

THE HUFFINGTON POST

No Right Door on Birth Control

By Andrea Kane

The recent birth control debate has been disturbing on many levels, not least of which is the fact that we are even debating contraception in the year 2012. The conversation continues this week with the U.S. House holding hearings and the Senate considering an amendment addressing this issue. The current, senseless uproar has also revealed a profound lack of understanding -- especially on the part of many men -- about contraception and how it actually works for real women. Most unsettling is that some of these men are opining about, and in some cases legislating for, changes that would harm women's health.

The immediate issue is whether the health insurance plan provided to women who work for religiously-affiliated institutions such as Catholic hospitals, charities and universities should cover birth control. There has been much discussion about what this means for religious institutions, but let's focus on how this would affect real women.

Consider some of the most common misperceptions offered over the past several weeks including, "what's the problem: women can just go to a public clinic or to Planned Parenthood for birth control," or "birth control is cheap and easily available" or -- my personal favorite -- "what's the big deal: you can just go to a drug store and buy it."

Now, consider a hypothetical Licensed Practical Nurse working at a Catholic hospital making \$40,000 a year and raising a child as a single mom. If she wants to use birth control but her employer's health plan doesn't cover it, where do the common misperceptions laid out above leave her? Like the old game show, *Let's Make a Deal*, here's what's behind those three doors:

Door #1: Can't she just go to a clinic to get birth control?

The federally-funded Title X program provides free or low-cost contraceptive services for low-income women. However, Title X is already over-stretched and gives low-income patients highest priority. Because the nurses' salary is above 250 percent of the poverty level, even if she could get services, she would pay full price.

The U.S. House and a number of states are making it even harder to get publicly-funded birth control at a clinic. The House has voted to eliminate funding for Title X each of the last two years. In addition, a number of states have drastically reduced state funding for contraception in the last few years, such as Texas, which slashed its state funding for family planning by two-thirds. New Jersey, Montana and others have also cut state family planning funds.

With regard to Planned Parenthood, this is the same organization that many politicians and pundits want to put out of business, and that several states have already banned from receiving funding to provide contraception.

How about Medicaid? Because the nurse has health insurance through her employer, even if that insurance does not cover contraception, she won't qualify for Medicaid. What's more, the nurse's income, unlike many women who seek care at clinics, falls above the threshold for covering contraceptive services through all but one states' Medicaid Family Planning program, so that door is closed.

Door #2: Birth control is cheap and easily available

If the nurse doesn't have coverage for contraception under her health insurance plan, and can't get free or low-cost contraception through a clinic, she's left paying out of pocket for the contraception. For most types of birth control, she will face up-front or annual costs of about \$1,000.

In addition, the methods that are "easily available" -- without seeing a doctor and getting a prescription or procedure -- are not the most reliable or effective. For the nurse to go to a separate health care provider just for birth control rather than having it be part of her ongoing relationship with her doctor means more appointments, more paperwork and more time off work.

Door #3: Can't she just go to the drug store and buy birth control?

If only it were that easy and women could just shop for birth control, as they buy shampoo and toothpaste. First, there are now about 15 methods of contraception and only a few are available without a prescription -- the most common being condoms. Furthermore, most types of birth control, including the commonly-used pill, not only require a prescription, but also one or more medical appointments to discuss your medical history with a doctor or nurse, get an exam, figure out the best method for you and get a prescription. And lastly, to use the most reliable and effective methods, a doctor or nurse must insert an IUD or implant or give a shot -- no quick trip to the drug store, after all.

Unlike *Let's Make a Deal*, this real-life scenario is no game at all. Birth control is not only essential to preventing unplanned pregnancy, but is paramount to women's health, educational and economic opportunity. Where is the right door for women in the real world?