

Women's Health Matters!

THE KNOWLEDGE OF YOUNG WOMEN ON THE REPRODUCTIVE BENEFITS
WITHIN HEALTH CARE REFORM

Kate Meyer
Urban and Environmental Policy Senior Comprehensive
Occidental College
Spring 2011

Acknowledgements

I thank the staff in the Public Affairs department at Planned Parenthood Los Angeles: Dinah Stephens, Serena Josel, Claudia Estrada Powell, Becky White, and Betsy Cardinas for inspiring and supporting me to do this study. I wish to thank professors Robert Gottlieb, Peter Dreier and Martha Matsuoka for their advice and support during this comps process and throughout the four great years with UEPI. I would also like to thank my fellow UEPers, and Jessie Tijn and Rachel Ehrman-Dupre for the tremendous encouragement and enthusiasm they gave to me during this process.

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Executive Summary:

Health care reform is a great step forward for the American people- especially, for women. The history of health care in the United States has undermined women's health and their access to quality reproductive care. Fortunately, President Barack Obama passed a health care reform law that not only benefits women's access to general care, but also to reproductive health care. But, if women of reproductive age are not educated about such benefits, many could be left disagreeing with reform and even missing out on the benefits available to them. Organizations, like Planned Parenthood Federation of America, have a responsibility to educate and inform women of reproductive age on how they will benefit from reform.

This study looks at the knowledge of young women at Occidental College on the topic of reproductive benefits within health care reform through a simple survey. Also, interviews were conducted with staff members from Planned Parenthood Federation of America to determine whether the organization has provided young women with reproductive information within health care reform.

My research has found a severe lack of knowledge young women have of health care reform. While there was a small population of my respondents who knew about the details of health care reform, the overall study showed that there was a lack of programs available for these young women to learn more. Very few claimed to have learned about reform within the classroom, and most had learned minimally through the Internet. Additionally, staff at Planned Parenthood had not done a great deal of outreach to various communities to educate young women on reform.

Important steps toward getting young women educated on reform must be taken by Planned Parenthood as the most prominent reproductive health organization in America. Establishing an educational campaign through in-person outreach and cyber outreach is key to getting young women involved in their reproductive health. Additionally, changing their language surrounding abortion care is an important tactic to get more females involved to take control of their reproductive rights.

Introduction:

On election night 2008, millions of Americans stood by in anticipation of Barack Obama's victory. For over a year, young people were motivated to bring about change in America by supporting Obama and his campaign. Thousands of young people had educated themselves on Obama's positions of various issues; for once, it was cool to be educated about issues like health care reform. At the very least, many young people supported Obama's call for reform, even if they were not fully educated on the topic. Somewhere along the way, young adults, became disenchanted with health care reform and what it could possibly offer for them and their families.

The Patient Protection and Affordable Care Act finally passed on March 23, 2010, two years after Obama's victory.¹ Americans were eager to understand the bill and how their health care would improve and/or affect their current insurance plan. Obama declared the bill to be comprehensive and easy for all Americans to understand. The President stated that they would "develop a standardized format to be used for the presentation of information relating to coverage — so that consumers have a more understandable way of comparing health benefits."² However, very few people actually know what the reform bill is holding for American health care.

There are still many specifics that need to be figured out, like what will be included in the Preventative Care Package.³ Unfortunately, since the bill is so vague many Americans have not bothered to understand all the benefits, except from what they

¹ HealthCare.Gov: Take Health Care Into Your Own Hands. "Understand the New Law". United States Government. 2010. <http://www.healthcare.gov/law/about/index.html>

² Herszenhorn, David M. "Obama Has Signed the Bill. Now What?". New York Times: Health. 3/23/2010. <http://prescriptions.blogs.nytimes.com/2010/03/23/with-obama-signing-the-bill-what-happens-now/>

³ HealthCare.Gov: Take Health Care Into Your Own Hands. "Timeline: What's Changing and When?". United States Government. 2010. <http://www.healthcare.gov/law/introduction/index.html>

hear on the nightly news. Unfortunately, the media projected much of the health care debate around the issue of abortion services and care. Many of the more liberal media outlets described health care reform as an attack on women's health due to the strict regulations on abortion care. What many women of reproductive age do not know, is that health care reform is actually benefiting millions of them, regardless of the restrictive abortion laws.

Since 2009, right when health care reform was being heavily debated between conservatives and liberals, I started an internship with Planned Parenthood Los Angeles (PPLA). Interning with PPLA gave me many insights into the good and bad of health care reform, especially in regards to women and their reproductive rights. Naturally, interning with the most prominent reproductive health organization in the United States, I started to feel rather educated about the bill and what it had to offer me as a woman in her reproductive prime. As I discussed health care reform with many of my female friends, I realized that many of them did not know what I was talking about, and why health care reform would be beneficial to them as women of reproductive age.

During National Sex Education Week, put on by Planned Parenthood at thousands of campuses nationwide, I decided to incorporate health care reform. Traditionally, National Sex Ed Week is about educating students on the facts/ rates of diseases and unwanted pregnancies due to the lack of comprehensive sex education. However, I took it upon myself to make an educational campaign for the week including health care reform. With the slogan "Knowledge is Power: Get Educated About Sex Education and Health Care Reform" I hoped to get my fellow females interested and knowledgeable about the reproductive benefits of health care reform.

Unfortunately, I had very few tools to measure the awareness my fellow females gained, and I continued to see a lack of knowledge my female friends had about health care reform. So, I created a detailed survey to unveil the lack of knowledge my female peers have on the reproductive benefits of health care reform to mobilize Planned Parenthood to establish an educational campaign. The creation of an educational campaign, not only through in-person outreach, but also through modern technology, will increase women's knowledge of health care reform, and hopefully the support base of Planned Parenthood as an organization.

Scope and Limitations of Study:

The purpose of this study is to prove health care reform is necessary through demonstrating the shortcomings of women's reproductive health within the history of the United States' health care system. Furthermore, I demonstrate how reform will benefit women of reproductive age. Through original research, I provide a study that demonstrates a serious lack of necessary knowledge of reproductive benefits within health care reform, amongst young Occidental College women.

When discussing the history of health care and previous reforms, I do not cover every event. For the most part, I will only focus on events that were significant and or pertinent to women and men of reproductive age. Therefore, I will not be discussing programs such as Medicare.

Although the Act is already 1,000 pages, there is still a lot to be established within the reform process. So, I discuss reproductive benefits and the current battles within health care reform as they stand in the spring of 2011.

Finally, I explain how I determined the knowledge of young women on the reproductive benefits within health care reform through a targeted survey conducted by 200 Occidental College females. I decided to survey a population of women at an elite, private college to measure how much well educated women know of health care reform. If my hypothesis proves true, I can generalize that if highly educated young women haven't received information on the reproductive benefits of health care reform, not many women overall became knowledgeable about these issues.

Literature Review:

For the first few chapters of this study, I will use various scholarly sources, which focus on the history of health care and Planned Parenthood. However, since this study focuses on a very recent piece of legislation, a lot of my research was done online. Some of my primary online sources include the websites of the Kaiser Family Foundation and Planned Parenthood Federation of America. Each site contains extensive information on the Patient Protection and Affordable Care Act but nothing on young women's knowledge of the reproductive benefits of health care reform.

Since the Patient Protection and Affordable Care Act is long and complicated, I utilized online sources to help me understand and explain the new provisions. The Kaiser Family Foundation website lays out anything and everything someone needs to know about health care reform. Additionally, the Planned Parenthood website describes how health care reform is beneficial specifically to women.

Unfortunately, from the extensive research I conducted, I never came across an article, journal, fact sheet, or book about the lack of knowledge young women have on not just health care reform in general, but also the benefits that will be specifically affecting the majority of females in this country. So, this study utilizes online sources to explain exactly what the benefits will be for women of reproductive age, but I conducted my own research to demonstrate young women's knowledge or lack of knowledge of health care reform and its reproductive benefits.

Chapter One: History of Health Care and Reform in the United States

Health care is rather new for the United States. With very minimal treatments and medicine before the twentieth century, there were very few incentives for people to plan ahead for any serious illnesses that came their way. However, when physician care and medical treatments started to advance, especially with the isolation of insulin, the development of sulfa, and the production of penicillin, people felt more inclined to invest in their health with hopes of being treated and cured. As medicine advanced, and the U.S. economy fluctuated, health care drastically changed over the years. To better understand why the United States is facing reform today, we must look at the history of previous reforms. What made our system the way it is today? Was the general public attentive and interested in what was changing around health care reform?

The Beginnings:

Prior to the 1920s there were very few reasons for commercial insurance companies to start privatized health insurance plans.⁴ This was a time when medicine and doctors were not advanced, and there was very little physicians could do for the sick. So, commercial insurance companies created temporary plans because they believed that, “health was an insurable commodity.”⁵ The most common temporary plan was known as “sickness” insurance. Sickness insurance would be purchased when they felt ill, and would cancel the plan once they were better.⁶ Since Americans felt they wouldn’t have very many chances of getting better when they were really sick, many patient visits were

⁴ Noah, Timothy. “A Short History of Health Care”. Slate Magazine Online. Page 1. March 13, 2007. <http://www.slate.com/toolbar.aspx?action=print&id=2161736>

⁵ Thomasson, Melissa. “Health Insurance in the United States”. Economic History Service. EH.net. Page 1. January 2, 2010. <http://eh.net/encyclopedia/article/thomasson.insurance.health.us>

⁶ Thomasson, Melissa. Page 2. January 2, 2010

done in their own homes; so there were very few hospitals before the 1920's. Most mothers gave birth at home with a midwife, and if one got sick, they would call a doctor to come to them.

1920-1930:

After World War One (1914-1918), the United States prospered. With a booming economy, Americans became more interested and invested in the future of their health.⁷ First and foremost, medical associations and the government were able to pour more money into health research and medicine.⁸ Advancements, like the isolation of insulin in 1922, became recognized as a scientific breakthrough. Additionally, as Americans incomes rose, many families decided to move into the cities, where there was ultimately less room in each house, compared to the suburbs. With less room, families felt it necessary to go to hospitals instead of staying home. So, the demand for hospital care drastically increased during the early 20s, which the government met by constructing many new hospitals within the cities.⁹ Therefore, with more hospitals, also came a need for more doctors, nurses, and physicians. With the need for more medical staff, more and more Americans started going to medical school and researching medicine. Ultimately, health and medicine became the “hot topic” of the 1920's, which meant the medical field drastically improved in just a few years. With the new advancements, Americans became more interested in investing in their health.

Towards the end of the decade, in 1929, a group of professors in conjunction with the Baylor University Hospital started brainstorming ideas of possible health insurance

⁷ Thomasson, Melissa. Page 2. January 2, 2010

⁸ Kaiser Family Foundation (KFF). “National Health Insurance: A Brief History of Reform Efforts in the U.S.” The Henry J. Kaiser Family Foundation. Page 1. March 2009.
<http://www.kff.org/healthreform/upload/7871.pdf>

⁹ Thomasson, Melissa. Page 3. January 2, 2010

plans.¹⁰ Headed by Justin Ford Kimball, they formed an organization that ultimately became the Blue Cross, Blue Shield (a.k.a. 'The Blues').¹¹ The organizers were still unsure about the possibility of a successful insurance plan even though Americans were increasing their demand for some sort of coverage.¹² Ironically, just as Americans started to invest their monies in medical care and insurance, the economy took a huge hit, and thousands of people found that they couldn't afford any kind of care.

1930-1940:

With the onset of the Great Depression, many Americans couldn't afford health insurance. With unemployment rates as high as 25 percent between the years of 1929 and 1939, Americans were aiming to survive off what they had, and had no room to buy what was then the luxury of health care.¹³ With the turn of the decade, and the downward turn of the economy, the Blues constructed an affordable, prepaid hospital plan. The plan was simple, yet seemed to be adequate enough for the time. For \$6.00, which in 1930 was the equivalent to \$76.36 today, one could purchase their insurance plan.¹⁴ This first insurance plan, for the fixed price of \$6.00, included up to 21 days of hospitalization and care.¹⁵ While anyone would purchase health care for \$76.36 today, many people couldn't afford the coverage during the Depression. So thousands of Americans rallied and organized themselves, not only for economic help from the government, but also for health care. "Citizen groups were organizing- workers and the unemployed, veteran, the elderly, and others- calling for government relief, including government-sponsored health

¹⁰ Kaiser Family Foundation (KFF). Page 1.

¹¹ BlueCross/ BlueShield Association. "History of BCBSA". 2009. <http://www.bcbs.com/about/history/1920s.html>

¹² Thomasson, Melissa. Page 2. January 2, 2010.

¹³ Kaiser Family Foundation (KFF). March 2009.

¹⁴ Inflation Calculator. 2009. <http://www.westegg.com/inflation/>

¹⁵ Thomasson, Melissa. Page 2. January 2, 2010.

protection.”¹⁶ However, activist voices weren’t heard loud enough, and the New Deal only set forth new economic programs, and no health coverage.

While President Roosevelt looked for ways to get the U.S. economy back on its feet, he considered including health insurance in his plan. He created a secret committee to focus on enhancing access to the most vulnerable- the poor and the elderly. However, as decision-makers continued to review what eventually became the Social Security Act of 1935, they decided to eliminate all national health insurance initiatives to strictly focus on the economic issues at hand.¹⁷ Although nothing came of it, the idea of government-sponsored insurance had been introduced. This marked one of the first attempts at reforming the very young health care system in the United States.

1940-1960:

Although things were tough for Americans during the 30s, there were some people who could afford it. It wasn’t until the 40s when individuals really started to purchase health insurance. As Americans purchased health insurance more government policies started regulating the health industry. This began with the Public Health Service Act enacted in 1944 under Title 42 of the United States Code, which covers issues such as public health, social welfare, and civil rights of American citizens.¹⁸ This opened the door to many services we take advantage of today.

Medicine advanced after the Depression, and scientists/ physicians were finding new ways to treat their patients. In fact, in 1946, large-scale production of Penicillin began, and proved to be so beneficial to many ill people that Americans put even more

¹⁶ Kaiser Family Foundation (KFF). March 2009.

¹⁷ Kaiser Family Foundation (KFF). Page 2. March 2009.

¹⁸ Office of Population Affairs. *Legislation: Public Health Service Act*. U.S. Department of Health and Human Services. <http://www.hhs.gov/opa/about/legislation/index.html>

trust in the health care system. Therefore, when Americans trusted medicine and the health system more, they had more of an incentive to purchase health insurance. The chart below shows the dramatic increase of people insured between 1940 and 1960. Starting in 1946, when Penicillin was frequently distributed, the numbers of insured drastically increased from 35,000 people to about 68,000 people in 1950.

Figure 1.

QuickTime™ and a
decompressor
are needed to see this picture.

Number of Americans Enrolled in Health Insurance between 1940 and 1960.¹⁹

Additionally, the new advancements in medicine were so drastic it became even more pertinent for Americans to go to hospitals where medical technology, licensed surgeons, and new medicines were all in one place. For doctors and medical professionals, it was more prestigious to work in a hospital rather than to be a personal doctor. While hospitals became increasingly more popular, the majority of Americans wouldn't utilize them until Lyndon Johnson's Great Society initiative.

1960-1980:

The Johnson administration was dedicated to creating what he called the "Great Society" where there were few impoverished and people were healthy. Johnson declared a War on Poverty in the United States to create such a society. Within this war, Johnson

¹⁹ Thomasson, Melissa. Page 4. January 2, 2010.

set up programs later enacted under the Nixon administration such as Title X under the Public Health Service Act and Medicaid/Medicare under the Social Security Act.

Title X:

This publicly subsidized program has been key to millions of peoples' reproductive lives since 1965 when first proposed by President Johnson, although the program wasn't enacted until 1970 under the Nixon administration. Title X had a great deal of bipartisan support. Even President Nixon accepted Title X as a necessity for women and families in America. "No American woman should be denied access to family planning assistance because of their economic condition."²⁰ Low-income women, who had historically struggled to manage their reproductive health and needs were finally able to take matters into their own hands with Title X. "Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services."²¹ These new services were specifically aimed at reducing abortion rates and keeping men and women healthy and sexually safe. For this cause, both Republicans and Democrats were strongly in favor of the Title.

This program specifies that it does not cover abortion services. From when Title X was enacted until 1988, Title X workers could give medical advice and referrals for abortion services, but no federal dollars could be distributed to those in need of an abortion. Unfortunately, in 1988 the Gag Rule kicked into effect, where health care providers could not promote abortion services in *any* way. Fortunately, President Clinton was able to repeal this in 2000 because studies showed that women who are educated

²⁰ Nixon, Richard. *Title X: Three Decades of Accomplishment*. Gold, Rachel Benson. The Guttmacher Institute. February 2001.

²¹ Office of Population Affairs. *Family Planning*. U.S. Department of Health and Human Services. Washington D.C.. 2011

about their options are more likely to be safe and healthy during an unwanted pregnancy.²² If it wasn't enough to restrict uninsured, poor women from receiving necessary surgeries, the 1973 Supreme Court case *Roe v Wade* added additional provisions that restricted any federal funds to go toward abortion coverage, which I will cover more extensively in the subsequent chapter. The decision resulted in the Hyde Amendment of 1976, soon after the birth of Medicaid, which was a public insurance provider for the poor and disabled people of America.

Medicaid and Medicare Programs:

Although it was clear more and more Americans were getting covered, there were specific groups of people who were not getting covered. The economy was fairly stable in the 1950s and 60s, but the poor and the elderly were clearly not able to benefit from any kind of health care coverage without some kind of government subsidy. Similar to Roosevelt's original plan during his New Deal, policies were identified to establish governmental health care programs for the elderly and the poor.²³ This time, however, the policies were enacted. In 1965, President Johnson signed Medicare (for those over 65) and Medicaid (for the poor/ disabled) into law, within the Social Security Act, creating a key element of his "Great Society".²⁴ Many of those who qualified for Medicare could also submit a request for Medicaid if they were amongst the poorest of the poor. (For the purposes of this paper, I will no longer discuss the Medicare system, since it does not pertain to those of reproductive age). LBJ's vision of a Great Society included many of Roosevelt's plans of his New Deal and from Kennedy's New Frontier.

²² Abortion Facts. *Abortion and Title X: What Health Care Providers Need to Know*. National Abortion Federation. August 2007. http://www.prochoice.org/about_abortion/facts/abortion_title_x.html

²³ Ayres, Stephen M., *Health Care in the United States: The Facts and The Choices*. American Library Association. Chicago, IL. 1996. Page 120.

²⁴ Kaiser Family Foundation (KFF). Page 4. March 2009.

However, when he signed Medicare and Medicaid into law on July 30th 1965, LBJ covered millions of Americans who hadn't been covered by any president's medical plan before. This would be the single most significant act for 45 years in the U.S. health care system.²⁵

The economy was doing well when LBJ was inaugurated and many Americans were getting covered, either through their employer or through private insurance plans; over half of Americans were covered in some way.²⁶ With so many getting covered, those who weren't, the poor, disabled and elderly, became LBJ and the democratic congress' top priority. Their reasoning for covering the poor was simple: "the chronically poor... pose the greatest challenge to the system. Frequently ill and unemployed, they generally require more, not less, health care and social services than middle-class populations."²⁷ However, the national legislation required each state to develop their own Medicaid system. Therefore, it is difficult to explain the history of Medicaid since it has varied by state. Using the specific state to demonstrate the Medicaid system like Medi-Cal (California's Medicaid system) would be ideal, but there is little-to-no history of the program that didn't go beyond the federal regulations for all states and their current regulations as of 2010.

While the new Medicaid legislation contained many restrictions based on income level, personal histories, personal property and many others, more Americans obtained the right to health care through this governmental insurance plan. With LBJ's health care reform hospitals were utilized as people on Medicaid and Medicare could only be treated

²⁵ Planned Parenthood Action Fund. <http://www.plannedparenthoodaction.org/positions/health-care-reform-76.htm>

²⁶ New York Times. "Health Insurance Covers Half of U.S." September 13, 1951.

²⁷ Ayres, Stephen M. Page 121, 1996.

at government-owned hospitals. Unfortunately, with more people insured and more people using public hospitals, it resulted in a simple economic equation: as demand for insurance increased, so did cost.

Health Maintenance Organizations (HMOs):

On February 17, 1971 President Nixon backed a proposal set forth by Republican leaders to require employers to provide insurance plans to their employees while still maintaining a competitive market between private insurers.²⁸ Simultaneously, Senator Ted Kennedy attempted to push forward the Health Security Act, which would have provided America with Universal health care. As we currently know, Nixon's bill passed, creating Health Maintenance Organizations (HMOs), which benefit the insurance companies and limit the care given to Americans. As John Ehrlichman, Nixon's assistant for Domestic Affairs stated, as did President Nixon himself, we can see how the introduction of HMOs and the rejection of the Health Security Act has contributed to the inefficient health care system we have today.

Ehrlichman: We have now narrowed down the Vice President's problems on this thing to one issue, and that is whether we should include these Health Maintenance Organizations like Edgar Kaiser's Permanente thing.

Nixon: Now let me ask you. You know I'm not too keen on any of these damn medical programs.

Ehrlichman: This is a private enterprise one.

Nixon: Well that appeals to me.

Ehrlichman: Edgar Kaiser is running his Permanente deal for profit. And the reason he can do it [are because]... all the incentive are toward less medical care, because the less care they give them, the more money they make.

Nixon: Fine.

Ehrlichman: And the incentives run the right way.

Nixon: Not bad.²⁹

²⁸ Ayres, Stephen M. Page 123, 1996.

²⁹ WikiSource. December 7, 2009.

http://en.wikisource.org/wiki/Transcript_of_taped_conversation_between_President_Richard_Nixon

The following day, President Nixon addressed the country stating that the introduction of this new system would benefit and better the access to health care for the people of America.³⁰ Finally, in December of 1973, Nixon signed the Health Maintenance Organization Act into law. The law pulled \$375 million to demonstrate the benefits of the program to the American people. “This legislation will enable the federal government to help demonstrate the feasibility of the H.M.O concept over the next five years”.³¹ While Nixon’s bill has reached millions of Americans now with HMO plans, basic health care is hard to find for over half of America.

1990-2000:

One of the most important and recent additions to the health care system was the addition of the [State] Children’s Health Insurance Program (CHIP), H.B. 20. CHIP was created for the children of families who earn an income too high to qualify for Medicaid, but do not earn enough to purchase private insurance. The federal legislation was signed into law by President Clinton on August 15, 1997. Although the program varies by state, the government matches each state’s funds for children below the age of 19.³²

While many amendments and additions have been created over the years, including the introduction of COBRA (1986) and while universal health care had been pushed by President Carter (1976) and Clinton (1994), America’s health care system has failed millions and people are not getting the services they need today.

³⁰ Moore, Michael. *Sicko*. Michael Moore and Meegan O’Hara. The Weinstein Company. June 22, 2007.

³¹ Nixon, Richard. *Nixon Signs Health Reform Bill That Stressed Preventive Care*. New York Times. December 20, 1973.

³² Pennsylvania CHIP. *A Brief History of CHIP*. Children’s Health Insurance Program. 2010.
<http://www.chipcoverspakids.com/about-chip/a-brief-history-of-chip/>

Present:

Today, the largest problem with the American health care system is that trillions of dollars are allocated to the health industry, but millions of citizens are not covered or are extremely underinsured. Since 2002, government spending on health care has skyrocketed, but millions of Americans are either underinsured or uninsured. The health care industry holds approximately \$2.5 trillion; however, with the United States population around 350 million people, an overwhelming percentage of these Americans are struggling to obtain health insurance. Approximately 1 in 6 dollars are spent on health care in some way or another in the United States.³³ In 2003 the Agency for Healthcare Research and Quality defined being “underinsured” as the following: “People who have insurance plans but whose medical expenses (excluding premiums) amount to 10 percent or more of their post-tax income, or 5 percent or more of their income if that income is below 200 percent of the federal poverty level.”³⁴ Using this definition, the study showed that over 17.5 million Americans were underinsured in 2003.³⁵ In just five years, that number grew to 25 million Americans who were underinsured.³⁶ In addition to this unacceptable number even more people are completely uninsured. A Kaiser study showed that in 2009 the number of uninsured drastically increased to 50 million people. Therefore, approximately 22% of Americans are struggling in some way to obtain health care that should be automatically provided as a human right.

³³ Sultz, Harry A. and Young, Kristina M. *Health Care USA: Understanding Its Organization and Delivery*. Jones and Bartlett Learning. 2010

³⁴ Taylor, Stephanie. *Number of Underinsured Grows as Insurance Premiums Rise*. Public Broadcasting Service (PBS). April 6, 2007.

http://www.pbs.org/newshour/indepth_coverage/health/uninsured/underinsured.html

³⁵ *ibid.*

³⁶ Reinberg, Steven. *25 Million Americans Are ‘Underinsured’*. U.S. News. June 10, 2008.

<http://health.usnews.com/health-news/family-health/articles/2008/06/10/25-million-americans-are-underinsured>

Most Americans would agree that insurance costs cost too much. Currently, an average family pays approximately \$14 thousand per year. These premium rates have nearly doubled over the past nine years. Additionally, as the economy continues in this recession, more poor and elderly are having health concerns, and therefore rely on federal programs to keep them healthy. Health care costs are the fastest growing expenditure within the federal budget.³⁷

The current system (pre-passage of health care reform legislation) allowed insurance companies to turn down privately insured people based on a variety of previous “illnesses”. Preexisting conditions range from serious illnesses like cancer to something as common as Asthma and Caesarean Sections. Even if a patient gets cleared from the preexisting conditions list but needs a great deal of care, they may be rejected eventually due to lifetime limits. Lifetime limits allocate a certain amount of dollars within your plan that a patient can utilize. Once that allotment is used up, you are no longer covered by your insurance- most likely when you need it the most.³⁸

Additionally, the current system contains multiple loopholes that leave thousands of people uninsured. One of the most significant loopholes, especially right now during the economic downturn, relates to company/ employer plans. Currently, not all employers offer health benefits, and do not offer any kind of supplemental compensation for their lack of coverage. But, businesses that do give their employers health benefits have been

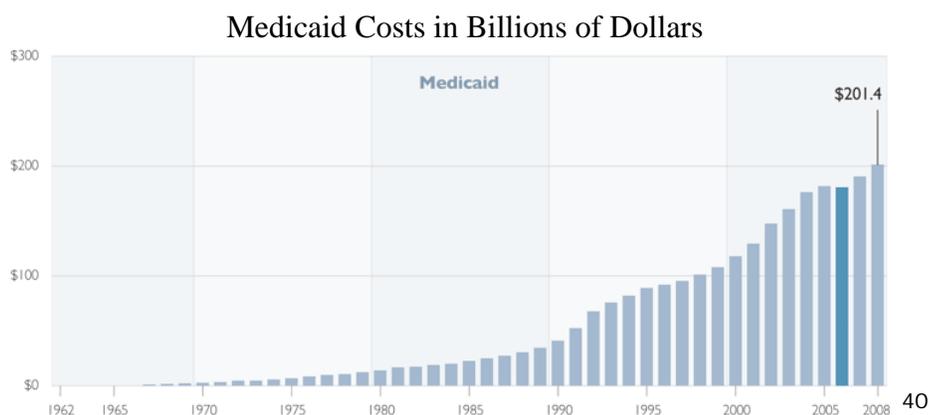
³⁷ Roberts, Cokie. *Reform Hits Main Street*. Kaiser Family Foundation. Free Range Studios. 2010. http://healthreform.kff.org/~media/Files/KHS/Source%20general/movie_reform_script_textonly_9_14FIN_AL.pdf

³⁸ Side-by-Side Comparison of Major Health Care Reform. Kaiser Family Foundation. June 18, 2010. <http://www.kff.org/healthreform/sidebyside.cfm>

charged more if certain employees get sick.³⁹ Although privately insured people have suffered from these inequities in the health care system, those millions of people on publicly subsidized programs have had a harder time obtaining health care.

Possibly the largest problem plaguing America's health care system today are the inadequacies within the Medicaid/CHIP program. The current Medicaid/CHIP program has been falling short on covering the millions of poor people for far too long. Even though the government and states have been spending an exorbitant amount of dollars on Medicaid since the beginning of the program, many of America's poor are not receiving the subsidies they should be receiving. While every state maintains their own thresholds for covering certain groups of people, the median threshold percentages are absolutely appalling. The graph below demonstrates how much federal dollars have been allotted towards Medicaid expenditures since the initiation of the program in 1965.

Figure 2:



The dollars spent drastically increased as the health system changed. For example, it is apparent that more money went into the program directly after the implementation of

³⁹ U.S. Department of Health and Human Services. *Top Five Things To Know About Employer Insurance*. United States Government. March 2010. <http://www.healthcare.gov/foryou/large/top5/index.html>

⁴⁰ Beach, William. *The 2009 Index of Dependence on Government*. The Heritage Foundation. March 4, 2010. <http://www.heritage.org/research/reports/2010/03/the-2009-index-of-dependence-on-government?query=index+of+dependency>

HMOs and then yet again around 2002 when insurance companies, premiums, and the overall cost of health care increased drastically. These were also times when the economy wasn't booming, so more people were unemployed and were more likely to be eligible for Medicaid/CHIP. However, as the impoverished population has increased in America fewer and fewer people have been eligible to be covered under Medicaid/CHIP due to gaps in the system. The graph below shows the median Medicaid/CHIP income eligibility thresholds in 2009.

Figure 3:



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Figure four shows that depending on who you are and what you do, you are more or less likely to receive Medicaid/CHIP coverage. The chart shows to favor poor children, mainly through the CHIP program up to 235% of the FPL. Pregnant women also greatly benefit from Medicaid, but they must be pregnant at the time they apply to the program. However, all the other groups accept a very narrow group of people under each category. Medicaid only covers non-working parents who have an income at 38% of the FPL. During this economic fall, so many more parents are out of work and struggling to stay healthy, but they are suffering greatly without the benefit of Medicaid. Additionally,

⁴¹ Kaiser Fast Facts. *Median Medicaid/CHIP Income Eligibility Thresholds, 2009*. Kaiser Family Foundation. July 26, 2010. <http://facts.kff.org/chart.aspx?ch=941>

Medicaid doesn't cover childless adults at all, in any state. These inequities show a big part about what is wrong with our system today.

The history of health care in the United States is complex and difficult to understand. However, even with this little bit of insight into how the health care system came to be what it is today, we can certainly decipher why reform is necessary and could have the potential to benefit millions of Americans who have inadequate coverage.

Chapter Two: The Brief History of Planned Parenthood and the Reproductive Rights Movement

Planned Parenthood Federation of America (PPFA) has a long history of providing men and women with affordable, healthcare in America. The mission of Planned Parenthood is rather detailed and extensive, so it is best to summarize. Planned Parenthood strives to provide comprehensive reproductive and complementary health care services, to both men and women, in settings which secure the essential privacy and rights of each individual. Additionally, they strive to research and advance technology to enhance their advocacy policies and educational programs, worldwide.⁴² Planned Parenthood, from the beginning, has only progressed through educating, organizing, and leading citizens of this world to strive for their health and family planning rights. Although Planned Parenthood does not focus on grassroots organizing, it is a great example of a community organization in America.

The Formation of a Prominent Pro-Women Organization:

In 1916, Margaret Sanger opened the doors to the first Planned Parenthood clinic in Brooklyn, New York. Sanger had spent years attempting to advocate for reproductive education and the distribution of birth control. However, the Comstock Laws of 1873 made it illegal to distribute “obscene” information through mail. “Obscene” mostly referred to information on reproductive health and materials eluding to contraceptives. Additionally, no one was allowed to distribute contraception in any way. As a student nurse, Sanger saw the repercussions of women’s inaccessibility to contraception.

⁴² PPFA. “Mission”. Planned Parenthood Federation of America Inc. 2009.
<http://www.plannedparenthood.org/about-us/who-we-are/vision-4837.htm>

Although she was arrested many times, Sanger never stopped organizing, disseminating information, and providing women with contraception.

After she was released from prison for opening her first birth control clinic, she took on as her career to find a pill that would prevent women from having unwanted children. While it took years for Sanger to find a scientist who was daring enough and not religious, and someone to fund her tireless goal, she finally did. In 1917 Sanger was luckily introduced to a newly widowed woman Katharine McCormick who was sympathetic to Sanger's cause. Later, McCormick and Sanger would meet with Gregory Pincus, the scientist who created the birth control pill. Finally, once the pill was approved for a trial run, Dr. John Rock, a Catholic, agreed to distribute the pill to women.

Directly after women gained the right to vote in 1920, Sanger established the American Birth Control League, which later became Planned Parenthood Federation of America (PPFA) in 1942.⁴³ As the years progressed, more clinics opened and more men and women had access to reproductive, inexpensive health care. Unfortunately, contraceptives were not recognized as an essential aspect of health care. It was not until the mid-1940's when North Carolina, "... became the first state to recognize birth control as a public health measure and provided contraceptive services to indigent mothers through its public health program."⁴⁴ Years later, when the Women's Rights Movement swept the nation, Planned Parenthood was at the forefront for gaining health care rights for all women.⁴⁵ From that point on, Planned Parenthood has been a critical part of and

⁴³ Stephens, Dinah. Planned Parenthood Los Angeles. October 2010 Interview. Planned Parenthood Federation of America. 2010.

⁴⁴ PPFA. "History and Successes". Planned Parenthood Federation of America Inc. 2009. <http://www.plannedparenthood.org/about-us/who-we-are/history-and-successes.htm>

⁴⁵ PPFA. "History and Successes". Planned Parenthood Federation of America Inc. 2009. <http://www.plannedparenthood.org/about-us/who-we-are/history-and-successes.htm>

played a leadership role in the Women's/ Reproductive Rights Movement. Additionally, in 1970, Richard Nixon declared birth control and family planning services a national priority with Title X. However, even with the President's support of family planning, it wasn't until January 22, 1973 that women had the legal right to choose to have an abortion or not. In the U.S. Supreme Court case of *Roe v. Wade*, women finally gained the constitutional right to choose.⁴⁶ Since the right to choose became a possibility for women, Planned Parenthood clinics have opened worldwide, with 91 independent affiliates operating over 850 health clinics in the United States, alone.⁴⁷

Before *Roe v. Wade*, Planned Parenthood started to reach out to the world, especially in developing countries. The International Planned Parenthood Federation (IPPF) has reached over 16 developing countries, and maintains mobile services worldwide. Unfortunately, the Global Gag Rule,

...barred any foreign organization receiving U.S. foreign assistance from using *its own funds or funds from other donors* to perform abortions; advocate for the liberalization or decriminalization of abortion in laws and policies; or provide information, make referrals, or counsel women on the procedure—even in countries where abortion is legal.
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Originally instated during the Regan Administration then overturned by Clinton, the Global Gag Rule was reinstated by former President George W. Bush in 2001. While this created some problems for IPPF, the international program mainly focuses on education and prevention strategies. Many countries around the world have Planned Parenthood offices, but do not perform abortion services; still IPPF was affected by the Global Gag

⁴⁶ PPF. "History and Successes". Planned Parenthood Federation of America Inc. 2009. <http://www.plannedparenthood.org/about-us/who-we-are/history-and-successes.htm>

⁴⁷ PPF. "History and Successes". Planned Parenthood Federation of America Inc. 2009. <http://www.plannedparenthood.org/about-us/who-we-are/history-and-successes.htm>

⁴⁸ Center for Health and Gender Equity. "Global Gag Rule". Washington D.C. 2009. <http://www.genderhealth.org/GlobalGagRule.php>

Rule.⁴⁹ However, IPPF and women around the world have been very grateful for President Obama overturning the policy as his first act as president on January 23, 2009.⁵⁰

In addition to expanding globally PPFA has expanded its own mission to every corner of the United States.⁵¹ With the inauguration of PPFA's current president, Cecile Richards, in 2006, she promised to create more community involvement within PPFA. One way she succeeded in doing this was to support and encourage affiliates to be involved on a community and political level. In California, the Planned Parenthood Affiliates of California (PPAC) has organized to receive federal funding to distribute to various clinics and offices statewide. More specifically, under PPFA, Los Angeles has opened its own headquarters. Planned Parenthood Los Angeles (PPLA) is a 501(c)(3), which means they are limited in their ability to lobby and participate in electoral campaigns, but receive tax write-offs as a not-for-profit organization.⁵² Striving for more political power in 1991, the Planned Parenthood Action Fund (PPAF), a 501(c)(4), became the beacon and center of PPLA's political campaigns and lobbying. Today, PPLA works directly with PPAF to assure all rights are heard and made available to Los Angeles residents, and the world beyond, in the California and U.S. Constitutions. In fact, PPLA and PPAF work so closely that they have found it necessary to share employees

⁴⁹ Stephens, Dinah. Planned Parenthood Los Angeles. October 2010 Interview. Planned Parenthood Federation of America. 2010.

⁵⁰ Center for Health and Gender Equity. "Global Gag Rule". Washington D.C. 2009.
<http://www.genderhealth.org/GlobalGagRule.php>

⁵¹ PPFA. "History and Successes". Planned Parenthood Federation of America Inc. 2009.
<http://www.plannedparenthood.org/about-us/who-we-are/history-and-successes.htm>

⁵² Stephens, Dinah. Planned Parenthood Los Angeles. October 2010 Interview. Planned Parenthood Federation of America. 2010.

and even board members to get things done most effectively and efficiently.⁵³ Planned Parenthood's prominence among women has made, the organization a key leader in thousands of recent state and national campaigns.

Recent Campaigns:

Since PPAF is a non-profit 501(c)(4) organization, they do not accept any government funding or contributions from businesses, but they are the organization's leader to campaign for and against legislation. For the most part, Planned Parenthood's constituency does not consist of its patients. The majority of Planned Parenthood patients are low-income and/or undocumented residents. Therefore, many are not able to fiscally donate to the organization. Additionally, it is difficult for Planned Parenthood to recruit patients because it is illegal to ask patients to volunteer on their health records. Planned Parenthood also strongly believes that their clinics are there to benefit the people's health; therefore, it is not a place to push their organizational agendas. From time-to-time, the organization will submit surveys to get more information about their patients. Usually these patient surveys are anonymous, unless someone would like to volunteer to be an ally for Planned Parenthood. Unfortunately, many people who utilize Planned Parenthood do not want others to know that they are affiliated due to the organization's main reputation of providing abortions. Planned Parenthood has also had quite a bit of trouble with their opposition, the anti-abortion, which has made it hard to build a strong constituency base.

Organizations like Live Action are committed to deactivating Planned Parenthood by going undercover and exposing some of Planned Parenthood's mistakes and

⁵³ Stephens, Dinah. Planned Parenthood Los Angeles. October 2010 Interview. Planned Parenthood Federation of America. 2010.

weaknesses. An example of this was when Serena Josel from Planned Parenthood Los Angeles spoke to a VOX (Planned Parenthood's name for their college clubs) group at Pomona College. Unfortunately, the head of Live Action-Pomona College attended the meeting and videotaped it in its entirety. Luckily, Serena didn't say anything controversial, and all of the facts lined up. However, Live Action, decided to post the video on YouTube after Serena asked them to stop recording during the meeting. Live Action has been known to undermine many of Planned Parenthood's campaigns and actions, which has made it hard for the organization to do outreach when they do not know each person's specific agenda.

Planned Parenthood's main constituency consists of donors (most people on the Board are donors), volunteers, other women's and health organizations (like the Feminist Majority Foundation [FMF]) and campus organizations, such as VOX (A Latin word for "Voice"). Planned Parenthood allies themselves with organizations of common interest. Recent campaigns have included all allies to push and gain support for pro-women initiatives as well as against anti-women initiatives.

Comprehensive Sex Education Campaign:

Many of Planned Parenthood's campaigns include a push for mandatory Comprehensive Sex Education in schools, and a ban on Abstinence Only programs. Planned Parenthood believes, and statistics show, that middle school and high school-ers are less likely to partake in sexual activities, at a young age, when they are informed from both perspectives. Former President George W. Bush allocated over \$1 Million to Abstinence Only programs in his last term of office. Planned Parenthood's consistent push for comprehensive sex education helped influence President Obama's program to

slowly diminish the monies going to abstinence only program to go toward comprehensive Sex Education programs, which includes abstinence within the curriculum.

Proposition 4 in California:

While there have been many campaigns in recent years, one of the most memorable was the NO on Proposition 4 campaign during the 2008-2009 elections. Proposition 4 would have required teens, under the age of 18, to notify both biological parents and receive their permission before having an abortion.⁵⁴ With this highly controversial topic, PPAF took initiative to organize various organizations and people throughout the state. However, they needed to specifically target certain people and groups, to make sure PPAF was heard and considered.

PPAF's main targets were the Decline-to-State women, mostly located in coastal and mid-state areas. Decline-to-State women would not talk, or declare which side they were for on the Prop 4 issue. This was one of the tactics of the Yes on Prop 4 campaign. Most Decline-to-State women were for the proposition, so it threw off the pre-election vote estimates. Unfortunately, the Decline-to-State women showed a trend of being the some of the least educated women voters in the state. Therefore, Planned Parenthood made Decline-to-State women targets. Planned Parenthood representatives, volunteers, and supporters talked to many of these women to educate them on the proposition. One tactic Planned Parenthood used throughout their No on 4 Campaign, was to relate to all Californians through family values. Many organizations use this tactic to sway people

⁵⁴ Linkin, Fran. "NO on Proposition 4; Parental Notification Initiative". Planned Parenthood Federation of America. 2008.
http://www.plannedparenthood.org/marmonte/images/Mar%20Monte/PPMMNewsletterFall2008_CentralValley.pdf

onto their side.⁵⁵ In the case of Prop 4, Planned Parenthood focused the campaign around Teen Safety, and detracted from the abortion language of the campaign. However, Planned Parenthood needed allies to relay this values campaign to people, especially in the mid-state region. To get these women to join PPAF's side, PPAF recruited volunteers and allies to help them build a strong presence all over California.

To gain allies and constituencies, PPAF used the specific tactic of positively targeting a diverse group of organizations that they knew agreed with the Planned Parenthood mission. Constituencies and allies consisted of the California Nurses Association (CNA), California Teachers Association (CTA), Planned Parenthood Affiliates of California (PPAC), American Civil Liberties Union (ACLU), Latinos for Reproductive Justice, and Black Women for Wellness.⁵⁶ It is clear that PPAF reached out to numerous organizations with a variety of members. Between nurses, teachers, Latinos, and blacks, PPAF organized and reached a diverse group of supporters. With the key supporters, PPAF was able to appeal to more individuals, families, towns, and cities. Without this kind of organizing, it is possible that Planned Parenthood wouldn't have been able to reach thousands of Latinos, for example. Latinos are one of Planned Parenthood's main targets to educate and give the opportunity to choose their futures. Due to many of the religious views, many do not support the right to choose. However, with PPAF's effort around Proposition 4, they were able to organize and reach a constituency who already had a strong voice for reproductive health in California.

⁵⁵ Campus Camp Wellstone. PPAC 2009 Conference- Northern California. November 13, 2009-November 15, 2009

⁵⁶ Stephens, Dinah. Planned Parenthood Los Angeles. October 2010 Interview. Planned Parenthood Federation of America. 2010.

** I have underlined the "diverse words" to accentuate the variety of organizations PPAF reached out to.

One of PPAF's main tactics was to organize volunteers to fill shifts through In-Person Volunteer Recruitment (IPVR). Once the volunteers established a campaign base, Planned Parenthood sent them out to talk to voters. PPAF's goal was to contact, and have one-on-one conversations, with 1% (367,600 people⁵⁷) of Californian voters.⁵⁸ By doing this, the campaign gained more support and more volunteers. Additionally, people especially in the mid-state regions, were reached through media. PPAF did not hesitate to utilize their funds for as many media campaigns as they could afford. Without the media campaigns, it would have been extremely difficult to connect with people who might have not even voted on the California State Propositions. Media was yet another way to educate voters and empower them to vote for what they believed.

PPAF's Proposition 4 campaign proved that there really is strength in numbers, because on November 4th, when the ballots came in, Proposition 4 **lost**, which was exactly what PPAF and the majority of California wanted!⁵⁹ After years of fighting similar, small, battles, this huge victory meant a consistent support base, funders, and members to PPAF.

Over the years, Planned Parenthood played an important role in various campaigns across the United States. From Margaret Sanger's start with Planned Parenthood, the organization has become one of the most influential and controversial organizations known today. One of the biggest pieces of legislation Planned Parenthood

⁵⁷ California State Population 2008. "American FactFinder: 2000 Census Data". United States Census Bureau. 2009. http://factfinder.census.gov/home/saff/main.html?_lang=en

⁵⁸ Stephens, Dinah. Planned Parenthood Los Angeles. October 2010 Interview. Planned Parenthood Federation of America. 2010.

⁵⁹ Stephens, Dinah. Planned Parenthood Los Angeles. October 2010 Interview. Planned Parenthood Federation of America. 2010.

has partaken in has been the most recent health care reform bill: The Patient Protection and Affordable Care Act.

Chapter Three: Major Changes to Health Care and How Women of Reproductive Age are Benefiting

On March 23, 2010, the Patient Protection and Affordable Care Act (H.R. 3590) was finally passed to improve health coverage in the United States.⁶⁰ Although the United States is the leading world power, it covers a minimal number of citizens. In fact, the World Health Organization ranked the United States' health care system 37th in the world in 2000. With an additional ten years of progressively worse coverage, who knows where we are ranked today. So, with this in mind, President Obama made the main goal of health care reform to cover as many Americans as possible at an affordable rate. During President Obama's plea for a comprehensive health care bill, he ensured Americans that the Patient Protection and Affordable Care Act would be successful in its mission to cover more Americans. "It will provide more security and stability to those who have health insurance. It will provide insurance for those who do not. And it will slow the growth of health care costs for our families, our businesses and our government."⁶¹ However, Obama, being the cautionary President he is, reminded Americans that, "This legislation will not fix everything that ails our health care system, but it moves us decisively in the right direction."⁶² While reform will benefit almost all Americans, it will especially benefit women.

⁶⁰ HealthCare.gov. *Understand the New Law: About the Law*. United States Government. Updated 2010. <http://www.healthcare.gov/law/about/index.html>

⁶¹ Obama, Barack. "Obama Health Care Speech." The Huffington Post. Updated 11/9/09. http://www.huffingtonpost.com/2009/09/09/obama-health-care-speech_n_281265.html

⁶² Lee, Jesse. *This is What Change Looks Like*. The White House. March 22, 2010. <http://www.whitehouse.gov/blog/2010/03/22/what-change-looks>

Expanding Coverage:

To get more Americans covered, the Affordable Care Act is expanding in two major ways: opening governmental plans (like Medicaid/CHIP) and introducing State Exchanges. In 2009, over 50 million Americans were living without any kind of coverage.⁶³ Over the past year, the recession has only increased the number of people who are uninsured. During a recession, women are much more likely to lose their jobs and have a harder time finding a job than men. Since millions of women work within the service industry, where businesses can/ need to make cuts within a recession, we see a drastic increase in unemployment amongst women. Additionally, more women are dependent on their spouse's insurance plans than men, so they become uninsured if their spouse is laid off. So women are losing their benefits at an increasing rate.

With approximately 67% women insured by their employer in 2001, by 2009, only 59% of women held insurance coverage provided by their employer.⁶⁴ This significant decrease shows the prevalence of women being laid off from jobs with benefits during a recession. Today, 19.1 million women are uninsured, or 20% of women in the United States.⁶⁵ Unfortunately, most of these women have enough money to not qualify for Medicaid, but not enough money to pay for their own insurance plan; this is one of the big holes within the current system. Today, there are over 19.3 million women, ages 18-64, who are uninsured.⁶⁶ In fact, 7 out of 10 women in the United States are proven to be either underinsured, completely uninsured, or struggling to pay their medical

⁶³ CoverTheUninsured.org. *The Issue: The Situation*. Robert Wood Johnson Foundation. Accessed 12/12/2010. http://covertheuninsured.org/the_issue

⁶⁴ Kaiser Family Foundation. *Women's Health Insurance Coverage: Fact Sheet*. The Henry J. Kaiser Family Foundation. 2000-2010. Updated 12/13/2010. <http://www.kff.org/womenshealth/6000.cfm>

⁶⁵ Focus on Health Reform. *Impact of Health Reform on Women's Access to Coverage and Care*. Kaiser Family Foundation December 2010. <http://www.kff.org/womenshealth/upload/7987.pdf>

⁶⁶ Kaiser Family Foundation. *Women's Health Insurance Coverage: Fact Sheet 2010*. The Henry J. Kaiser Family Foundation. 2010. Updated 12/13/2010. <http://www.kff.org/womenshealth/upload/6000-09.pdf>

bills.⁶⁷ So, with the new health reform law, if women do not have a job where their employer covers their medical costs, Medicaid can cover them, or if they do not qualify, they will be able to purchase an affordable plan through the state Exchanges starting in 2014.

Medicaid:

The Affordable Care Act will expand Medicaid relief to more impoverished men and women in America. The bill will expand eligibility to *anyone* under the age of 65. Previously, Medicaid eligibility varied drastically between states, with different provisions, and differences based on families, individuals, age, gender, etc. Figure 3 showed threshold eligibility levels for Medicaid/ CHIP. Figure 4 shows the same graph, but demonstrating how the Affordable Care Act will level the threshold for all receiving Medicaid/CHIP subsidies.

Figure 4:

QuickTime™ and a
decompressor
are needed to see this picture.

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⁶⁷ Fox, Bethanne. *Seven of 10 Women Are Uninsured Or Underinsured, Have Medical Bill or Debt Problems, or Problems Accessing Care Because of Cost, New Study Finds*. The Commonwealth Fund. May 11, 2009. <http://www.commonwealthfund.org/Content/News/News-Releases/2009/May/Seven-of-10-Women-Are-Uninsured-or-Underinsured.aspx>

⁶⁸ Kaiser Fast Facts. July 26, 2010.

As you can see, each group will have the opportunity to receive Medicaid. With the new provisions starting in 2014, Medicaid will cover children, pregnant women, parents, and adults without dependent children, with incomes up to 133% of the Federal Poverty Level (FPL) with no state discrimination.⁶⁹ Since women, with or without children, have a harder time finding jobs in America, today. So, by increasing the thresholds for working parents, non-working parents, and childless adults, thousands more women will benefit from the Medicaid program. It is projected that of the 20% of uninsured women over 54% of them will be eligible for Medicaid with the Affordable Care Act.⁷⁰ Covering more women irrespective of their current economic and familial state means more funding will be needed to cover the new Medicaid patients.

To help states cover these new costs, the federal government has agreed to provide 100% funding of new Medicaid patients for the first two years of the expanded program. In 2017 it will fund 95% and gradually decrease to 90% funding in 2020 and every year after. While these provisions will go into effect in 2014, insurance companies have been given the option to cover non-pregnant childless adults starting in 2010.⁷¹ With these expansions and funding from the government, insurance companies will not only be required to cover these people, but will have incentives to provide coverage to new patients since the federal government will fund them.

Women will greatly benefit from the expansion of Medicaid. Making it the law to provide for anyone with incomes of 133% of the FPL and lower, many poor women will

⁶⁹ Kaiser Family Foundation. *Summary of New Health Reform Law*. The Henry J. Kaiser Family Foundation. Updated 3/26/2010. <http://www.kff.org/healthreform/upload/8061.pdf>

⁷⁰ Focus on Health Reform. *Impact of Health Reform on Women's Access to Coverage and Care*. Kaiser Family Foundation December 2010. <http://www.kff.org/womenshealth/upload/7987.pdf>

⁷¹ HealthCare.gov. *Provisions of the Affordable Care Act, By Year*. United States Government. Updated 2010. <http://www.healthcare.gov/law/about/order/byyear.html#2014>

finally be able to access reliable health care. Today, approximately 54% of Americans covered by Medicaid are women.⁷² However, there are still 20 million women in the United States who are uninsured, and will not be accepted by the expanded Medicaid programs. So, the government has established the Exchange, which will close the gap significantly, and will get millions of women covered starting in 2014.

Unfortunately, many republicans have been opposed to health care reform from the beginning, and are using the current status of the U.S. economy to cut funding to programs like Medicaid/CHIP. The GOP is proposing to cut up to \$1 trillion from the Medicaid program and reconfigure the structure for how poor Americans receive health care.⁷³ Since the Patient Protection and Affordable Care Act is not finished, and will not be until right before 2014 when all of the new provisions go into place, changes like these are very possible and scary for the people who receive health care through governmental funds.

State Exchanges:

Health care reform has called for the introduction of the Exchange to cover individuals and small businesses that do not qualify for Medicaid, or cannot afford private insurance plans. Although the government has outlined the Exchange, it is not a government run program like Medicaid, but it will be run based on state laws and regulations. The exchange is a marketplace of various insurance plans made available by various insurance companies. Any insurance company can participate as long as they

⁷² Kaiser Family Foundation. *United States: Nonelderly With Medicaid: Distribution of the Nonelderly with Medicaid by Gender, 2009*. Updated 2009.

<http://www.statehealthfacts.org/profileind.jsp?cat=3&sub=42&rgn=1>

⁷³ Bash, Dana and Walsh, Deirdre. *House GOP Budget to Call for Big Changes to Medicare, Medicaid*. Cable News Network (CNN.com). April 2, 2011.

<http://www.cnn.com/2011/POLITICS/04/02/house.gop.budget/index.html>

obey by the rules and guidelines the government has outlined. For purchasers to participate within the Exchange, you must have an income level between 133% - 400% of the FPL.⁷⁴ For those individuals who cannot access health benefits directly through their job, cannot afford individual plans, and do not qualify for Medicaid, they can purchase within the Exchange. Although the Exchange will be run in different ways, depending on the state, it will drastically close the gap of individuals who are not being covered.

Additionally, small businesses will be able to purchase within the Exchange. A simple definition set forth by the Affordable Care Act of a small business is known for not having more than 100 employees with average annual wages of less than \$50,000.⁷⁵ Currently, many small businesses haven't been able to afford health insurance for their employees, and there were very few incentives for them to do so. "More than half of all American workers are employed by businesses with fewer than 100 employees. Forty-six percent of them get their health insurance through work. The rest have to look elsewhere for coverage."⁷⁶ So the Exchange will allow many small businesses to purchase affordable health insurance plans for their employees. Since these small businesses have survived without insuring employees for many years, the government provides incentives for the companies to purchase health insurance. The bill outlines a complex program of incentives involving tax credits and penalties.

⁷⁴ Kaiser Family Foundation. *Summary of New Health Reform Law: Health Insurance Exchanges*. The Henry J. Kaiser Family Foundation. Updated 3/26/2010. <http://www.kff.org/healthreform/upload/8061.pdf>

⁷⁵ Kaiser Family Foundation. *Summary of New Health Reform Law: Health Insurance Exchanges*. The Henry J. Kaiser Family Foundation. Updated 3/26/2010. <http://www.kff.org/healthreform/upload/8061.pdf>

⁷⁶ Axelrod, Jim. "How Health Reform Affects Small Businesses." CBS News- Online. Updated 3/23/2010. <http://www.cbsnews.com/stories/2010/03/23/eveningnews/main6326955.shtml>

For businesses with 25 employees and less, the company will receive “up to 35% of their company’s share of the their total health care premium.”⁷⁷ These are the companies who really struggle to get their employees benefits and keep them happy. Then, companies with 26-49 employees will not be directly affected since it is such a small group of businesses and some will be able to afford the insurance through the Exchange, and others will not. However, for businesses with 50 or more employees, they will be required to purchase health benefits. If the company does not comply, they will be required to pay each employee \$750 to subsidize the cost of health care. Unfortunately, this penalty leaves a gap, where the employer may be paying more than \$750 per head with the coverage, so will drop the coverage and just pay each employee \$750, which isn’t nearly enough to purchase health insurance, even within the Exchange.⁷⁸

However, even with this marginal gap, millions more people will be covered, and with women being the majority of uninsured in the United States, more women will be covered. Of the 20% of women who are uninsured, 37% of them will be covered by the Exchange. This means that only 9% of uninsured women today will not be fully covered.⁷⁹ The expansion of Medicaid and the introduction of the Exchange will help more women get covered so they can benefit from the many of the other perks in health care reform.

Private Insurance:

Of the 50 million uninsured, approximately 1/3 of those Americans are between the ages of 19-29. These are key reproductive years in a person’s life. Millions of women

⁷⁷ Axelrod, Jim. Updated 3/23/2010.

⁷⁸ Axelrod, Jim. Updated 3/23/2010.

⁷⁹ Focus on Health Reform. *Impact of Health Reform on Women’s Access to Coverage and Care*. Kaiser Family Foundation December 2010. <http://www.kff.org/womenshealth/upload/7987.pdf>

get pregnant, start seeing a gynecologist regularly, and start using the Pill during this time. Those women without any insurance coverage do not receive the necessary treatments and doctors appointments they need to stay healthy. Many women graduate from college, lose their student insurance, and then have a hard time finding a job right after graduation. So, to fill this gap, the Affordable Care Act has increased the amount of time a young adult can stay on their parents' insurance plan. Young adults can stay on their parent's insurance plan until they are 26 years old.⁸⁰

Reproductive Health:

The Affordable Care Act has established guidelines that will help Americans stay healthy. In the past years, insurance companies have drastically increased their "Pre-Existing Conditions" lists. Millions of men, women, and children were denied coverage for treatments, check-ups, and routine exams strictly based on their past health. However, women were suffering the most, with many pre-existing conditions only pertaining to a female's body. Some pre-existing conditions restricting women from getting treatment were caesarean sections, abnormal pap smears, depression (which is more common amongst females than males), and many other reproductive commonalities amongst women.⁸¹ Fortunately, the reform law has outlawed pre-existing conditions completely. Millions of women will not have to worry about any of their previous "problems" when they are in need of treatment coverage in the future. In addition to this great change, women will be able to benefit from the bill's preventative care package, which will help pay for necessary check-ups and exams.

⁸⁰ HealthCare.gov. Updated 2010.

⁸¹ Stephens, Dinah. *Women in Health Care Reform Presentation*. Planned Parenthood Los Angeles. Presented 9/15/10.

Preventative Care Package:

No matter how women are being covered, they will receive the benefits of not paying any premiums on preventative care. This includes gynecological exams, breast exams, and many others. While men will also benefit from the preventative care package, millions of women have avoided annual reproductive exams, which have/could have caused them their lives, merely due to costs. In fact, millions of women have reported not going to the doctor in the past year simply due to costs. In one study, it showed that Hispanic women were the most likely to skip a doctor's visit, and African Americans were also very likely to go a year or more without a doctor's visit.⁸² The preventative care package will increase these chances of women seeking professional opinions and basic reproductive care.

Senator Mikulski from Maryland, amongst other politicians, set up the preventative care package, and set general parameters of what should be included in the package.⁸³ While keeping women's health in mind, the services available under the package includes cancer screening (including mammograms), counseling, screenings and vaccines for pregnant women, and regular child visits from birth to the age of 21.⁸⁴ However, there are many medications, exams, and services that are still under review. The package was established so that medical professionals would determine the rest of the deduced services.⁸⁵ One of the most controversial aspects of the preventative care package is whether or not to include birth control.

⁸² Kaiser Family Foundation. *Percent of Nonelderly Women Reporting No Doctor Visit in Past Year Due to Cost by Race/Ethnicity*. Updated 6/10/2009. <http://facts.kff.org/chart.aspx?ch=924>

⁸³ Stephens, Dinah. *Women in Reform: Reproductive Health*. Planned Parenthood Interview. 10/3/2010.

⁸⁴ HealthCare.gov. *Preventative Care and Services*. United States Government. Updated 2010. <http://www.healthcare.gov/law/provisions/preventive/index.html>

⁸⁵ Stephens, Dinah. *Women in Reform: Reproductive Health*. Planned Parenthood Interview. 10/3/2010.

Organizations, like Planned Parenthood Federation of America and its Affiliates, have been in full support of birth control under the package because they see the direct correlation between birth control as a preventative measure against teen and premature pregnancies. For many, birth control, if anything, should be included in the preventative care package. Planned Parenthood has defined The Pill as, “a kind of medication taken everyday to *prevent* pregnancy.”⁸⁶ Every day millions of women, younger and older, go to Planned Parenthood clinics to receive free birth control to prevent an unwanted pregnancy. If nearly every American woman had this opportunity, teen pregnancy and abortion rates would drastically decrease. However, with the unknown status of The Pill under the preventative care package, it was still necessary for the bill to address abortion coverage.

Overall, women are greatly going to benefit from the new health care reform bill. A very minimal number of women will be left without insurance, but as the economy continues to get better, hopefully that gap will completely diminish over time. With more women covered, females will finally get the appropriate reproductive health care they need. Unfortunately, it will be more difficult for young women to get themselves covered for abortion care. Therefore, it will be of the utmost importance to not only educate young adults about practicing safe sex, but also to ensure they know enough about health care reform to make appropriate, informed decisions when it comes to getting covered.

⁸⁶ Planned Parenthood. *Birth Control Pills*. Planned Parenthood Federation of America. Updated 2010. <http://www.plannedparenthood.org/health-topics/birth-control/birth-control-pill-4228.htm>

Chapter Four: The Abortion Debate

The dispute over abortion has been debated for decades. But recently, the debate has been so politically intense that it has shaped larger issues like health care reform and a federal budget. Many conservatives have pinpointed Planned Parenthood as an “abortion organization”, which has made them a target. While Planned Parenthood does provide abortion services it only makes up less than 3% of all of the reproductive services they offer.⁸⁷ Planned Parenthood has repeatedly defended themselves and rallied the political support necessary to continue serving millions of women and men every year, but it has continuously gotten more difficult with the GOP takeover of the House and an increase in conservative politicians. Never before have so many political actions threatened women’s reproductive health, and their right’s to choice as they have within the past two years.

Health Care Reform:

As the health care debated heated up, the topic of abortion coverage became one of the most talked about topics. With various amendments and pushes to ban abortion coverage by any and all insurance plans, Republicans and Democrats came to an agreement to not necessarily ban abortion coverage, but make it very difficult and confusing for a woman to access any kind of affordable abortion care (Appendix- Sec. 1303. Special Rules). The bill reiterates the Hyde Amendment of 1997 stating that no federal dollars can help pay for any abortion services. While there are no federal dollars

⁸⁷ Annual Report 2007-2008. *Planned Parenthood Matters*. Planned Parenthood Federation of America. 2008. http://www.plannedparenthood.org/files/AR08_vFinal.pdf

going directly to organizations like Planned Parenthood to assist in paying for abortion care, some state funds have helped subsidize the cost and have been untouched within health care reform.⁸⁸

Under the Exchange, no insurance plan is required to offer abortion coverage, but at least one plan must be offered that does not include coverage for abortion services as stated by Sec. 1303. Special Rules within the reform bill.⁸⁹ With that said, states have the option to bar any insurance plan that includes abortion coverage; five states have already done so: Arizona, Louisiana, Mississippi, Missouri, and Tennessee.⁹⁰ However, if abortion coverage is not banned within the Exchange by a state, women have the option of purchasing an additional abortion coverage plan.

Pre-health care reform, the majority of women were insured either by a job-based insurance plan, or an individual plan. Unknowingly, most of these insured women had abortion coverage tucked into their insurance plans.⁹¹ Under the new law, within the Exchange and private health insurance, women will have to purchase a separate plan for abortion coverage as described in Sec.1303. Special Rules (a)(1).⁹² This means that only women will have to pay an extra check to their insurer if they desired to have abortion coverage. Additionally, there are very few situations where a woman would pay extra money to cover an abortion she may or may not have at some point in her life.

⁸⁸ Kaiser Family Foundation. *Access to Abortion Coverage and Health Reform*. Henry J. Kaiser Family Foundation. Updated 12/1/2010. <http://www.kff.org/healthreform/upload/8021.pdf>

⁸⁹ Kaiser Family Foundation. *Access to Abortion Coverage and Health Reform*. Henry J. Kaiser Family Foundation. Updated 12/1/2010. <http://www.kff.org/healthreform/upload/8021.pdf>

⁹⁰ Kaiser Family Foundation. *Access to Abortion Coverage and Health Reform*. Henry J. Kaiser Family Foundation. Updated 12/1/2010. <http://www.kff.org/healthreform/upload/8021.pdf>

⁹¹ Guttmacher Institute. *State Policies in Brief: An Overview of Abortion Laws*. Guttmacher Institute. Updated 12/1/2010. http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf

⁹² Library of Congress. *Patient Protection and Affordable Care Act*. United States Federal Government. 2010. <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf>

This is a lose-lose financial situation for young women. Those women who do not opt-in to purchase abortion coverage will have to pay for services out of their own pocket, which tends to be an extremely pricey operation. For women that do opt-in to the rider plan will have to pay additional fees and expenses through their insurance provider. Unfortunately, many women will not predict needing abortion coverage, so they will opt-out of the option. These restrictions are sexist and unfair. There is not a single aspect of the new reform law where men would have to purchase an additional plan, at an additional cost, to be completely covered. While women are generally going to be covered by the reform law, they will not be ensured the same overall protection that men will have, without paying an additional fee.

H.R.3- No Taxpayer Funding for Abortion Act:

After the successful rejection of Congressman Bart Stupak's amendment within health care reform, many conservatives weren't happy with the still progressive piece of legislation. So, well after health care reform had been signed, Representative Chris Smith from New Jersey sponsored a bill that would completely pull any funding for abortion care, even for those with private insurance plans, and impose a tax on those who seek abortion care.⁹³

The bill outlines four basic restrictions: Restriction of **all** federal spending for abortion care (Currently, only a very few number of programs have any kind of federal funding, like through private insurance plans.), Enactment of the Stupak Amendment, Tax abortion seekers, and Forbid all federal government facilities from providing

⁹³ Arons, Jessica. *Extreme Abortion Coverage Ban Introduced: Rep Smith's Bill Goes Too Far*. Center for American Progress. January 2011.

abortion care.⁹⁴ Each of these restrictions is a clear attack on women and women's right to choose.

Budget Cuts and Title X:

When a fiscal year approaches, the President and Congress are supposed to identify how much they can spend (whether they need to make cuts, or if the economy is flourishing, they can propose new ways to spend money). With the United States current economy, the federal budget calls for drastic cuts. However, on October 1, 2010 President Obama enacted the first of many temporary budget extensions for the 2011 fiscal year.⁹⁵

The budget extensions are using the appropriations bills from 2010, except for the two the House (out of 12) passed in July of 2010. So, even though the United States has not fully recovered from the recession, since 2010 FY, our government is still spending like it's 2010. Since October, six extensions have gone into effect, due to a great deal of bickering between the Republicans and Democrats in congress. Simply put, when congress members cannot come to a decision on what to cut within the budget, they continue to implement temporary extension budgets. Each extension has an average lifespan of about 31 days. The sixth extension's expiration on April 8, 2011, sparked one of the most controversial debates over Title X funding.⁹⁶

The GOP, recognizes Planned Parenthood as one of the main abortion providers in the United States and great beneficiaries of Title X, sought to completely cut funding

⁹⁴ Planned Parenthood Federation of America. *Stop Smith!: Fact Sheet On Chris Smith Legislation*. PPFA. 2011.

⁹⁵ Riley, Charles. *Government Shutdown: How It Came To This*. Cable News Network (CNN) Money. April 6, 2011. http://money.cnn.com/2011/04/06/news/economy/budget_crisis_congress/

⁹⁶ Steinhauer, Jennifer. *It May Be a 'Budget Battle,' but Some Skirmishes Have Little to Do With Money*. The New York Times Online: Politics. April 7, 2011. http://www.nytimes.com/2011/04/08/us/politics/08riders.html?_r=1&scp=1&sq=Planned%20Parenthood&st=cse

for Title X, therefore de-funding Planned Parenthood completely. However, Title X only allocates money towards family planning care, and **none** of the funds are directed toward abortion care. The budget has become more of a political power struggle than ever before. Reasoning for this is apparent through the dramatic fight over Title X. If the U.S. government thought of the federal budget more fiscally, they would see that cutting Title X would hardly solve any of the budget issues we're facing today. This is a political debate over abortion rights than anything closely related to the U.S. budget crisis.⁹⁷

As of the April 8, 2011 expiration, Congress agreed to cut approximately \$38.5 billion from the budget for the remaining of the 2011 FY (which ends September 30, 2011). However, Title X only gets funded a total of \$317 million a year (\$75 million to Planned Parenthood).⁹⁸ Just to put this into perspective, the federal budget allots approximately \$700 billion per year on the Iraq War. So, one can ask the question, "Why, when Obama has campaigned to end the war in Iraq, would the budget continue to allot billions upon billions of dollars to continuing it, but make a drastic push to cut only the few million of federal dollars helping low-income women access reproductive health services"? It is truly baffling but clear when associated with the rise of right wing politics. While essential programs need to be cut to get out of a recession, programs that benefit the health and well-being of Americans should be the last on the chopping block.

Fortunately, as midnight was fast approaching on April 8, and newscasters were predicting a government shutdown over the failed agreements of the budget, President

⁹⁷ Steinhauer, Jennifer. *It May Be a 'Budget Battle,' but Some Skirmishes Have Little to Do With Money*. The New York Times Online: Politics. April 7, 2011. http://www.nytimes.com/2011/04/08/us/politics/08riders.html?_r=1&scp=1&sq=Planned%20Parenthood&st=cse

⁹⁸ Silvereib, Alan. *Obama Signs Short-Term Funding*. Cable News Network (CNN) Politics. April 9, 2011. <http://www.cnn.com/2011/POLITICS/04/09/congress.budget/index.html?hpt=T2>

Obama signed yet another extension. This extension will last for approximately five weeks. During these five weeks, the GOP is expected to build their case to cut Title X funding, and even essential funds directed to reforming health care.⁹⁹ If Title X gets cut, over 5 million women and men will be unable to access comprehensive, affordable family planning services.¹⁰⁰ Although Title X didn't get cut this time around, states have taken the initiative to make their own cuts and restrictions.

Attack on Abortion Care on the State Level:

These federal initiatives have set the stage for conservative, anti-choice politics in many red states. Conservative politicians have been making moves all over the country to cut access to comprehensive family planning, and the women's right to choose. For example, South Dakota has not only passed a law that makes it nearly impossible for young women to receive abortion care via a lengthy process that would most definitely last longer than nine months, but has gone to the extreme to expand the definition of "Justifiable Homicide" to include the murder of a doctor who performs abortions.¹⁰¹ Unfortunately, states will continue to make amendments to their abortion care plans, but hopefully with federal regulations, they will not be able to completely eradicate such programs.

⁹⁹ Calmes, Jackie. *Next on the Agenda for Washington: Fight Over Debt*. The New York Times: Politics. April 9, 2011. http://www.nytimes.com/2011/04/10/us/politics/10debt.html?_r=1&hp

¹⁰⁰ Planned Parenthood Federation of America, Inc. *Fact Sheet: Title X: America's Family Planning Program*. PPFA. 2008.

¹⁰¹ Anonymous. *South Dakota Moves to Legalize Killing Abortion Providers*. The Huffington Post. February 15, 2011. http://www.huffingtonpost.com/2011/02/15/south-dakota-abortion-bill_n_823326.html

Chapter Five: Methodology

In previous chapters I have explained the importance of the history of health care to understand how we ended up in the mess we are today. Additionally, I have explained the current benefits of health care reform for women of reproductive age and exactly how the abortion debate played out during the creation of the bill. Unfortunately, the knowledge of Americans on the provisions of the Patient Protection and Affordable Care Act has seemed to be limited and few women actually know how health reform will affect them. So, I set out on missions to see what educated, young females know about health care reform in relation to their own lives and how health workers perceive women's knowledge of health care reform.

In total, I conducted 3 interviews. Interviews were conducted with policy advocates at Planned Parenthood Los Angeles and Pasadena. Each held different positions within their department: one director of Public Affairs, one Public Affairs coordinator, and Director of Media Relations. Interviews were conducted in person or via email. In person interviews were not recorded but transcribed based on extensive notes.

Surveys were conducted with Occidental College women over the age of 18. The survey consists of 20 questions, mostly single answer questions. In person surveys were distributed at random in the library, non-academic quad, and marketplace. Cyber surveys were advertised via email and Facebook. Survey tested the basic knowledge young women have of health care reform, and asked personal opinions of the bill, Planned Parenthood, and abortion services. In my report I use quotes from the open-ended

questions of the survey, but all quotes will be anonymous. In total, 200 surveys were conducted with Occidental women.

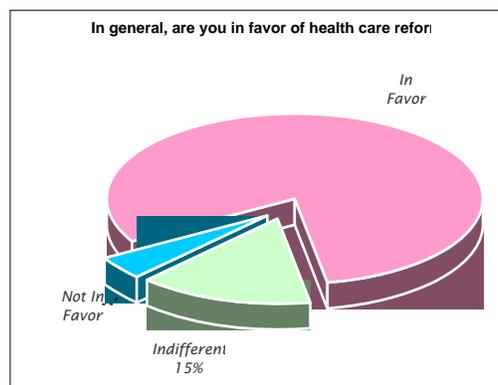
Chapter Six: Findings

Survey:

Opinions on Reform:

When asked if these women were in favor of health care reform, 80% (161/200) claimed to be in favor of the bill, 5% (9/200) not in favor of the bill, and 15% (30/200) were indifferent. Of the 80% who were in favor of reform, only 19% (30/161) claimed to have changed their opinion throughout the various reform debates.

Figure 5:

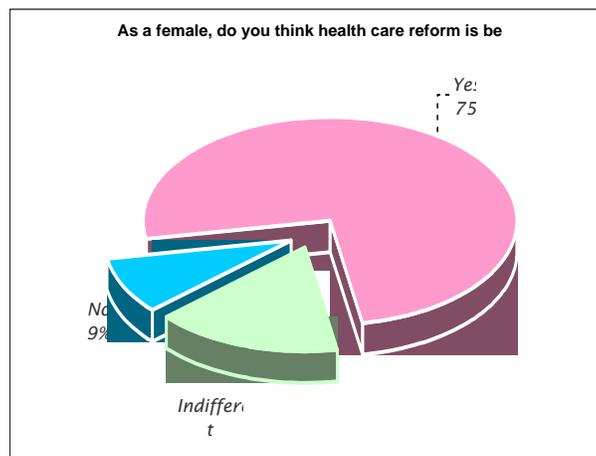


Overall, 82% (164/200) said their opinion had not changed at all during the many months of debate, while only 18% (36/200) said their opinion had changed. When asked to expand if their opinion had changed, most surveyed said they became more in favor of the bill the more they learned about it. However, a few people refuted that point and said they were originally in favor of reform, but they believe the bill has been watered down so much that its not that beneficial to anyone but the government.

Knowledge of Reform:

When asked if they had been educated on the health care reform bill (other than through their personal research, 81% (162/200) said they had **not** been educated and only 19% (39/200) said they had. Of the 19% who claimed to be educated about the bill, only 30% (12/39) had learned about it in **one** specific class either in high school or at Occidental College and the remaining 70% (27/39) had learned about it through the news. Despite this lack of education of the bill, 75% (150/200) thought reform as beneficial to them as females. Only 9% (18/200) said the bill would not be beneficial to them and 16% (32/200) said they were indifferent. Of the 75% of women who thought of the bill as beneficial, about 33% (50/150) didn't know why they thought it would be beneficial, and 67% (100/150) gave reasons for why they thought reform is beneficial.

Figure 6:

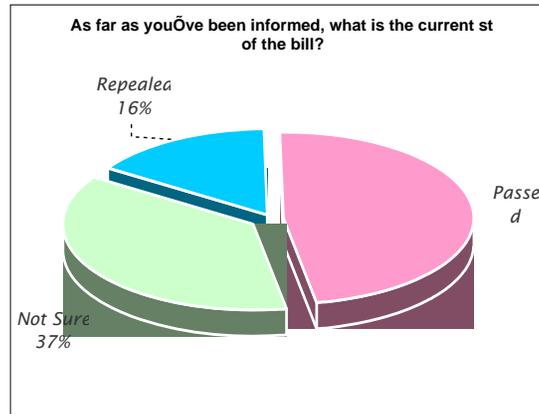


Details:

The following question asked if these women knew the name of the health care reform bill. Only 5% (10/200) women knew the name of the bill, which left 95% (190/200) not sure the name of the bill. Unfortunately, the name of the bill wasn't all these females didn't know about the reform bill. When asked the current status of the bill, only 47% (95/200) knew the bill had passed. An outstanding 16% (31/200) thought the

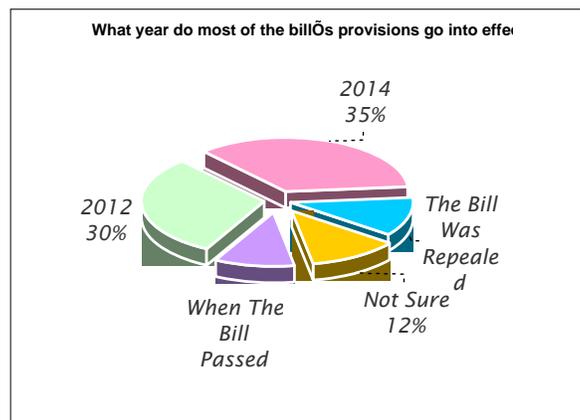
bill had been repealed, and another 37% (74/200) were not sure what the status of the bill is (that is, more than 50% were unaware that the bill had passed and remained intact).

Figure 7:



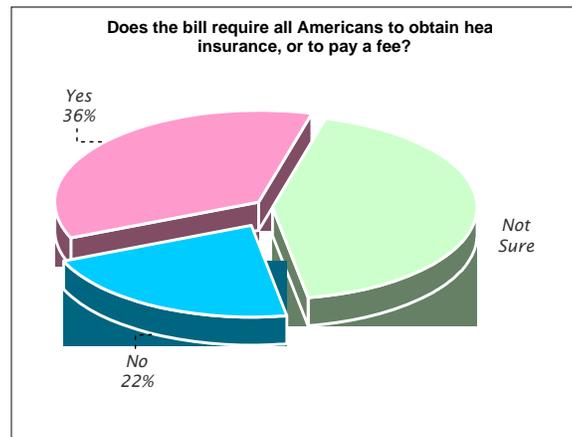
Additionally, I asked which year the bill's provisions would go into effect. Only 35% (71/200) of females answered correctly and said 2014 and another 30% (61/200) said 2012. The remaining 25% said the provisions had either already gone into place, the bill was repealed, or that they weren't sure. Of the 16% who said the status of the bill was repealed, approximately 40% (13/31) didn't answer, "The bill was repealed" when they were asked about the year the provisions go into effect.

Figure 8:



Insurance:

I also asked if the bill requires all Americans to obtain health insurance or to pay a fee. Only 36% (71/200) of the surveyed females said yes, while 22% (43/200) said no, and 42% (86/200) said not sure.

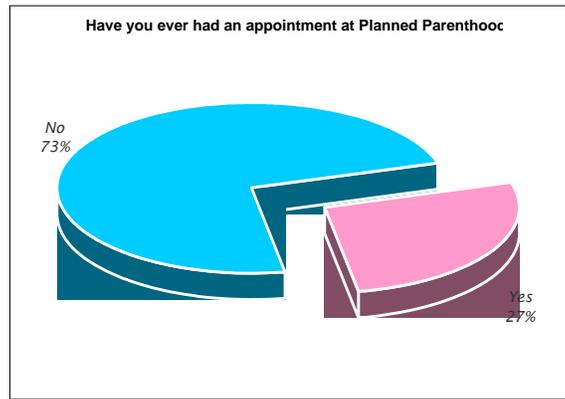
Figure 9:

One of the most important questions asked was, “Until what age can a young adult stay on their parent’s insurance plan”? Only 32% (63/200) women answered correctly (26 years old), i.e. 68% (137/200) of those surveyed either answered incorrectly or said not sure. Only 25% (33/129) of the subjects who answered no or not sure to if the bill required Americans to obtain health insurance (64%), knew they could stay on their parent’s insurance until they are 26 years old.

Planned Parenthood and Insurance:

When asked if they had ever had an appointment at Planned Parenthood, 73% (146/200) said they had never had an appointment with the health care provider, and only 27% (54/200) said they had had an appointment.

Figure 10:



Of the people surveyed, 95% (192/200) claimed they currently have insurance. Only 3% (5/200) said they didn't have insurance, and 2% (3/200) weren't sure if they had insurance or not. When asked what kind of insurance plan they were on, 85% (171/200) answered private, 2% (4/200) answered Medicaid, 3% (5/200) said they did not have insurance, and 10% (20/200) were not sure what kind of plan they had, if any.

Figure 11:

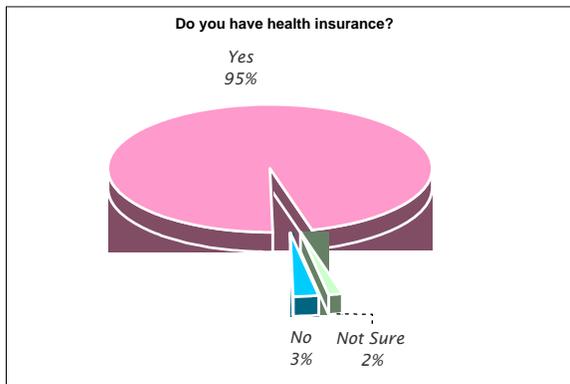
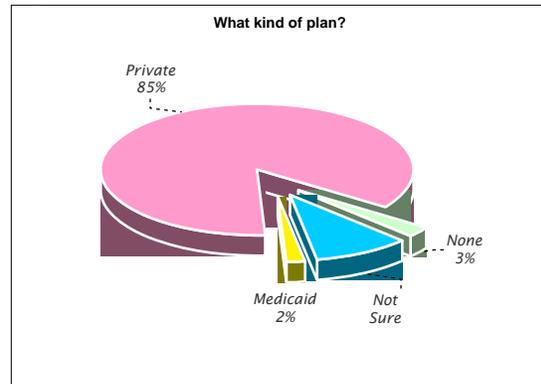
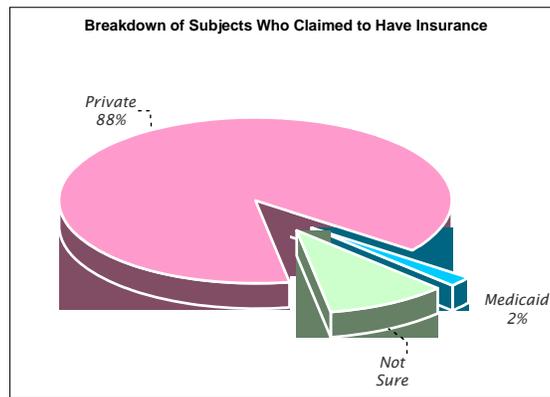


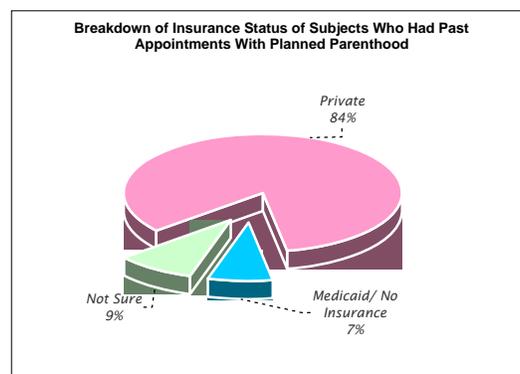
Figure 12:



Of the 95% who answered that they had insurance, 88% (169/192) claimed their insurance was private (school, parent's employer, or independently purchased), and 2% (4/192) said they were on Medicaid. Interestingly, 10% (19/192) of those who said they were insured answered that they were not sure what kind of plan they were on.

Figure 13:

Although Planned Parenthood is meant to be a health care provider for people who have no insurance or limited insurance plans through programs like Medicaid, of the 27% who said they had had an appointment with Planned Parenthood, only 7% (4/54) are either on Medicaid or had no insurance. Another 9% (5/54) didn't know what type of insurance they held, but knew they had insurance. So, 84% (45/54) went to Planned Parenthood with a private insurance plan like Blue Shield/ Blue Cross, Kaiser, or UnitedHealth (Occidental's student insurance provider).

Figure 14:

Additionally, 83% (166/200) answered that they had **not** received birth control from Planned Parenthood, and only 17% (34/200) said they had received birth control from a Planned Parenthood clinic. However, of the 84% of females with *private*

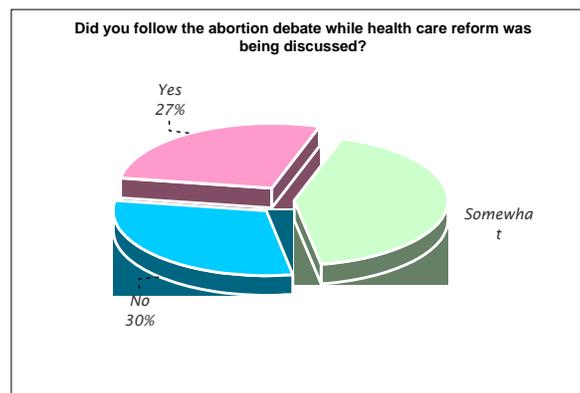
insurance who went to a Planned Parenthood clinic, 62% (28/45) of the subjects went for free birth control.

In addition, when asked if Planned Parenthood had provided them with information about reproductive health, the results were almost split: 54% (108/200) answered no and 46% (92/200) answered yes.

Abortion Debate:

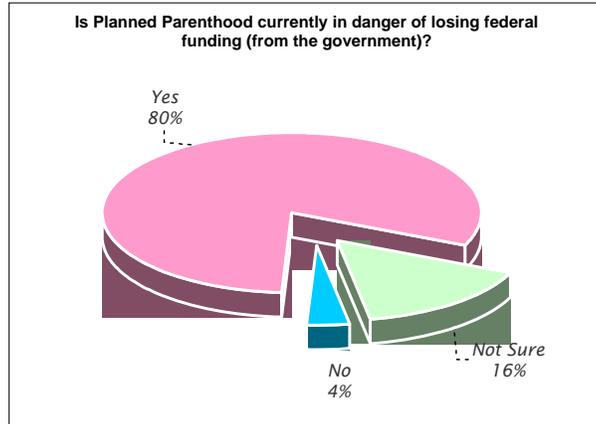
When asked if the subjects had followed the abortion debate while the health care reform bill was being discussed in 2009-2010, only 27% (55/200) definitively answered yes, which means a total of 73% (145/200) either answered that they did not follow the debate (30% (61/200)) or that they followed it somewhat (43% (85/200)).

Figure 15:



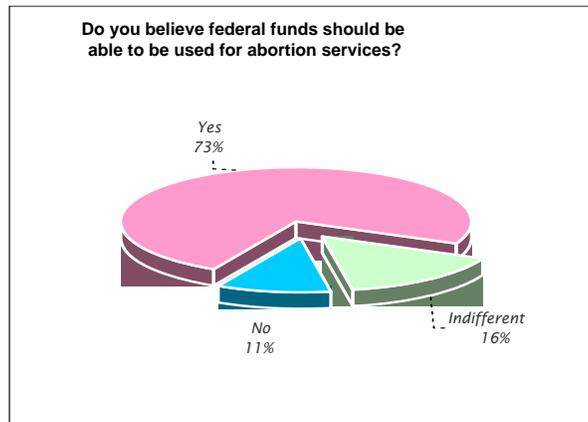
However, when asked if Planned Parenthood is currently (2011) in danger of losing federal funding, 80% (162/200) answered yes, only 4% (7/200) answered no, and 16% (31/200) answered that they were not sure.

Figure 16:



In light of the current budget cuts, I asked if the subjects thought federal funds should be used for abortion services. Surprisingly, 73% (148/200) of the women answered yes, 16% answered that they were indifferent on the subject, and 11% (21/200) answered that federal funds should not be used for abortion services.

Figure 17:



Chapter Seven: Discussion

Since Occidental is an elite college, one would think that its students have been educated about current issues such as health care reform. But if these students are not informed about the reproductive benefits of health care reform then is anyone? My findings show that while there is a small population at Oxy who know the basics of the new health care reform law, the majority of women surveyed did not know many of the basics.

Opinions on Reform:

Many respondents knew exactly how they felt about health care reform. Of the 200 women surveyed, 80% definitively said they are in favor of health care reform. Since many conservatives are against health care reform, this shows that Occidental women are fairly liberal, which is important to keep in mind during this discussion. In fact, approximately 46% of all Americans view the bill unfavorably, and approximately 82% of those against the bill identify as Republican. Of the 42% of Americans who view the bill favorably, 71% identify as Democratic.¹⁰² Since only 5% of the subjects from Oxy claimed to not be in favor of reform, we can assume that Oxy females identify as being fairly liberal (Refer to Figure 5).

With so many Oxy respondents positive about their position on health care reform, it was important to ask if their opinions had changed. Only 18% claimed their opinion changed over the course of the health care reform debate. When asked to expand if their opinion had changed on reform, most people claimed the more they learned about

¹⁰² Kaiser Health Tracking Poll. *Public Opinion on Health Care Issues*. Kaiser Family Foundation. March 2011.

it the more in favor of the bill they became. “At first I was indifferent because I did not know about it, but then I learned more about the bill and was in favor of it”.¹⁰³ However, since many of the women knew this survey dealt with women’s health within health care reform, many of them explained that as the debate progressed not enough people were getting coverage and that the bill had become too watered down. “I understand some progress is being made, but as the process continues it seems less and less is being covered in health care. The fact that many women's health and reproductive options are in jeopardy is horrible”.¹⁰⁴ This shows that women really do need to be educated on reform, because, besides abortion care, women are benefiting from reform. Of the 82% of students who said their opinion had not changed, many said that they were not informed enough about the health care debate to even know if they would change their opinion on the subject.

Knowledge of Reform:

Although the previous question gave a fairly good impression on whether the subjects had be educated on health care reform, when asked directly if they had been educated, 81% said they had not been educated about the subject. This provides a clear indication that organizations, schools, and health care providers need to make a concerted effort to start engaging and educating young women. Additionally, of the 19% who claimed to have been educated about reform, only 30% said they had learned about some aspect of reform in a single class, either in college or high school. Of the many classes offered at Occidental College, the classes mentioned were limited to UEP 301, 305, 310 and Politics 101. At a reputable institution for higher education, a piece of legislation as

¹⁰³ Survey. *Survey on Planned Parenthood and Health Care Reform*. 2011. Subject #53

¹⁰⁴ Survey. *Survey on Planned Parenthood and Health Care Reform*. 2011. Subject #89.

important as the Affordable Care Act should be discussed at greater length amongst multiple disciplines. Other than these few classes, students claimed to have only been educated through reading news articles, watching the news or entertainment news, and doing their own research. There is an extreme deficit of education on health care reform, which is necessary knowledge for all young people. Luckily, the subjects have been interested and intrigued by the subject and have attempted to educate themselves.

Regardless of the lack of reform education, 75% of the subjects think that health care reform will be beneficial to them as females. With many of the subjects claiming that they educated themselves through media, it was surprising that only 9% of the subjects said they did not think health care would be beneficial to them (Refer to Figure 6). A great deal of the media coverage focused on the abortion debate. Since a lot of the media painted a poor picture of health care reform benefiting women, I predicted that more of the subjects would claim they did not think it would benefit them. However, of the women who thought reform was beneficial, 33% did not know why reform would benefit them. One woman answered that she did not think it would affect her because she “has private insurance”.¹⁰⁵ However, regardless of women’s insurance policies, reform initiatives, like the Preventative Care Package, will benefit *all* women. The remaining 67% gave reasons why they thought it would benefit them, whether they were accurate reasons or not. The reasons the subjects gave varied from extended coverage until the age of 26, extended coverage for women, to, “Health care access for everyone!”¹⁰⁶ While these were great answers, many of them were general and woman-specific. I equate this

¹⁰⁵ Survey. *Survey on Planned Parenthood and Health Care Reform*. 2011. Subject #158

¹⁰⁶ Survey. *Survey on Planned Parenthood and Health Care Reform*. 2011. Subject #188

to the lack of knowledge my subjects have of the reproductive benefits of health care reform.

Details:

To further inquire about the subject's knowledge of health care reform, I asked basic questions about the reform bill. As a reminder, these subjects are amongst some of the best-educated and knowledgeable women in America, so they answered the questions to the best of their ability. With that in mind, I asked if they could tell me the title of the health care reform bill. Only 5% of the women knew the title. While this is a very specific question, I thought it would be a telling question.* Usually, if one is educated on a piece of legislation, they are taught the title of the bill. Multiple subjects literally laughed at the question, while some answered with the popular media phrase, "Obamacare". Unfortunately, the name of the Affordable Care Act was not the only basic question the subjects did not know.

When asked the current status of the Affordable Care Act, less than half of the women knew it had passed (47%). About 16% said the bill was repealed, and another 37% said they were not sure about the current status (Refer to Figure 7). Additionally, when asked about when the bill's provisions would go into effect, only 35% answered correctly with 2014 and 30% said 2012. Of the remaining 25%, 12% replied, "The bill was repealed" (Refer to Figure 8). So, of the 16% of subjects who said the status of the bill was repealed, approximately 40% did not answer that the new provisions would not go into effect because the bill was repealed. While I was not looking for this kind of data, this disconnect shows a general lack of knowledge of the legislative system. Could it be

* While it may be argued that most people do not know legislative titles, there is something to be said for our country not being curious and educated enough about politics to think that the titles are simply not an important aspect of our governmental system.

that young people just are not interested in the United States political system or are they not educated enough about our own system? Overall, the female subjects were unsure about both the current status of the bill and when the main provisions are to take affect. This further demonstrates the lack of basic knowledge young women have of health care reform.

Insurance Provisions:

All of my results under the “insurance” section of my findings further my argument that young women need to be educated about health care reform. When asked if the bill would require all Americans to obtain health insurance, only 36% answered correctly by saying yes (Refer to Figure 9). Additionally, only 32% of women answered correctly that they could stay on their parent’s insurance until the age of 26. However, of the 64% of subjects who did not answer yes to the question on requiring Americans to obtain health insurance, 75% did not know they could stay on their parent’s plan until 26. This absence of this knowledge could potentially put young women in a position of paying governmental fees if they are not insured in 2014. If more young women knew they could stay on their parent’s insurance until the age of 26, it would allow them to find a stable job that hopefully has health benefits. If they do not find insurance by the age of 26, and do not know that they are required to have some insurance plan, the government can charge them a fee for not having insurance. Without knowledge of health care reform, many women could potentially become financially insecure.

Planned Parenthood and Insurance:

In my survey, I included questions about the subject’s relationship to Planned Parenthood. Determining Planned Parenthood’s role within young women’s lives is key

to discovering ways the organization can educate and reach out to this critical population. Approximately 73% of the female subjects claimed they had never had an appointment at a Planned Parenthood clinic and only 27% had (Refer to Figure 10). Additionally, of the 200 women surveyed, 95% claimed to have a private insurance plan, 3% said they did not have insurance, and 2% were not sure if they had insurance or not (Refer to Figure 11). Of the subjects who said they had insurance, 85% claimed they have private insurance, 3% said none, 2% said Medicaid, and 10% were not sure what kind of plan they were on, if any (Refer to Figure 12). Most importantly, of the 95% who said they had insurance, 88% said their plan was private, 2% have Medicaid. However, 10% who claimed to be insured did not know how they were insured (Refer to Figure 13). I found this number quite significant. When you do not know how you are insured, there is no way to know what your insurer covers or does not cover. This has been a universal problem for women.

Prior to health care reform, thousands of women maintained abortion coverage through private insurance without knowing it. In fact, Occidental's insurance plan with UnitedHealth even covers abortions up to 100% for in network providers and up to 80% for out of network providers. Even Oxy's director Emmons Health Center did not know the insurance they purchased for the students covered abortion care.¹⁰⁷ While many women are frustrated with the new restrictions on abortion care within health care reform, not many women realized they are actually losing an essential piece of coverage. It is possible that the abortion debate would have gone differently if Americans were more

¹⁰⁷ Personal Communication. Richard Youngblood. Director of Student Health Services, Occidental College. April 12, 2011.

knowledgeable about their own insurance plans and the changes being made through new legislation.

Although Planned Parenthood is meant to be a health care provider for people who have no insurance or limited plans through programs like Medicaid, of the 27% who said they had an appointment with Planned Parenthood, only 7% were either on Medicaid or have no insurance and another 9% did not know what type of insurance they hold. So 84% of those young women who went to Planned Parenthood hold insurance through a private insurer (Refer to Figure 14). Planned Parenthood proves to be an essential reproductive health provider for not only low-income women, but for all women.

Planned Parenthood has been an advocate for educating young women and men on reproductive health. However, when asked if Planned Parenthood had provided information to them, the subjects were split. Approximately 54% answered no and 46% answered yes. Of the people who had been to a Planned Parenthood clinic, an outstanding 87% answered that the organization had provided them with reproductive and sex education. So, the more Planned Parenthood is recognized as an informational source, the more women they can reach and dispense information to.

The Title X program provides Planned Parenthood with the ability to distribute birth control to women who would not otherwise be able to afford it. Fortunately for Occidental women, most can afford birth control through their private or school insurance plans. So, when asked if the subjects had ever received birth control from Planned Parenthood, only 17% said they had. However, this does not mean that the women who received birth control from the organization did not have private insurance.

Women view birth control as an essential part of their reproductive lives. So, regardless of their insurance plan, free birth control is in high demand, especially for college students. Of the women who claimed to have visited Planned Parenthood with a private insurance plan, 62% went for free birth control. In 2008, drug companies increased the cost of name brand birth control to obscene prices. Yaz and Yasmin, two of the most common name brands, originally cost women around \$30 per month. Now the pill cost upwards of \$110 per month if your insurance does not cover the brand, or if you do not hold insurance coverage.¹⁰⁸ For many young women, in high school, college, recently graduated, or unemployed, these monthly payments are too much. But, young women see birth control as a necessity to keep their lives on track and to prevent unintended pregnancies. So, many women turn to Planned Parenthood, regardless of their insurance coverage, for free birth control.

While many women seek free birth control from Planned Parenthood, there are few who know about the potential for birth control to be free of co-pays within the Preventative Care Package under health care reform. Planned Parenthood initiated a catchy campaign, *Birth Control Matters*, to inform American women of the fight to define birth control as a preventative measure.¹⁰⁹ However, Planned Parenthood's campaign did not go very far, because a number of my subjects either denounced health care reform for not accepting birth control as a preventative medicine or did the opposite and praised reform for providing them with free birth control. In reality, a medical council will not officially make this decision until 2013. Since the Birth Control Matters

¹⁰⁸ Meyer, Kate. Personal Observation. 2011.

¹⁰⁹ Planned Parenthood Action Committee. *Birth Control Matters*. Planned Parenthood Federation of America. 2010. <http://www.plannedparenthoodaction.org/bc-matters/>

campaign was off to a good start, revamping the campaign could get thousands of young women interested and educated about other aspects of health care reform.

Abortion Debate:

While the abortion debate was difficult to follow within the formation of health care reform, the media played a large role in providing information on the subject. Therefore, I was surprised that media didn't make a larger impact on the subject's opinions of health care reform in relation to women's health; but I was particularly stunned that very few of them followed the entire abortion debate during the reforming process. Only 27% claimed to explicitly follow the abortion debate (Refer to Figure 15). If the Stupak Amendment didn't draw women's attention, the current attack on Planned Parenthood and Title X certainly has people intrigued and upset.

The latest attack on women's reproductive health came from the GOP's push to cut Title X funding during the April 2011 budget cuts. Since Title X helps fund Planned Parenthood, and specifically their free STI tests and birth control, millions of women have realized the inconvenience of losing such an accommodating organization. Unfortunately, many people in our generation, as well as others, are active in campaigns and causes that are pertinent to their immediate lives. Since it is fairly well known that Title X funds services like free birth control, approximately 80% of the surveyed students knew about the current attack on women's reproductive health (Refer to Figure 16). As strange as it sounds, if Planned Parenthood made abortion care more "relatable" to women through new outreach strategies, it may engage a new constituency that the organization has never had support from before.

Reviewing the answers to the last question on federal funding for abortion services were interesting, thought provoking, and astonishing. Since the Hyde Amendment passed years ago, federal funds cannot be used to fund abortion services, and there is no chance of repealing the amendment currently. However, 73% said that federal funds should be used, especially within Medicaid, to fund abortion care for young, low-income, women. Astonishingly, only 11% said funds definitely should not be used in any case to fund abortion care. A surprising number of females claimed to be “indifferent” about the question that directly pertains to their own bodies and health. A total of 16% were indifferent about the question (Refer to Figure 17). While one most likely cannot change the views of the women who answered yes or no, there should be no excuse for females being “indifferent” about issues regarding a woman’s right to reproductive health care. Again, organizations like Planned Parenthood need to redefine and reattempt strategies for educating young women on their reproductive rights so they can be more informed about legislation and attempts to strip them of their reproductive health care.

Although my subjects were well-educated college women, their lack of knowledge on reproductive benefits of health care reform was anticipated. While it is clear that educational institutions need to educate their young students on health care reform and its importance for our generation’s future, pressure should be put on organizations, like Planned Parenthood, to educate young women specifically about their reproductive rights within reform. A year has passed since health care reform was enacted, and Planned Parenthood has done very little to educate their patients and other young women across this nation. For Planned Parenthood to continue being the leading educator and provider of reproductive health care, the organization needs to implement

new educational campaigns, revamp old campaigns, and change their language to become more relatable to a larger population of young women.

Chapter Eight: Recommendations

Through many young women's eyes, and probably men's too, Planned Parenthood is solely seen as a reproductive health care provider. Whether they identify the organization with abortion care, STI testing, or free birth control, they are hardly recognized as a non-profit organization working to educate and fight for the right to reproductive health. So, to best get people, especially women on Planned Parenthood's "side", the organization needs to draw upon their traditional ways, and modify the way they connect with young women across this country.

Educational Campaign:

Since young women are clearly not educated on health care reform, an educational campaign only seems logical. Although educational campaigns are usually funded through the 501(c)(3) aspect of Planned Parenthood, it would be wise to use the (c)(4) (PPAF) dollars to educate young women on health care reform for one main reason: the support gained from the educational campaign can then be accessed and used for future fights within health care reform and other legislative battles. Gaining support, especially for PPAF, is key to winning legislative battles through a strong support base. Luckily, Planned Parenthood is a well-respected organization in many communities. One reason for this, is because the organization utilizes their excellent grassroots organizing skills to engage young women for a variety of backgrounds and neighborhoods. So, Planned Parenthood should continue to become more and more visible through their interactive, educational campaign.

Educational Tutorials for Communities:

The most essential and common check-ups and doctor's visits for women are those of reproductive nature: everything from an annual pap smear, to STI testing, to cancer screenings. So, regardless of a woman's financial situation, Planned Parenthood has been an essential reproductive health provider in many communities around the United States. The educational tutorials will be simplified to give these communities an easy way to understand the various provisions and changes that the Affordable Care Act pursues.

1. *Within Low-Income Communities:* Since Planned Parenthood mainly serves low-income women and health care reform is going to have a huge impact on these women, especially of reproductive age, they are the most important to educate about the basics of health care reform. *(Unfortunately, many low-income patients are non-citizens and have been excluded from health care reform. However, that does not mean they should be excluded from Planned Parenthood's educational campaign, especially since many non-citizens utilize the organization's clinics, nationwide and Planned Parenthood will have to adhere to some new provisions as well as the patients themselves.)*

- a. *Provide Sessions in Multiple Languages (Mainly Spanish and English):*

Many of Planned Parenthood's supporters are not only low-income, but also Spanish speaking. Spanish speakers are also less likely to be educated about the new reform provisions due to the lack of overall education on health care reform, yet alone Spanish informational sessions.

2. *Within Middle Class Communities:* Many middle class communities also utilize Planned Parenthood facilities. Especially during our current recession, more and more women are losing their jobs and benefits. Since all women seek

- reproductive health services at one time or another, Planned Parenthood has been able to support many middle class citizens during their time in need. Therefore, it will be relatively easy to reach out to anyone confused about the reform.
3. *Within Upper Class Communities:* Upper class communities will be harder to educate since many of them attain private health insurance. These communities also tend to be more conservative, and do not stand with Planned Parenthood. However, the goal of this outreach is not to focus on the controversial aspects of health care reform and Planned Parenthood, but to focus on educating those who are confused and lack of knowledge about health care reform. Of course, there will always be people who want nothing to do with the organization, and they are impossible to get engaged.
 4. *At High Schools and Colleges:* Since many educators do not want to take the time out of their curriculum to educate about health care reform, especially within non social science classes, Planned Parenthood should monopolize the opportunity to talk to a constituency of young, intelligent, and eager people who want to learn more. Additionally, this will allow Planned Parenthood to build its younger support base, to hopefully engage more young people in the fight for reproductive justice in the United States.

Email Blasts:

Since 81% of the respondents said they had not been informed about health care reform, it is important for Planned Parenthood to reach out in one of the most relatable ways for our generation. Technology is a key component to our generation, so we might as well utilize it! Of the thousands of emails I have received from Planned Parenthood,

never once have I opened it to find a video or something remotely interactive. Planned Parenthood emails and updates tend to be long and not catchy. Most of the emails are letters from the President of Planned Parenthood Federation of America, Cecile Richards. Unfortunately, younger generations have a short attention span, especially when it comes to the internet. However, YouTube has been one of the best ways for young adults to find information and have the pleasure of watching a video all in one. Releasing informational videos could be one of the main keys to getting more young women educated on health care reform through a fun, modern, and interactive medium.

1. *Creating Informational Videos:* What better way is there engage and educate Planned Parenthood's main constituency, young women, than through various email **video** blasts with tidbits of information on the reproductive benefits of health care reform? This production is simple and inexpensive. It would be easy to get staff, supporters, and possibly patients to make a quick informational video, no longer than two minutes, explaining why health care reform is important and beneficial to women of reproductive age. This tactic is also a great way to build support on issues surrounding health care reform. The more informed people are, the more likely they are to participate!
 - a. *Making it Competitive:* For some reason, many young people are engineered to be competitive. Through releasing a call for young women to create their own videos about why health care reform is important and beneficial to them would get them engaged in finding out more about health care reform. Of course, not very many people are engaged unless

there is an incentive, but that would be up to the organizers of the campaign.

Media and Spokes People:

Let's face it: Our generation is obsessed with famous people in the media.

Additionally, young people tend to be more attentive to causes that have a spokes person or people, which they can help identify with an organization. For example, Dosomething.org, although not a highly controversial organization, has public figures supporting their cause left and right. Because of that, thousands of young adults have become members of the organization. Although it may be difficult to find a public figure that is willing to be a spokes person for a controversial organization like Planned Parenthood, it is possible. If Planned Parenthood were to find a public figure, which many women could identify with, that figure could help mobilize many more people to become educated about health care reform, and Planned Parenthood's cause.

1. *How to Utilize a Public Figure:* While the public figure could be used for the informational videos, they could also shoot brief informational commercials for the organization. They would be labeled as "Did you know...?" commercials, where the spokes person would say, "Did you know that" and follow it by a positive, informational fact about health care reform. This would be a quick and easy way of reaching many people around the country, not just young women.

Planned Parenthood should not be afraid to be visible. Utilizing current technology is an important tool in becoming recognized. Getting young women informed about health care reform through Planned Parenthood will cause them to put trust in the organization,

and they will therefore, stand with Planned Parenthood on bigger issues such as Title X and other women's health policies.

Revamp the Birth Control Matters Campaign:

Planned Parenthood's Birth Control Matters campaign took off last year when birth control was not automatically included in the preventative care package. Thousands of women identified with the desire and necessity of free birth control, so they stepped up with Planned Parenthood to send petitions and letters to representatives pleading for their support. Since the decision has not been made about birth control as a preventative drug, and it will not be from another two years, Planned Parenthood should jump at the opportunity to get more people informed and involved.

Redesign Abortion Language:

The word "choice" was powerful for our parent's generation, because there were a lot of changes within gender roles during their early years, and making any kind of choices for themselves was a big deal. Today, many young women take their right to choose for granted, and so they do not identify as closely with the word "choice" when it comes to their reproductive rights. While women feel they now have options and choices, many of them still feel like they do not have control of their lives and where their future takes them. So, I propose for Planned Parenthood to reform their language to better relate and attract women to the organization's political mission, which would then hopefully, engage more women in future debates within health care reform and beyond.

"Control":

One word that stands out to many young women, today, is the word "control". To have "control" of ones life indicates a sense of power and organization within her or his

life. If Planned Parenthood could incorporate the word “control” as a part of their mantra, women may associate the right to abortion care as a way to maintain some kind of control in their lives.

Pro-Women:

During my time interning at Planned Parenthood, I heard the term “Pro-Women” thrown around here and there. If this term were to be used more frequently, I believe it would resonate with many more women, and men for that matter. The more people who identify Planned Parenthood as a “Pro-Women” organization opposed to an “abortion organization”, the more likely they will align and support Planned Parenthood’s efforts.

Following Up:

Planned Parenthood’s weak spot is their follow-up régime. Getting young women educated is one thing, but transferring their knowledge into a powerful movement for women’s reproductive health is an entirely different beast. However, following up with as many women as possible, to see if their tutorials or the videos were effective and informative keeps them thinking about health care reform in relation to their own health as a woman. Hopefully, that knowledge will then inspire them to be socially active when Planned Parenthood needs their support within a legislative fight.

Conclusion:

Describing the history of health care and reform helps us understand why reform is so necessary; especially with our current economy and the upward turn in America's unemployment rate. The majority of people who have insurance are covered through their employer, but there are many loopholes in the system if someone of middle-class standing is laid off. Luckily, health care reform will improve coverage for millions of women nationwide. But, without female's knowledge of the reproductive benefits of health care reform, they may miss out on great opportunities to receive great coverage.

I predicted that young women would have limited knowledge of the reproductive benefits of reform, and my survey, for the most part, proved my hypothesis correct. Without the support and expertise of Planned Parenthood, it will be difficult to educate women of reproductive age. So, I devised an educational campaign to not only do in-person outreach to females from various communities, but also to utilize their current constituency to educate them through key technological programs.

Additionally, since the abortion debate has become so stigmatized in our society, I advised Planned Parenthood to change their language surrounding abortion care to become more relatable to young women. Hopefully, this will also spark an interest of the abortion debate within health care reform, and future attacks against Planned Parenthood and women's health in general.

In the case of health care reform, knowledge is power, for women and the right to their reproductive health. Planned Parenthood should stand as the main educational tool between women and their right to reproductive health care in the United States.

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Y

Z

Appendix 1: *In-Person Survey*

Survey: The Knowledge of Young Women
On Planned Parenthood and Health Care Reform
Please circle and fill in all questions that you are comfortable answering.
This survey is anonymous.

Health Care Reform:

1. In general, are you in favor of health care reform?
Yes No Indifferent

2. Has your opinion changed as the debate has continued? If so, how?
Yes No

Explain:

3. As a female, do you think health care reform is beneficial to you?
Yes No Indifferent

4. How do you believe it is beneficial or not beneficial? Please be as specific as possible.

Explain:

5. Have you been educated about health care reform other than through your personal research?
From where?
Yes No

Explain:

6. What is the name of the health care reform bill?

_____ Not Sure

7. As far as you've been informed, what is the current status of the bill?
Passed Repealed Not Sure

8. What year do most of the bill's provisions go into effect? (Leave blank if Not Sure)
When it was passed 2012 2014 The bill was repealed

9. Does the bill require all Americans to obtain health insurance, or to pay a fee?
Yes No Not Sure

10. With reform, until what age can you stay on your parent's insurance plan?

_____ Not Sure

Planned Parenthood:

1. Have you ever had an appointment at Planned Parenthood?

Yes No

2. What services have you had?

List Here:

3. Do/ have you receive(d) birth control from Planned Parenthood?

Yes No

4. Has Planned Parenthood provided you with information on reproductive health?

Yes No

5. What first comes to mind when you think of Planned Parenthood?
(Example: birth control, sex education, etc.)

Explain:

6. Is Planned Parenthood currently in danger of losing federal funding (from the government)?

Yes No Not Sure

Abortion Debate:

1. Did you follow the abortion debate while health care reform was being discussed?

Yes No Somewhat

2. Do you believe federal funds should be able to be used for abortion services?

Yes No Indifferent

Explain:

A Little About You:

1. What state are you from?

2. Do you have health insurance?

Yes No Not Sure

3. What kind of plan?

Private (HMO/PPO) Medicaid None Not Sure

Appendix 2: Cyber Survey

Planned Parenthood and Health Care Reform	
1. Health Care Reform	
1. In general, are you in favor of health care reform?	
<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Indifferent
* 2. Has your opinion changed as the debate has continued? If so, how?	
<input type="text"/>	5
	6
3. As a female, do you think health care reform is beneficial to you?	
<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Indifferent
4. How do you believe it is beneficial or not beneficial? Please be as specific as possible.	
<input type="text"/>	5
	6
* 5. Have you been educated about health care reform other than through your personal research? From where?	
<input type="text"/>	5
	6
* 6. What is the name of the health care reform bill? (If you do not know say "Not Sure")	
<input type="text"/>	5
	6
7. As far as you've been informed, what is the current status of the bill?	
<input type="radio"/>	Passed
<input type="radio"/>	Repealed
<input type="radio"/>	Not Sure

Planned Parenthood and Health Care Reform

8. What year do most of the bill's provisions go into effect?

- When it was passed
- 2012
- 2014
- The bill was repealed

9. Does the bill require all Americans to obtain health insurance, or to pay a fee?

- Yes
- No
- Not Sure

*** 10. With reform, until what age can you stay on your parent's insurance plan? (If you don't know answer "Not Sure")**

2. Planned Parenthood

1. Have you ever had an appointment at Planned Parenthood?

- Yes
- No

2. What services have you had?

3. Do/ have you receive(d) birth control from Planned Parenthood?

- Yes
- No

4. Has Planned Parenthood provided you with information on reproductive health?

- Yes
- No

Planned Parenthood and Health Care Reform

*** 5. What first comes to mind when you think of Planned Parenthood?**

(Example: birth control, sex education, etc.)

6. Is Planned Parenthood currently in danger of losing federal funding (from the government)?

- Yes
- No
- Not Sure

3. The Abortion Debate

1. Did you follow the abortion debate while health care reform was being discussed?

- Yes
- No
- Somewhat

*** 2. Do you believe federal funds should be able to be used for abortion services?**

(Yes, No, Indifferent and Explain)

4. A Little About You

*** 1. What state are you from?**

2. Do you have health insurance?

- Yes
- No
- Not Sure

Planned Parenthood and Health Care Reform

3. The Abortion Debate

1. Did you follow the abortion debate while health care reform was being discussed?

Yes

No

Somewhat

*** 2. Do you believe federal funds should be able to be used for abortion services?
(Yes, No, Indifferent and Explain)**

	5
	6

Planned Parenthood and Health Care Reform

4. A Little About You

*** 1. What state are you from?**

2. Do you have health insurance?

- Yes
- No
- Not Sure

3. What kind of plan?

- Private (HMO/PPO)
- Medicaid
- None
- Not Sure

*** 4. I am 18 years of age and agree to have my answers used in this study. (Please answer "Yes" or "No" and initial)**

Appendix 3: Key Answers to Survey

Survey Answers: The Knowledge of Young Women On Planned Parenthood and Health Care Reform

Health Care Reform:

11. What is the name of the health care reform bill?

Patient Protection and Affordable Care Act Not Sure

12. As far as you've been informed, what is the current status of the bill?

Passed Repealed Not Sure

13. What year do most of the bill's provisions go into effect? (Leave blank if Not Sure)

When it was passed 2012 2014 The bill was repealed

14. Does the bill require all Americans to obtain health insurance, or to pay a fee?

Yes No Not Sure

15. With reform, until what age can you stay on your parent's insurance plan?

26 Not Sure

Planned Parenthood:

7. Is Planned Parenthood currently in danger of losing federal funding (from the government)?

Yes No Not Sure

For additional information on health care reform and how it is going to affect you please visit the following websites:

Government Health Reform Website:

http://www.healthcare.gov/?gclid=CKny08v45acCFQQ-bAodDCu_bQ

Kaiser Family Foundation:

<http://healthreform.kff.org/>

Appendix 4: *Raw Data from Surveys*