



CONNECTICUT WOMEN'S HEALTH CAMPAIGN

c/o Permanent Commission on the Status of Women
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Universal Health Care: What it Means for Women

The Connecticut Women's Health Campaign (CWHC) supports universal coverage. We believe that coverage cannot be truly and completely universal without recognizing the special needs of women. In the context of health care, "equal" cannot mean "the same"; women's special needs and concerns must be addressed to ensure that they have truly equal access to health care. Universal health care for women must be:

- Gender appropriate;
- Culturally competent;
- Comprehensive and preventive; and
- Confidential.

These basic principles inform the CWHC's position on specific aspects of any plan for health care reform.

Coverage must be both comprehensive and preventive. High quality care should be available to all under a universal plan. Coverage must include specialty care, mental health and substance abuse treatment, access to prescription medication, vision and oral health care, preventive care, acute and long-term care, and rehabilitative care. The CWHC believes that any plan for universal health care must include the full panoply of reproductive health services, including coverage of family planning, contraceptives, abortion, cancer detection and treatment, prenatal care, and inpatient overnight stays for child-birth and mastectomy when

needed. Indeed, the CWHC has been at the forefront of advancing such consumer protections when the "market" failed to address gender appropriate care in these areas.

Violence against women must be seen as a public health epidemic with emphasis on and resources for early education, prevention and unlimited treatment. Hospitals participating in any universal health care plan must offer and provide emergency contraceptives for all sexual assault victims. The full dosage must be offered and provided in the emergency room.

Preventive care must include health promotion and education. Maintaining wellness and building good health habits must be part of the universal health care design. This includes nutrition and physical education and activity at all stages of life, mental health services, substance abuse treatment, tobacco prevention and cessation as well as treatment of eating disorders.

Consumers must be able to access an array of practitioners, including midwives and nurse-practitioners. Settings should include community and school-based health centers, family planning clinics, and others that provide a safety net to underserved populations, including women and girls. Women must be able to identify a gynecologist or other specialist as their primary care

provider if reform builds on a managed care system.

Health care should be responsive to and inclusive of diverse populations and differences among clients.

Proposals should strive to eliminate racial and ethnic disparities by design. This would include proactive recruitment of bilingual and multicultural health professionals and improved health data by collecting information gender, race and ethnicity. In particular, this means that medical interpreters must be provided and paid for as a covered service in order to ensure that those with limited English proficiency are able to communicate effectively with their providers.

Support unpaid family caregivers as well as the health care workforce.

Women who are caregivers to disabled and/or terminal family members must be able to access respite care in the form of home health care. Low-income women of color are also disproportionately represented among paid caregivers for those with chronic conditions. Home health professionals, nurses aides and other workers form the backbone of our health care system and should be insured and paid fairly. Unpaid family caregivers without employer-sponsored coverage should

also be made eligible for public insurance programs.

Protect the confidentiality of women and girls. Current state statutes protecting the confidentiality of services for all minors, including reproductive and behavioral health care, must be integral to any universal plan. For example, patients with HIV infection, survivors of sexual violence and domestic abuse, and those who seek behavioral health care must be confident that seeking care will not result in disclosure of their health condition.

Health care and insurance must be affordable so that true universality is accomplished. This means that low-income households should be exempt from cost-sharing while higher income households should pay no more than 5% of family income on total health care costs.

The CWHC urges decision-makers to ensure that these elements are included in any plan for universal or other health care reform. Only by doing so will health care reform address the needs of women and girls.

The Connecticut Women’s Health Campaign is a broad coalition of groups who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years.

Our mission is:

- to achieve access to health care for all women and girls in Connecticut;
- to advance the representation of women at all levels of decision-making, research and service delivery;
- to promote awareness of women and girls’ health care needs; and
- to educate the public, especially state policymakers, about these needs.