

**AAUW Capitol Hill Lobby Corps
Prevention First Act (H.R.463/S.21)
March 5, 2009**

I. SUMMARY

Message: The best way to reduce unintended pregnancies and therefore the number of abortions is to prevent them in the first place. Cosponsor the Prevention First Act (H.R.463) to send a strong signal that we are serious about reproductive health care for women; family planning services and pregnancy care for those most in need; equity in coverage for and access to contraceptives; and pregnancy and STI prevention for adolescents.

The Prevention First Act includes a myriad of provisions to expand access to preventative health care services that help reduce unintended pregnancy, reduce abortions and improve access to women's health care. Cosponsorship of this bill is timely because these provisions would not only help the increasing number of people in need by expanding access to family planning, but many of the provisions can also be tackled in the coming budget and FY10 appropriations cycle.

II. BACKGROUND

The Prevention Agenda

Rates of pregnancy¹ and sexually transmitted infections² among minors in the United States remain among the highest of the developed countries. Half of all pregnancies in the United States are unintended - more than three million each year - and almost half of those end in abortion.³ Between 1994 and 2001, the overall downward trend in unintended pregnancy rates stagnated. Worse yet, rates among poor and low-income women rose considerably even as they continued to fall among more affluent women.⁴

An ultimate goal of all of those interested in supporting women's health is to ensure that adequate supports are in place to ensure that all women have access to the preventative health care they need. One vital component of that is to ensure that all women have complete control over their reproductive health over their entire life-span because family planning increases educational and employment opportunities and improves women's ability to support themselves and their families.

The Prevention Agenda identifies a number of areas where women's health care must be expanded. Public health programs like Medicaid and Title X, the national family planning program, provide high-quality family planning services and other preventive health care to underinsured or uninsured individuals who cannot afford and may otherwise lack access to health care. Many poor and low-income women cannot afford contraceptive services and supplies on their own. These women have recently seen their Medicaid programs cut, putting them at risk of losing coverage for important family planning services.

For every dollar spent on family planning services, it is estimated that at least four dollars is saved in public health spending.⁵ This comprehensive approach to protecting women's reproductive health will not only decrease the spread of STIs and reduce the number of unwanted pregnancies, but save money.

Although the rates of unintended pregnancy among teens are at their lowest in decades, still, 35 percent of teen girls become pregnant at least once before turning 20,⁶ and 82 percent of teenage pregnancies are unintended.⁷ Nearly half of the approximately 19 million new cases of STIs each year are among people ages 15-24, even though these youth make up only a quarter of the sexually active population.⁸ Teens face additional barriers regarding access to services and information. In comparison to the results yielded by abstinence-only programs, comprehensive sexuality education has demonstrated positive results such as delayed initiation of sex, reduced frequency of sex, and increased contraceptive use.⁹ Currently there are no federally funded programs dedicated to comprehensive sexuality education programs.

What is Part of the Prevention First Act?

- **Increase Access to Family Planning Services:** authorizes a funding increase for the Title X family planning program to \$700 million and requires states to extend coverage for family planning services and supplies to women who would be entitled to Medicaid funded prenatal, labor, delivery, and postpartum care if they became pregnant.
 - Congress has not supported adequate funding for Title X, which is critical in providing reproductive services to low-income women; in fact, taking inflation into account, funding for the family planning programs under Title X declined by 61 percent between 1980 and 2007.¹⁰ The increase in funding that would be provided by the Prevention First Act reflects about what the budget for Title X would be if it had kept up with inflation since 1980.¹¹
 - Medicaid has become an essential source of support for the provision of subsidized family planning services and supplies. It is the single largest source of public funds supporting these services. In 2006, 12 percent of women of reproductive age looked to Medicaid for their care.¹²
- **End Health Insurance Discrimination Against Women:** ensures equity in contraceptive coverage by requiring private health plans to provide the same level of coverage for prescription contraception as they do for other prescription drugs and services.
 - Currently only 27 states require that insurers cover prescription drugs in general to provide coverage of the full range of FDA-approved contraceptive drugs and devices.¹³
 - Not covering the cost of contraceptives increases the likelihood of unintended pregnancy and all direct and indirect costs associated with that pregnancy — a 15–17 percent potential increase in employer health plan costs.¹⁴

- Provide Compassionate Assistance for Rape Victims: ensures that women who experience sexual assault receive factually accurate information about emergency contraception (EC) and are provided with EC upon request in hospital emergency rooms.
- Improve Awareness about Emergency Contraception: requires the Secretary of Health and Human Services to develop and disseminate information about emergency contraception to women and health care providers.
- Provide Comprehensive Sex Education: provides for comprehensive, medically accurate, age-appropriate sex education programs that teach young people about abstinence, health, and contraceptives.
 - A new Center for Disease Control study indicates that one in four (26%) female adolescents in the United States has one of the most common sexually transmitted infections.¹⁵
 - There is a significant correlation between poverty and adolescent pregnancy.¹⁶ Adolescent childbearing makes it increasingly difficult to attain work experience, secondary or post-secondary education, and thus economic security.¹⁷
 - Comprehensive sex education does not increase sexual activity. Studies indicate it can help young people delay sexual activity and increase contraceptive use among those who are sexually active.¹⁸
 - There is currently NO federal funding stream for comprehensive sex education. While some people may be eligible for the information and services provided by groups who receive Title X money, namely safety-net health care providers, there is no federal money for comprehensive sex education in schools.
- Reduce Teen Pregnancy: provides for competitive grants to public and private entities to establish or expand teen pregnancy prevention programs.
- Provide Accurate Public Health Information: ensures that information concerning the use of a contraceptive provided through any federally funded sex education, family life education, abstinence education, comprehensive health education, or character education program is medically accurate and provides information on both the health benefits and failure rates of contraceptives.

III. TALKING POINTS

- The best way to reduce unintended pregnancies and therefore the number of abortions is to prevent them in the first place.
- Public health programs like Medicaid and Title X, the national family planning program, provide high-quality family planning services and other preventive health care to underinsured or uninsured individuals who cannot afford and may otherwise lack access to health care.
 - Congress has not supported adequate funding for Title X. The increase in funding that would be provided by the Prevention First Act reflects about what the budget for Title X would be if it had kept up with inflation since 1980.¹⁹
- Family planning increases women's educational and employment opportunities and improves their ability to support themselves and their families.
- Any attempt to fix healthcare for everyone, and to specifically address the unique needs of women, must include the provisions addressed in the Prevention Agenda.
 - Not covering the cost of contraceptives increases the likelihood of unintended pregnancy and all direct and indirect costs associated with that pregnancy — a 15–17 percent potential increase in employer health plan costs.²⁰
- There is currently NO federal funding stream for comprehensive sex education.
 - Comprehensive sex education does not increase sexual activity. Studies indicate it can help young people delay sexual activity and increase contraceptive use among those who are sexually active.²¹
 - 23 states and the District of Columbia are no longer accepting funds under the Title V abstinence-only program.²²

IV. STATUS

The Prevention First Act was introduced on January 13, 2009 in the House by Representative Louise Slaughter (D-NY). It was then referred to all three committees it pertains to: the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor. The Senate companion bill, S. 21, has 19 cosponsors. H.R. 463 has 125 cosponsors:

[Rep Abercrombie, Neil](#) [HI-1] - 1/13/2009
[Rep Ackerman, Gary L.](#) [NY-5] - 1/13/2009
[Rep Adler, John H.](#) [NJ-3] - 1/13/2009
[Rep Arcuri, Michael A.](#) [NY-24] - 1/13/2009
[Rep Baird, Brian](#) [WA-3] - 2/3/2009
[Rep Baldwin, Tammy](#) [WI-2] - 1/13/2009
[Rep Berkley, Shelley](#) [NV-1] - 1/13/2009

[Rep Berman, Howard L.](#) [CA-28] - 1/13/2009
[Rep Biggert, Judy](#) [IL-13] - 1/13/2009
[Rep Bishop, Sanford D., Jr.](#) [GA-2] - 1/13/2009
[Rep Bishop, Timothy H.](#) [NY-1] - 1/13/2009
[Rep Blumenauer, Earl](#) [OR-3] - 1/13/2009
[Rep Boswell, Leonard L.](#) [IA-3] - 2/3/2009
[Rep Boucher, Rick](#) [VA-9] - 1/13/2009

[Rep Brady, Robert A.](#) [PA-1] - 1/13/2009
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[Rep Chandler, Ben](#) [KY-6] - 1/13/2009
[Rep Clay, Wm. Lacy](#) [MO-1] - 1/13/2009
[Rep Cohen, Steve](#) [TN-9] - 1/13/2009
[Rep Connolly, Gerald E. "Gerry"](#) [VA-11] - 1/13/2009
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[Rep Courtney, Joe](#) [CT-2] - 2/25/2009
[Rep Crowley, Joseph](#) [NY-7] - 1/13/2009
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[Rep DeFazio, Peter A.](#) [OR-4] - 2/23/2009
[Rep DeGette, Diana](#) [CO-1] - 1/13/2009
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[Rep DeLauro, Rosa L.](#) [CT-3] - 1/13/2009
[Rep Dicks, Norman D.](#) [WA-6] - 1/13/2009
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[Rep Engel, Eliot L.](#) [NY-17] - 1/13/2009
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[Rep Lowey, Nita M.](#) [NY-18] - 1/13/2009
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[Rep Rangel, Charles B.](#) [NY-15] - 1/13/2009
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[Rep Roybal-Allard, Lucille](#) [CA-34] - 1/13/2009
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[Rep Welch, Peter](#) [VT] - 1/13/2009
[Rep Wexler, Robert](#) [FL-19] - 1/13/2009

V. **TARGETS:**

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VI. **WHO TO ASK FOR:**

Women's Issues LA

¹ The Centers for Disease Control and Prevention. (September 2006). *Adolescent Reproductive Health: Teen Pregnancy*. Retrieved January 7, 2009, from

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⁵ Ibid.

⁶ National Campaign to Prevent Teen Pregnancy (2002). *Not Just Another Single Issue: Teen Pregnancy's Link to Other Critical Social Issues*, Washington, DC.

⁷ The Alan Guttmacher Institute. "In Brief: Facts on American Teens' Sexual and Reproductive Health," September 2006.

⁸ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance: 2005." U.S. Department of Health and Human Services, September 2006.

⁹ Kirby, Douglas. (2007). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Retrieved November 16, 2007, from http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf.

¹⁰ National Family Planning and Reproductive Health Association. (2007). *Family Planning Facts: History of Title X*. Retrieved January 8, 2009, from

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¹¹ National Family Planning and Reproductive Health Association. (2007). *Family Planning Facts*. Retrieved January 8, 2009, from

http://www.nfprha.org/main/family_planning.cfm?Category=Main&Section=Main.

¹² Guttmacher Institute. (December 2007). *More Reproductive-Age Women Covered by Medicaid—But More Are Also Uninsured*. Retrieved March 4, 2009 from

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¹⁶ The National Campaign to Prevent Teen Pregnancy. (2005). *The 'What If' Project*. Retrieved November 19, 2007, from http://www.teenpregnancy.org/whycare/pdf/National_Press_Release.pdf.

¹⁷ Klein, Jonathan D. and the Committee on Adolescence. (2005). Adolescent Pregnancy: Current Trends and Issues. *Pediatrics*, 116, 281-286. Retrieved November 19, 2007, from <http://pediatrics.aappublications.org/cgi/reprint/116/1/281.pdf>.

¹⁸ Kirby, Douglas. (2007). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Retrieved November 16, 2007, from http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf.

¹⁹ National Family Planning and Reproductive Health Association. (2007). *Family Planning Facts*. Retrieved January 8, 2009, from http://www.nfprha.org/main/family_planning.cfm?Category=Main&Section=Main.

²⁰ Dailard, Cynthia. (2003, March). "The Cost of Contraceptive Insurance Coverage." *The Guttmacher Report on Public Policy*, 6(1), 12-3.

²¹ Kirby, Douglas. (2007). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Retrieved November 16, 2007, from http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf.

²² Boonstra, Heather. (2009). Advocates Call for a New Approach After the Era of 'Abstinence-Only' Sex Education. *Guttmacher Policy Review*. Retrieved March 4, 2009 from <http://www.guttmacher.org/pubs/gpr/12/1/gpr120106.html>.