



**Health reform is a matter of reproductive justice.**

Reproductive justice recognizes that multiple factors such as race, education, family, sexuality, primary language, and health coverage, play a role in a woman's reproductive health outcomes and overall well-being. From a reproductive justice perspective, access to health care is a critical component in promoting the ability of women, their families, and communities, to lead healthy and fulfilling lives. The current and promising national movement to reform health care offers a significant opportunity to transform public and private systems to make them more responsive to the needs and experiences of all individuals. Women in general and women of color and their families in particular, have much at stake in the health care reform process. Women need our leaders to invest in innovative, fair and sustainable solutions that will ensure health coverage for all Californians, are affordable, and provide comprehensive health benefits, including the broad spectrum of reproductive health services.

To address the needs of low-income women, women of color and their families, health care reform legislation must ensure the following:

➤ **Health coverage must include comprehensive reproductive health services.**

*In order to promote the health and well-being of women, their families and communities, any standard of care and benefits adopted must include access to comprehensive reproductive health care, including abortion services. Strong data demonstrates that reproductive health care is a key factor in women's overall health. Reproductive health care cannot be politicized and singled out for exclusion from the private or public health insurance plans and coverage. As such, private insurance companies must create plans which do not leave out coverage for specific care, such as maternity or abortion services. Decisions about which benefits will be covered by national health reform should be made by an independent body that includes consumers and medical experts, using professionally established standards of care, not by members of Congress.*

*Additionally, it is extremely important that standards of care protect patients' rights and access to care. Health reform must ensure adequate numbers of willing providers for all health services as well as adequate measures to ensure that patients receive needed care in a timely manner, without undue delay or obstruction by objecting health providers.*

➤ **Health coverage must be accessible to all persons residing in the United States.**

*A thriving society includes a health system where every individual and family is equally able to access quality care. Guaranteeing access to health coverage requires that everyone be eligible regardless of a person's age, gender, marital status, geography, family composition, economic status, employment, pre-existing conditions, health status, sexuality, immigrant status, or any other category. In order to advance equity, the resulting legislation must neither prohibit any group from obtaining health coverage nor burden any group unfairly.*

*Leaving a class of uninsured residents is unjust and bad public policy. For California in particular, the inclusion of immigrants is critical to our state's economic survival. One in four Californians is an immigrant, representing a much higher percentage than the United States as a whole (27% vs. 13%).<sup>1</sup> Of those, over 5 million are women.<sup>2</sup> Overall, immigrants are less likely to be insured compared to citizens, yet they are a very small percentage of the uninsured. In fact, the majority (76%-80%) of the growth in the number of uninsured from 2000 to 2006 occurred among U.S. citizens.<sup>3</sup> Immigrants are part of our communities, pay taxes, and want to pay their fair share and receive affordable coverage like every other American. Thus, it is critical for California that the resulting health care reform policies implemented include everyone residing in the U.S., both as a common sense measure, and most importantly, as a matter of justice.*

➤ **Health coverage must be affordable for women of color and their families.**

*Through this economic downturn, it has become increasingly evident how the health care system is out of reach for low-income women of color and their families. Health care reform needs to offer health care coverage that is affordable for individuals and families in relation to income alone. Women of color are concentrated in low-wage and/or part-time jobs that do not offer health coverage at all or offer coverage that is too costly. Overall, eight out of ten uninsured women are in working families.<sup>4</sup> While low-income women comprise the majority of uninsured women, lack of coverage affects women of all income levels. Nearly one-quarter of uninsured women have family incomes at or above 300% of the Federal Poverty Level.<sup>5</sup>*

*Given these circumstances, affordability entails the following:*

- *Expanding Medicaid eligibility in order for more low-income women to qualify for coverage and access health care.*
- *A subsidy program that is adequate to allow everyone, both low and middle-income women, to afford health insurance. Given California's high cost of living, making subsidies available to those earning up to 500% FPL would be more fairly inclusive.*
- *Broad eligibility for family coverage in order for all families to qualify. If one individual in a household is eligible for health insurance, coverage should be extended to the entire household.*
- *Continued funding to strengthen the underfunded safety-net providers—such as community health centers, public hospitals and clinics— which serve both the insured and uninsured. One-third of women who are uninsured and four in ten women receiving Medi-Cal rely on safety-net providers as their main source of care.<sup>6</sup>*
- *A public plan that would expand coverage for the uninsured and help control the rising cost of health care.*

**California Congressional Leaders must pass health care reform now that ensures affordable health coverage is available to all people living in the United States, and that includes comprehensive reproductive health services. Women of color and their families simply cannot wait.**

Healthy women who can participate fully in the workforce and in their communities are vital to the success of their families and our society. We must, therefore, make investments in health care that enable girls and women, along with their families and communities, to lead productive, healthy lives. Health care reform needs to take low-income women, immigrant women, and women of color into account by eliminating the challenges these communities face in accessing quality, affordable, culturally competent, comprehensive health care. The time is now to create lasting change that will allow women and their communities to thrive.

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References

<sup>1</sup> Public Policy Institute of California. "Just the Facts: Immigrants in California," June 2008 ("Immigrants in California"). See: [http://www.ppic.org/content/pubs/jtf/JTF\\_ImmigrantsJTF.pdf](http://www.ppic.org/content/pubs/jtf/JTF_ImmigrantsJTF.pdf).

<sup>2</sup> U.S. Census Bureau, 2007 American Community Survey; S0501. Selected Characteristics of the Native and Foreign-Born Populations.

<sup>3</sup> *Immigrants in California*.

<sup>4</sup> California Health Interview Survey, 2003, UCLA Center for Health Policy Research. Available at: [www.chis.ucla.edu](http://www.chis.ucla.edu)

<sup>5</sup> National Women's Law Center. "Women in California Need Health Reform" ("Women in California"). See: <http://www.nwlc.org/reformmatters/pdf/CaliforniaHCRfactsheet.pdf>.

<sup>6</sup> UCLA Center for Health Policy Research, Women's Health in California: Health Status, Health Behaviors, Health Insurance Coverage and Use of Services Among California Women Ages 18-64, August 2008, at 7. See: [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu).