

**Proposed Resolution from the Board of Health
Coverage for Comprehensive Reproductive Health Care**

Resolution calling upon President Obama, the US Congress, Governor Corbett, and the Pennsylvania General Assembly to maintain existing public funding for comprehensive reproductive health care and reinstate insurance coverage for abortion care for every woman who needs it, regardless of the source of her insurance.

1. *Whereas*, women need access to a range of safe, affordable reproductive health care services throughout life, including cancer and sexually transmitted infection screenings, contraceptive services, abortion care, prenatal care, and labor and delivery services;
2. *Whereas*, all women, regardless of income, need insurance coverage to access these services, so that they can seek care from licensed, quality health care providers, and so that economic barriers do not play a role in critical health care decisions;
3. *Whereas*, the federal government recognizes that health care is essential to protect an individual's ability to fully participate in their family, community, and society. To support people in achieving that goal, the government partially or fully subsidizes health insurance and health care services for individuals who meet certain eligibility criteria;
4. *Whereas*, some lawmakers in Congress and state legislatures oppose coverage for comprehensive reproductive health care and have therefore moved to restrict or decrease publicly subsidized family planning funding to make it unaffordable or inaccessible;
5. *Whereas*, low-income women – 8,744,744 women nationallyⁱ and 374,241 women in Pennsylvaniaⁱⁱ – qualify for publicly subsidized family planning services and are therefore actually or potentially subject to these inequitable policies;
6. *Whereas*, women enrolled in Medicaid are denied coverage for comprehensive pregnancy-related care that includes abortion care, because of unnecessary and unfair bans on such coverage imposed by federal and state lawmakers;
7. *Whereas*, denying access to comprehensive pregnancy-related care to the more than 87,000 Philadelphia women of reproductive age utilizing public insuranceⁱⁱⁱ discriminates against them and their families;
8. *Whereas*, women who lack insurance coverage or publically subsidized services have increased numbers of unintended pregnancy and childbearing^{iv}.
9. *Whereas*, when a woman cannot afford to end a pregnancy when she needs to, due to lack of coverage for abortion, the impact on her and her family can be far reaching,

including endangering her health due to serious medical conditions related to pregnancy;

10. *Whereas*, unintended childbearing is associated with many negative consequences such as delayed prenatal care, maternal depression, increased risk of physical violence during pregnancy, decreased likelihood of breastfeeding, low birth weight, decreased mental and physical health during childhood, and lower education attainment for the child^{v,vi,vii};

11. *Whereas*, childbearing in adolescence is correlated with failure to complete a high school education. This has long-term consequences for the economic and social stability, and therefore the health status, of these teens and their children. In Philadelphia, fully two thirds of girls who become mothers while in high school do not graduate.^{viii}

Be it therefore resolved, that the Board of Health of the Philadelphia Department of Public Health calls upon President Obama, the US Congress, Governor Corbett, and the Pennsylvania General Assembly to support public funding for comprehensive family planning services; to reinstate coverage for abortion services for women enrolled in public insurance programs, including women enrolled in Medicaid and Medicare, women in the military, federal employees, Native American Women, women in federal prison, women in the Peace Corps, and women who live in the District of Columbia; and to ensure that the Commonwealth of Pennsylvania does not withhold insurance coverage for abortion for women purchasing plans on a state insurance exchange.

ⁱ U.S. Census Bureau, American Community Survey. (2011). PUBLIC HEALTH INSURANCE STATUS BY SEX BY AGE.

ⁱⁱ U.S. Census Bureau, American Community Survey. (2011). PUBLIC HEALTH INSURANCE STATUS BY SEX BY AGE, Pennsylvania.

ⁱⁱⁱ U.S. Census Bureau, American Community Survey. (2011). PUBLIC HEALTH INSURANCE STATUS BY SEX BY AGE, Philadelphia city, Pennsylvania.

^{iv} Kost, K., Finer, L. B., & Singh, S. (2012). Variation in State Unintended Pregnancy Rates In the United States. *Perspectives on Sexual and Reproductive Health*, 44(1), 57-64.

^v Cheng, D., Schwarz, E. B., Douglas, E., & Horon, I. (2009). Unintended pregnancy and associated maternal preconception, prenatal and postpartum behaviors. *Contraception*, 79(3), 194-198.

^{vi} Logan, C., Holcombe, E., Manlove, J., & Ryan, S. (2007). *The Consequences of Unintended Childbearing*. Washington, D.C.: Child Trends, Inc. & The National Campaign to Prevent Teen and Unplanned Pregnancy.

^{vii} D'Angelo, D. V., Gilbert, B. C., Rochat, R. W., & Herold, J. S. S. J. M. (2004). Differences Between Mistimed and Unwanted Pregnancies Among Women Who Have Live Births. *Perspectives on Sexual and Reproductive Health*, 36(5).

^{viii} Neild, R. C., & Balfanz, R. (2006). *Unfulfilled Promise: The Dimensions and Characteristics of Philadelphia's Dropout Crisis, 2000-2005*. Philadelphia: Johns Hopkins University, from http://www.csos.jhu.edu/new/Neild_Balfanz_06.pdf