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The Obama Administration: New Views on Reproductive Health

You are listening to Reach MD, The Channel for Medical Professionals. Welcome to advances in Women's Health. Your host is Dr. Lisa Mazzulo, assistant professor of Obstetrics And Gynecology at Northwestern University Medical School, the Feinberg School of Medicine.

You are listening to Reach MD, The Channel for Medical Professionals. Welcome to advances in Women's Health. I am Dr. Lisa Mazzulo, your host and with me today is Marilyn Keefe, Director of Reproductive Health Rights at National Partnership for Women And Family. She is a keen leader in the implementation of legal and policy strategy for quality care and reproductive health in the United States.

DR. LISA MAZZULO:

Welcome Moroline

DR. MARILYN KEEFE:

Thank you, its wonderful to be here today.

DR. LISA MAZZULO:

Well, it's a very exciting time to talk about personal trace meeting public policy and I thought maybe we should start out just talking about some of the things that happened on November 4th this year related to reproductive health policy.

DR. MARILYN KEEFE:

November 4th was an excellent day for reproductive health. There were number of state valid initiatives related to reproductive health issues and some very good results coming out of those notes in terms of support for reproductive health. Obviously, there was pro-choice candidate versus an anti-choice candidate. Obviously, the pro-choice candidate won, so I think going into this next cycle we are going to have a more pro-choice Congress. We have got some pro-choice valid initiatives that were passed on November 4th, so I think we are looking at a very different political environment than the one that we had been functioning in for the last 8 years.

DR. LISA MAZZULO:

A breath of fresh air for a while.

DR. MARILYN KEEFE:

Absolutely.

DR. LISA MAZZULO:

Can you talk a little bit about the valid initiative that has been past November for?

DR. MARILYN KEEFE:

Well, there were number of valid initiative across the country that really threatened to violate women's privacy and health. I am sure when that some listeners are familiar with within Colorado what was being referred to as the fetal personhood initiative and that defeated by an amazing 3 to 1 margin. It was preposterous initiative that tries to amend the state constitution to give fertilized eggs if you can believe that prior to implantation, the same rights and legal protections that apply once people are born that threaten to ban widely accepted forms of contraception including the IUD and the pill. It could have curtailed medical research involving embryos, it could have shattered fertility clinics, criminalize a lot of different kinds of necessary medical care including the right to abortion, so you had even the anti-choice governor of Colorado coming out against that initiative.

DR. LISA MAZZULO:

Its remarkable move to meet at people in Colorado whoever is responsible for trying to pass that law, what do you think that that was going to be a reality?

DR. MARILYN KEEFE:

Its true, I mean it was announced in a big way on the one hand. On the other hand, we keep hearing that there is going to be a renewed effort depressed for this same kind of initiative and that there will be efforts in 17 states believe it or not in the next election to try and enact the same kind of legislation.

DR. LISA MAZZULO:

It is remarkable to me how many states actually do participate, that is even in South Dakota, I think one of the other valid initiative you probably want to talk about is they have now 3 times in the last 10 years tried to get a ban on abortion of all types.

DR. MARILYN KEEFE:

Right, and I think we were quite delighted when that initiative was defeated by a vote of 55% to 45% with a repeat of the 2006 valid initiative to ban abortion and I think that the real hope behind that had been to pass that valid initiative and then pass out via challenge to row the way. I mean voters have rejected the same thing 2 years ago, but backers of the ban had modified the line, which just show that it included very minimal exceptions for infant's weight and life and even the health exception was extremely limited. It was very narrowly drawn saying that its only in cases in which there is a substantial or irreversible risk of harm, so even in constructing a health exception, its really basically banned abortion.

DR. LISA MAZZULO:

Do you think in the optimism of Obama taking over hopefully a new pro-choice venue in Washington then we can foresee a time when the decision about abortion I think like it don't today belong to state or federal government.

DR. MARILYN KEEFE:

Well, I mean I think, although there has been a great deal of gains in this last election in terms of support for choice and for family planning and for reproductive right to cast the board, there is still some way to go in terms of having a totally pro-choice Congress, so I think there will be a huge focus on prevention on family planning, on getting little funding for dangerous ineffective abstinence only program, funding for international family planning programs. I think you are going to see huge policy changes on the one hand. On the other hand, I do not think that there will be a huge numbers of bills that really address the abortion issue that we have seen in the last 8 years.

DR. LISA MAZZULO:

As such speaking of that what is the legacy of abortion administration and its effort to regulate women's access to reproductive health care.

DR. MARILYN KEEFE:

Well, I think you have seen very little investment in some primary preventative health care program, for example the Title X Family Planning Program that gives money to about 4400 clinics across the nation, but funding has been stagnant notwithstanding the fact that there had been increases in health care across the board both for contraceptives for medicine supplies, for health care personnel you name it, but this is a program that very much has been allowed to languish. You haven't seen the extensions in family planning under the medicaid program that make sense to have family planning as both basic healthcare for women, but it is also a cost effective service, and so we are hoping in the next administration, there will be much more of a focus both on preventive health services like that, but also services that save the government money.

DR. LISA MAZZULO:

Ya, its interesting when you look at things like that, many of the medicare medicaid in general private insurers do not often encourage preventive health which is kind of counterintuitive because if you prevent the problem, it's going to be much cheaper than paying for the ramifications of it and that common sense would seem clear to a second grader.

DR. MARILYN KEEFE:

I couldn't agree more and I am hoping what happens in this next administration is much more of a focus on evidence and one thing we can look at are the cost savings associated with some of these preventative health care services, and so hopefully will be a much greater investment.

DR. LISA MAZZULO:

Do you think there are any other legacy issues from the Bush administration regarding reproductive health?

DR. MARILYN KEEFE:

I think, he has still got the ban on federal funding of most human embryonic stem cell research. That clearly is going to be lifted before the administration representative talk over and over again about the fact that this is something that is likely to change at the very beginning of the next administration. I think there has been a lot of talk about lifting the global gag rule that has prevented US dollars from going to non-governmental organizations that provide international family planning services, to some of the poorest women around the world, of those organizations provide abortion services or even give information about abortion. So I think that something that the next administration will be taking care of right out of the box.

DR. LISA MAZZULO:

If you are just joining us, you are listening to advances in Women Health on Reach MD and we are taking to Marilyn Keefe, director of the reproductive health rights at national partnership for women and family about some of the exciting policy changes that may be having in reproductive health in these next 4 years. So, Moroline do you think that there are any expected changes in the Supreme Court or Federal Court under Obama that may want itself to an improvement in overall reproductive health for women.

DR. MARILYN KEEFE:

Oh, I think support is of reproductive right-sided. We had this sigh of relief last week and I should say that I have worked for a non-partition organization on the one hand. On the other hand, I am very much an advocate for women's health and women's right. So, we recognized that the Supreme Court is an incredibly important body in the United States. We are likely to still retain that 5-4 split that we hear about so often with regard to reproductive rights. The people who are likely to retire first out of the Supreme Court are those who are supportive of abortion rights since though the balance is likely to stay the same for the next few years. This balance would obviously change very dramatically had those some people retired and John McCain been in a position to appoint the next members of the Supreme Court, I mean he was very clearly going to appoint anti-choice members.

DR. LISA MAZZULO:

Ya, there is no doubt about it. He was very clear on that discussion. How about shifting gears a little bit and as part of reproductive health policy access to birth control and that helps us to go with that. Do you foresee it sounds like more money going into those kind of program and supporting things like planned parenthood and other programs like it?

DR. MARILYN KEEFE:

I certainly hope that there is a renewed investment in the programs that support basic preventive healthcare for women including the Title X Family Planning Program and including medicaid. I think it would be a nice change of pace for the US government to be supporting comprehensive sex-ed programs rather than the abstinence only program that would become hallmark of this administration, so I think there is just a lot of progress that is relatively inexpensive that would do a whole lot to improve adolescents in women's health in the US.

DR. LISA MAZZULO:

It is interesting to me because I think if we improved education about birth control and sexual education, we probably reduce the need for abortion, which we have already seen in the last decade as some of that education has already been done.

DR. MARILYN KEEFE:

That's right and the public is very much behind those kind of investments. I mean the public is very divided on the issues or abortion, but not very divided on the issue of birth control. I am sure you know this, but 98% of women in the course of their reproductive lives use birth control. It's something that people in the US feel generally very positive about and we often joke that Congress is the only place where birth control is sometimes controversial.

DR. LISA MAZZULO:

So true, what's interesting to know because I think there is a lot of misinformation, for example, I see women who think an IUD aborts the baby, which it really does not, it just makes it a hard place for the egg and sperm to meet and you have to fight some of those misconceptions in education to be able to offer someone the kind of birth control that may be best for them.

DR. MARILYN KEEFE:

That's right. People are very confused sometimes about what constitutes the pregnancy and that actually the meeting of sperm and egg does not itself constitute a pregnancy and so it would be a wonderful thing where there has to be better education about how contraception works, how emergency contraception works because I think it is a little kind of intuitive. Emergency contraception can be taken within 72 hours after unprotected sex, but that also prevents a pregnancy. You do not have a pregnancy until there is implantation, that is the medical definition of pregnancy.

DR. LISA MAZZULO:

Hmm hmm, that actually brings up a good point which is there was enormous amount of resistance to emergency contraception becoming an over-the-counter availability?

DR. MARILYN KEEFE:

Yes, I mean I think that emergency contraception is incredibly important for American woman. I am hoping that the FDA takes another look right now there is a prescription required for under 18 year olds to have access to emergency contraception and this is behind the counter access to individuals of 18 and over. I think there was a lot of concern that, that decision was based on politics rather than looking at the medical evidence. So, we are hopeful that in this next administration, the FDA will go back, take a look how the decisions were made, and decide that emergency contraception should be just a straight out over the counter product and available to women of all ages.

Thank you Marilyn Keefe, director of the Reproductive Health Rights Of National Partnership For Women And Family. We have been discussing the challenges for reproductive health and public policy. I am Dr. Lisa Mazzulo. You have been listening to advances in women's health on Reach MD, The Channel for Medical Professionals. Please visit our website at reachmd.com, which features our entire library through Andermann podcast or call us toll free with your comments and suggestion at 888-639-6157. Thank you for listening.

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DOCTOR:

So, Rachel.

RACHEL:

Hmm hmm.

DOCTOR:

Now that you are past menopause and we have determined you have osteoporosis, I would like to start you on prescription only of Evista (raloxifene hydrochloride) tablets.

RACHEL:

Why is it that?

DOCTOR:

Because it is the only medicine that reduces the risk of osteoporotic fractures and invasive breast cancer in women like you. Its important to note though that Evista does not treat breast cancer, prevent its return or reduce the risk of all forms of breast cancer.

RACHEL:

Am I really at risk for invasive breast cancer?

DOCTOR:

Based on my risk assessment, you may be. Some risk factors for breast cancer include advancing age, family history, and personal history.

RACHEL:

So, even though no one in my family has ever had breast cancer and still it risks for other reasons including my advancing age?

DOCTOR:

Exactly, and I think the benefits outweigh the potential risks for you. Its the one medicine that treat osteoporosis and reduces the risk of invasive breast cancer in post menopausal woman with osteoporosis. Individual results might vary of course, but that's exciting news.

RACHEL:

Exciting! I want to take your word on that doctor?

DOCTOR:

Evista increases the risk of blood clots. Should not be used by women who have or have had blood clots in the legs, lungs, or eyes. Evista may increase the risk of dying from stroke and women at high risk for heart disease or stroke. Talk to your doctor about all your medical conditions, seek care immediately if you have leg pain or warmth, swelling of the legs, hands or feet, chest pain, shortness of breath, or a sudden vision change. Do not use of this if you are pregnant, nursing, or may become pregnant as it may cause fetal harm. Women with liver or kidney disease should use Evista with caution. Evista should not be taken with estrogens. Side effects may include hot flashes, leg cramps, and swelling. For more information about Evista, contact your yearly sales representative visit, www.evista.com, see our ad in good housekeeping, or call 188844 Evista.