carhart decision by allowing such abortions when necessary to preserve the woman's life and health and imposing the ban only after viability.²⁰ Of the remaining 27 bans, eight are being enforced, one is temporarily blocked pending resolution of a legal challenge, and 18 bans have been specifically blocked by a court.²¹ The federal law is currently being challenged in court; judges in New York, California, and Nebraska have issued orders preventing the enforcement of the ban.²²

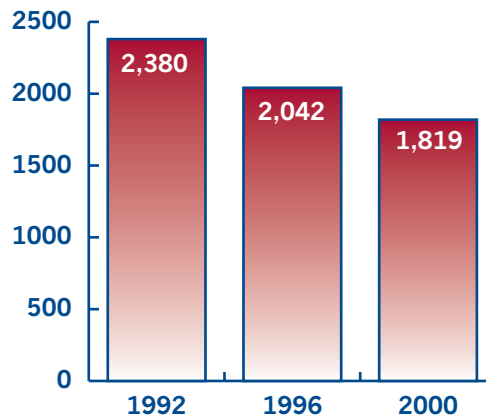
SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STIs) are much more common than many people think. STIs are generally divided into two categories: bacterial (which can be cured with antibiotics) and incurable viral infections, whose symptoms are often treatable. By age 24, at least one in four Americans is believed to have contracted an STI²³, and an estimated 65 million Americans are now living with an incurable STI.²⁴ Many STIs are asymptomatic, leaving people unaware that they are infected. Recent studies have shown that 15-to-24-year olds, who represent one-quarter of sexually experienced Americans, accounted for half of newly diagnosed sexually transmitted infections (STIs) — more than nine million cases — in 2000.²⁵

Public health officials agree that the best advice for

Number of Abortion Providers in the United States

(SELECTED YEARS)



Source: Finer, Lawrence B. and Stanley K. Henshaw (2003). "Abortion Incidence and Services in the United States in 2000." *Perspectives on Social and Reproductive Health*, 35/1, January/February. (www.guttmacher.org/pubs/journals/3500603.html)

people who are sexually active is to limit the number of sexual partners, to avoid sexual contact and seek medical evaluation if they suspect infection, and to use latex condoms correctly every time they have sex. Condoms do not offer universal protection from all STIs, but they can reduce the risk of infection. When used consistently and correctly, latex condoms have been found to be highly effective at preventing HIV transmission and at reducing the risk for other STIs.²⁶

TEENAGE SEXUAL ACTIVITY

Most young people enter puberty in early adolescence—around age 13 for women and age 14 for men. About two thirds of teenagers in the US have had sexual intercourse by their 18th birthday.²⁷ This means, because marriage does not occur until their middle to late 20s, that they are at high risk of unintended pregnancy and STIs for almost a decade before marriage.²⁸ While abstinence offers 100 percent protection against pregnancy and STIs, adherence often falls short.²⁹

Over the last 10 years, teenage pregnancy, birth and abortion rates have declined. The teenage pregnancy rate is down 28 percent from its all-time high in 1990.³⁰ The declines in pregnancy rates occurred among all racial and ethnic groups and in every state in the

country. Research has shown that several factors are responsible for the declining teenage pregnancy rates, including more teenagers remaining abstinent, more teenagers using contraception, and the use of more effective contraceptive methods, including highly effective hormonal methods.³¹ Yet U.S. teenagers still have much higher pregnancy, birth, abortion and STI rates than teenagers in other developed countries.³²

CURRENT POLICY DEBATES AND PROPOSALS

Advocates continue to clash on a range of issues at both federal and state levels, in both legislative and judicial forums. In addition to partial-birth abortion, some of the most contentious debates currently focus on abstinence-only education for adolescents, "emergency contraception", and the Unborn Victims of Violence Act.

Many of the nation's leading medical, public health and educational organizations endorse sex education that includes both positive messages about the value of delaying sexual activity and information about condoms and contraceptive use to avoid sexually transmitted diseases and unintended pregnancy. They cite scientific evidence showing that comprehensive education programs help make progress toward those goals.³³ Public-opinion polls show support for this position among parents, teachers and young people themselves.³⁴

But there is vocal support as well for school-based sex education programs focusing exclusively on abstinence, and policy-makers have responded to that support.³⁵ Overall, federal and matching state funding for abstinence-only education has totaled more than \$700 million since 1996, with no federal program supporting comprehensive sex education.³⁶

Emergency contraception (EC), sometimes called "the morning-after pill," has recently become a significant issue for policy groups and the government. Taken within 72 hours after unprotected intercourse, EC can prevent pregnancy. Depending on when during the menstrual cycle a woman takes the method, EC acts by delaying or inhibiting ovulation, inhibiting fertilization, or inhibiting the implantation of a fertilized egg in the uterus.³⁷ EC is not "the abortion pill" (mifepristone or RU-486) and does not affect an established pregnancy

CANDIDATES' VIEWS

Senator Kerry and President Bush differ markedly on reproductive health issues, especially abortion and stem cell research.

While stating that he personally opposes abortion, Senator Kerry supports a woman's right to decide whether to continue or terminate a pregnancy, and to have access to legal and safe abortions.⁴² President Bush would prohibit the procedure except in cases of rape, incest, or a serious risk to the health of a pregnant woman.⁴³ He also supports strict limits on federal funding of organizations that provide abortion services, both domestically and internationally. President Bush has also stated that he will defend the 2003 law he signed banning "partial-birth" abortions against those who seek to overturn it in court. Senator Kerry voted against the ban, citing the lack of protections for a woman's health.⁴⁴ Opponents of the ban also said it could be interpreted as a ban on most abortions.⁴⁵

Stem cell research involves studying primitive cells derived from human embryos and undifferentiated adult cells that scientists believe may be used in many fields, including studies on possible treatments for diabetes, Alzheimer's, and Parkinson's. In August 2001, President Bush announced his policy prohibiting federal funding of stem cell research on stem cell lines created after August 9 of that year. He argued that there were 60 stem cell lines already in existence that could be used for federally funded scientific projects, and proposed a ban on creation of new stem cell lines. Senator Kerry says he would overturn Bush's directive should he be elected. However, Senator Kerry advocates instituting "strict ethical oversight" of all federally funded stem cell projects.⁴⁶

(i.e., one in which the fertilized egg has already attached itself to the wall of the uterus, according to the World Health Organization definition of a pregnancy).

About half of state Medicaid programs offer coverage for emergency contraceptives.³⁸ Six states require hospital emergency rooms to provide EC services to women who have been sexually assaulted, and five states allow pharmacists to dispense EC without a doctor's prescription under certain conditions. California was the first state to start a program for pharmacist-directed dispensation of EC, bypassing a trip to the doctor's office for a prescription. In most states, a woman must have a prescription from a doctor in order to obtain emergency contraception.

The manufacturer of one brand of EC, "Plan B," submitted an application to the U.S. Food and Drug Administration to allow over-the-counter distribution, but the FDA turned down that request in May 2004. Although the FDA's Reproductive Health Drugs and Nonprescription Drugs Advisory Committees voted in 2003 to approve the drug's over-the-counter use and agreed unanimously that the drug could be safely sold in this manner, the agency's acting director for the Center for Drug Evaluation and Research rejected the application. The FDA cited a lack of concrete, scientific evidence proving Plan B's safety when given to girls younger than 16 years of age.³⁹ Barr Laboratories, the manufacturer of Plan B, is planning to submit a proposal for the drug's over-the-counter status for people age 16 and older.⁴⁰

In April 2004, President Bush signed into law the Unborn Victims of Violence Act, which punishes acts of violence against a pregnant woman. The law treats violence against pregnant women as two separate crimes, one against the woman and the other against the unborn fetus. Proponents of the bill argue that both mother and fetus should be recognized and protected under federal law while opponents, including Senator Kerry, say it undermines pro-choice principles by recognizing the fetus as a person.⁴¹

STORY IDEAS

- 20 states require insurance companies that cover prescription drugs to cover FDA-approved contraceptives, including oral contraceptives. How about your state? If so, have costs been affected either way as a result? If not, are there efforts to put such a rule in place?
- Five states — California, Illinois, New Mexico, New York and Washington — require emergency medical staff to provide information about emergency contraception (EC) to women who are victims of sexual assault. If your state is one of these, is the law actually being followed? Do those getting the information choose to receive EC? If your state does not require it, what policy does emergency department staff follow?
- Most states require that public schools teach some form of sex or STD/HIV education, but the content of those classes is frequently determined at the local level. What type of policy does your state have in place? What types of programs are actually taught in schools? How effective are those sex education programs at delaying teenage sexual activity and preventing teenage pregnancies and STIs?
- Thirty-three states currently have laws requiring parental notification of or consent to a minor's decision to have an abortion. Into which category, if either, does your state fall? Is this provision actually in effect in your state (some have been enjoined by court decisions)? Does your state have an alternate process, such as a judicial "bypass"? Talk to clinic personnel about the dynamics of the parental involvement requirements. Do many of the young women change their minds after their parents are notified?
- Older ob/gyns (age 65+) are twice as likely as younger ones (under age 40) to have performed an abortion recently. Talk to several in each age category. Are patients not asking for abortions as frequently? Are younger doctors unwilling to perform one, for moral, personal safety or other reasons?

SOURCES AND WEBSITES

Analysts/Advocates

Alyssa Barnum, *Communication Coordinator*, National Abortion Federation, 202/667-5881

Sarah Brown, *Director*, National Campaign to Prevent Teen Pregnancy, 202/478-8510

Philip D. Darney, *Professor and Chief, Obstetrics, Gynecology, Reproductive Sciences, University of California, San Francisco, School of Medicine*, San Francisco General Hospital, 415/206-8358

Karen Davenport, *Senior Program Officer*, The Robert Wood Johnson Foundation, 609/452-8701

Kristin Hansen, *Press contact*, Family Research Council, 202/393-2100

Tina Hoff, *Vice President and Director - Program on Public Health Information and Partnerships*, Kaiser Family Foundation, 650/854/9400

Mila Kofman, *Assistant Research Professor*, Georgetown University Health Policy Institute, 202/784-4580

Warren Pearse, *Associate Editor*, Jacobs Institute of Women's Health, 202/863-4990

Erica Pelletreau, *Press contact*, Physicians for Reproductive Choice and Health, 646/366-1890 x-13

Usha R. Ranji, *Policy Analyst*, Kaiser Family Foundation, 202/347-5270

Diane Rowland, *Executive Vice President and Executive Director of Kaiser Commission on Medicaid and the Uninsured*, Kaiser Family Foundation, 202/347-5270

Priscilla Smith, *Director, Domestic Legal Program*, Center for Reproductive Law and Policy, 917/637-3600

Stephanie Ventura, *Statistician*, National Center for Health Statistics - CDC, 301/458-4547

Judy Waxman, *Vice President for Health and Reproductive Rights*, National Women's Law Center, 202/588-5180

Erik Whittington, *Youth Director*, American Life League, 540/659-4171

Rebecca Wind, *Senior Communications Associate*, The Alan Guttmacher Institute, 212/248-1111

Government and Related Groups

Laurie D. Elam-Evans, *Lead Epidemiologist*, National Center for Chronic Disease Prevention and Health Promotion - CDC, 770/488-5269

Laura Leathers, *Press Contact for the Division of Reproductive Health*, Centers for Disease Control and Prevention, 770/488-5937

Websites

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www.guttmacher.org

Centers for Disease Control
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Institute of Medicine
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National Conference of State Legislatures
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Planned Parenthood Federation of America, Inc.
www.plannedparenthood.org

The Robert Wood Johnson Foundation
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