

Ounce of prevention considerably costlier

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Published on Sunday, Nov 04, 2007
Akron Beacon Journal op-ed

Birth control is mainstream health care, used by 98 percent of women at some point in their lives. Recently, many women in the United States have had their access to birth control reduced.

Last year, Congress changed a law that has allowed pharmaceutical companies to provide low-cost contraceptives for nearly two decades to health-care providers that serve uninsured and low-income families. In doing so, Congress inadvertently cut off college and university health centers and some community health providers from obtaining birth control at low cost.

Since January, birth control prices have skyrocketed for many Ohio women. Many health centers, including University Health Services at Kent State University, bought a large stock of the most common birth control pills before prices went up.

Once the stock runs out early next semester, some pills will cost \$40 to \$50 (although some generics are available for \$25). The popular Nuva Ring already has jumped from \$12.50 to \$42, making it unaffordable for a lot of people.

The pricing has adversely affected patient care. Latitude to prescribe what medical providers consider to be the right product is significantly diminished, as we don't have the choices anymore, especially for the uninsured patients.

For students, \$500 a year for birth control may deter them from accessing services. Educated people are more responsible, and if students stop coming in for services, they are not getting the information they need to reduce the risks of pregnancy and disease.

The mistake is having a devastating impact on women and families nationwide.

For many students and low-income women, birth control is now out of reach. According to the American College Health Association, 3 million college women who use birth control pills are now paying \$30 to \$50 a month, up from \$5 to \$10 monthly less than a year ago.

An additional 500,000 low-income women at community health centers such as Planned Parenthood are affected. Because this increased cost cannot be passed on to low-income clients, health centers are forced to cut back on other important services.

Thankfully, U.S. Rep. Tim Ryan, D-Niles, has taken the lead to correct the problem by cosponsoring a common-sense bill with Democratic Rep. Joseph Crowley of New York, the Prevention Through Affordable Access Act. In a letter to his House colleagues encouraging them to sign on as cosponsors of the bill introduced on Thursday, Ryan wrote, "This policy change has taken us one step backward in the effort to reduce unintended pregnancy and the need for abortion."

Rep. Betty Sutton, D-Copley Township, also is cosponsoring the bill to correct the error.

Preventing unintended pregnancy in the first place by increasing access to birth control makes social and economic sense, and saves taxpayers money.

It's a simple problem for Congress to fix. It would cost the government nothing and could be done immediately. The vast majority of American voters (76 percent of all voters and 79 percent of voters who are conflicted about abortion, according to one survey) strongly agree that we should do everything we can to try to reduce the number of unintended pregnancies in America through common-sense measures such as sex education and access to contraception.

Eighty-nine percent of Ohio voters, from every political party, race and socio-economic status, support increased access to birth control, according to a 2005 report by American Viewpoint.

Congress should rush to fix this problem, before there are serious social and economic consequences in the form of unplanned pregnancies, and undetected cancers and sexually transmitted diseases.

The Prevention Through Affordable Access Act is sound policy.

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