

WV FREE's 2008 Policy Agenda

1. Oppose all bills that intentionally restrict access to women's reproductive health care services.

- Policies that aim to hamper women's access to health care do nothing to *help* the women of West Virginia, but severely *hurt* them.
- We must focus on policies that consider the evolving technologies and sophistication of health care rather than advancing restrictive ones.
- We must create a system that focuses on prevention through education and access to family planning.
- Policy that intimidates and punishes doctors and nurses in reproductive health services hurts the medical community and patients who need care.
- Women who need abortion should care should not be discriminated against; abortion is part of necessary, basic health care.

2. Fight legislation that would eliminate public funding of abortion.

- The West Virginia Supreme Court has already ruled that denying poor and low-income women funding for abortions violates the protections afforded them by the state Constitution. (See *Women's Health Center v. Panepinto*)
- A ban on Medicaid funding of abortions will hurt the most disadvantaged women in West Virginia. Poor women, women of color, young women and rural women, who already have insufficient access to reproductive health care, will be hit hard by these funding restrictions.
- Compared with the average woman who has an abortion, these women are more likely to be mothers and to have larger families, more likely to suffer from chronic illnesses and more likely to have experienced violence in their lives. A disproportionate number are pregnant as a result of sexual assault.
- Poor and low-income women deserve the same access to health care as those who are more fortunate.

- Singling out abortion for exclusion from government funded health care creates an unjust and discriminatory system in which poor and low-income women do not have the same freedom to make their own decisions as those with more economic resources or those who are covered by private insurance.
- Every woman, regardless of her economic resources, should have the right to decide whether and when to have a child. Every woman should have the right to shape her own life and plan her future.

3. Promote access to confidential health services for young women.

- Without access to confidential healthcare, minors are less likely to seek the services needed to protect their health and the health of those with whom they have sexual contact.
- As adults, we must encourage minors to involve their parents when seeking an abortion, but we must also recognize that not every family is a model family.
- Medical associations (American Medical Association & American Association of Pediatrics) oppose parental involvement laws recognizing that confidentiality is essential to encouraging young people to seek sensitive medical services and information.

4. Understand teen pregnancy and recommend solutions for prevention.

- Teen mothers are less likely to complete high school and only 1.5% have a college degree by age 30. Teen mothers are more likely to need public assistance.
- The children of teenage mothers have lower birth weights, are more likely to perform poorly in school, and are at greater risk of abuse and neglect.
- The sons of teen mothers are 13 percent more likely to end up in prison while teen daughters are 22 percent more likely to become teen mothers themselves.

- We will work in partnership with Advocates for Youth, the West Virginia Perinatal Partnership and others to understand why teen pregnancy is on the rise in West Virginia.
- We will assess and analyze existing data develop strategies for further assessment.
- We will make policy recommendations for addressing problem, including increased access family planning services and comprehensive sex education.

5. **Educate policymakers and health care professionals about the benefits of increasing knowledge about and access to emergency contraception.**

- Emergency contraception (EC) is a safe, effective FDA-approved birth control method that can reduce the risk of pregnancy. EC is not abortion. EC cannot end a pregnancy. According to the Food and Drug Administration (FDA), "Emergency contraceptive pills are not effective if the woman is pregnant; they act by delaying or inhibiting ovulation, and/or altering tubal transport of sperm and/or ova (thereby inhibiting fertilization), and/or altering the endometrium (thereby inhibiting implantation)" (FDA, 1997).
- EC is not just a 'morning after pill.' It can prevent pregnancy up to 120 hours after unprotected sex.
- The need for emergency contraception is clear: Millions of women in the U.S. remain at risk for unintended pregnancy. Roughly half of all U.S. pregnancies are unintended and nearly half end in abortion.
- Increased access to emergency contraception could reduce unintended pregnancy and the often-resultant need for abortion.