



**NARAL  
Pro-Choice New York**

**TESTIMONY  
OF  
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NARAL PRO-CHOICE NEW YORK  
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH**

**BEFORE  
GOVERNOR ELIOT SPITZER,  
THE NEW YORK STATE DEPARTMENT OF HEALTH,  
&  
THE NEW YORK STATE DEPARTMENT OF INSURANCE**

**December 5, 2007  
Old Westbury, New York**

Good day. My name is Myra Batchelder and I direct the Low-Income Access Program at NARAL Pro-Choice New York. On behalf of our President Kelli Conlin, I would like to thank Governor Spitzer, Commissioner Daines and Superintendent Dinallo for their leadership and commitment in this area. NARAL Pro-Choice New York is delighted that the State is working on this issue and conducting these hearings in order to get the public's opinion as the state moves toward universal health care.

NARAL Pro-Choice New York works to protect safe, legal abortion and expand the full range of reproductive rights for women regardless of age, race or income. We work to protect and expand access to reproductive health care through legislative and political strategies, coalition development, and grassroots organizing. The Low-Income Access Program works to increase access to reproductive health care, including abortion, emergency contraception, birth control, and pregnancy services, for all women who face financial barriers.

In New York State, the need for universal health care is very apparent. Close to 2.5 million New Yorkers are uninsured and thousands more are underinsured and are unable to access the care they desperately need.<sup>1</sup> Without adequate health insurance, people face many barriers to accessing needed care. It is estimated that 18,000 people die in the United States each year due to the fact they don't have health insurance and aren't able to access the care they need.<sup>2</sup>

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<sup>1</sup> Census Current Population Survey, 2007. <http://www.census.gov/prod/2007pubs/p60-233.pdf>

<sup>2</sup> Kaiser Family Foundation, *Women's Health Insurance Coverage*, February 2007; Institute of Medicine, *Care Without Coverage: Too Little, Too Late*, 2002.

Women are especially at risk for being uninsured because they often rely on a spouse for health coverage, and should they become widowed or divorced, they are susceptible to losing that insurance. In New York State, 16 percent of women were uninsured in 2004-2005.<sup>3</sup>

The group of women most at risk of being uninsured are those of reproductive age. In New York State, 17.8 percent of women aged 15-44 were uninsured in 2004-2005.<sup>4</sup> One of the major health care needs for women of reproductive age is access to comprehensive reproductive health care and family planning services. In New York State, in 2002, there were approximately 4.5 million women of reproductive age (13-44), and of those over 1.2 million were in need of publicly supported contraceptive services and supplies according to the Guttmacher Institute.<sup>5</sup>

As the State moves forward with developing a universal health care plan, it is important to remember the specific health care needs of women, particularly the need to include comprehensive reproductive health care in the coverage. This coverage should include services and products such as abortion, contraception, gynecological exams, sterilization, STI testing and treatment, pre-natal and pregnancy care, and breast and cervical cancer screening and treatment. This coverage should be combined with the other necessary components that advocates have testified about in prior hearings, such as mental health care, long-term care, primary care, acute care, preventative care, and overall comprehensive health care.

Comprehensive reproductive health care is an essential component of any universal health care program. Family planning improves women's health by preventing unintended and high-risk pregnancies, preventing sexually transmitted infections, and allowing for the early detection of disease by getting women into doctor's offices for regular health screenings. In addition, there is a significant benefit to providing contraceptive coverage – every \$1 spent on family planning saves \$3 in Medicaid costs that otherwise would have gone for prenatal and newborn care.

In New York State, one of the ideas that has been discussed is to expand our current public health insurance programs to include a broader array of people. Though these programs are incredible and provide needed health care coverage to millions, it's important to realize that the public health insurance programs we currently have are far from perfect. As we work to expand these programs to cover more New Yorkers, it's also important to look at some of the ways we can improve these programs to provide better coverage to recipients.

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<sup>3</sup> Kaiser Family Foundation, *Health Insurance Coverage of Women Ages 18-64, by State, 2003-04*, February 2007.

<sup>4</sup> Guttmacher Institute, "More Reproductive-Age Women Covered by Medicaid—But More Are Also Uninsured," *Guttmacher Policy Review*, Winter 2007, <http://www.guttmacher.org/pubs/gpr/10/1/gpr100124.html>.

<sup>5</sup> Guttmacher Institute, *Contraceptive Needs and Services, 2001-2002*, 2004, [http://www.guttmacher.org/pubs/win/states/new\\_york.pdf](http://www.guttmacher.org/pubs/win/states/new_york.pdf).

One problem of our current managed care system is the limited family planning and abortion services offered by Catholic Managed Care plans, including Fidelis and CenterCare. As both plans do not provide coverage for these services, women are forced to obtain those services through an alternate provider, creating additional steps that can be burdensome and may result in a tedious and timely process to obtain needed care. As one of the major reasons for the Managed Care plan structure was to allow consumers to have a “medical home” where all of their health care needs would be met, this additional step to obtain needed care seems to contradict the goal of managed care. As we look at expanding our current coverage, it’s important to examine some of the issues of religious managed care plans and to work to ensure they provide comprehensive care for their enrollees.

Another problem we have heard from numerous family planning and reproductive health providers is that the reimbursement rates for family planning and abortion services are inadequate or delayed in getting to providers who perform the services. As we work to create a new and improved health care system, it is important to look at improving the reimbursement rates and delivery time for providers.

In addition, there are still coverage issues with family planning products within the current public health insurance programs. For instance, Family Health Plus is not covering emergency contraception in its new over-the-counter version. As the State looks to create an improved health care system for all New Yorkers, it’s important to make sure that all necessary family planning and reproductive health care will be included.

Overall, New York State’s reproductive health coverage is quite strong compared to many other states, but we want to highlight the fact that problems still remain and must be addressed as we move toward creating a universal health care system. This is particularly true as we look at expanding current public health insurance programs in this process.

As New York State moves forward with universal health care, we at NARAL Pro-Choice New York strongly advocate that we must create a universal health care system that addresses the needs of all of its members, including providing access to quality comprehensive reproductive health care for all women. Thank you.