

**WOMEN'S HEALTH CARE IN THE PRESIDENT'S  
HEALTH CARE PLAN: HEARING BEFORE THE  
SUBCOMMITTEE ON AGING OF THE  
COMMITTEE ON LABOR AND HUMAN  
RESOURCES, UNITED STATES  
SENATE, ONE HUNDRED THIRD CONGRESS,  
SECOND SESSION, MARCH 9, 1994**

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# **VARIOUS**

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SECOND SESSION, MARCH 9, 1994**



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## WOMEN'S HEALTH CARE IN THE PRESIDENT'S HEALTH CARE PLAN

WEDNESDAY, MARCH 9, 1994

U.S. SENATE,  
SUBCOMMITTEE ON AGING,  
OF THE COMMITTEE ON LABOR AND HUMAN RESOURCES,  
*Washington, DC.*

The subcommittee met, pursuant to notice, at 10:07 a.m., in room SD-430, Dirksen Senate Office Building, Senator Edward M. Kennedy (chairman of the committee) and Senator Barbara A. Mikulski (chairman of the subcommittee) presiding.

Present: Senators Kennedy, Pell, Mikulski, and Wofford.

Also Present: Senators Boxer, Feinstein, Moseley-Braun Murray, and Hutchinson.

### OPENING STATEMENT OF SENATOR MIKULSKI

Senator MIKULSKI. Good morning, everybody. I would like to call to order the hearing of the aging subcommittee.

The purpose of today's hearing is to look at what impact the President's health care plan will have on the health of women in the United States of America.

This is a historic hearing, because I believe it is the first time in American history that the U.S. Senate has held a hearing on what should be a comprehensive benefit package, helping women, that would emphasize prevention, primary care and personal responsibility.

The chairman of this committee, Senator Kennedy, has been a longer supporter of access to universal health care and also ensuring that no population is ever left out or left behind. I believe his championship has helped bring us to this day.

It was also within this committee that the first framework for women's health at the Office of Women's Health at NIH was established, we increased the funding for women's health care in a variety of initiatives, and now we look forward as a committee, working with President Bill Clinton in the areas of a comprehensive benefits package, increasing research, having a public health infrastructure, and making sure that women are treated as full partners in this system and not just as an add-on.

A year ago, the women of the U.S. Senate on a bipartisan basis met with the First Lady to outline our principles. Many of those principles are included in the bill today.

I believe we are at a crossroads on how we deliver health care in the United States, especially when it comes to women. We can



either continue the status quo, or we can have a health care system that women want, can easily use, and will truly benefit from. We can rely either on expensive acute care services or emphasize prevention and primary care. We can focus on disease and illness or, for the first time, recognize that so many things affecting women are natural processes, like childbirth and menopause, and are not to be treated as diseases.

We can continue to think about women's health care as an afterthought, or we can make it a cornerstone of the new system.

I believe the President's health care system does take us to the 21st century and does take the needs of women seriously. We are most appreciative that the President's health care plan meets the principles that we advocated at our meeting with the First Lady and with the President himself. It builds a health care system based on the needs of women. It includes a benefit package that includes a full range of services related to prevention, primary care, and personal responsibility. It is to be delivered in a wide range of community-based settings—the school, the home, the hospice. It allows for a wide variety of licensed providers that meet State licensing standards. It moves toward a comprehensive mental health services benefit, and it includes a full range of reproductive health care services, including family planning and pregnancy-related services.

But there are still questions and concerns that have been raised about the plan and in some ways have actually confused the American people. For example, is the screening coverage for breast and cervical cancer adequate? Are the clinical preventive services like mammograms, Pap smears, screening for STDs, based on clinical and scientific data? Are the recommendations for having breast cancer screening every other year for women over 50 based on science or based on money, the ability to pay for a benefit package? Or does the lack of inclusion of family planning services as preventive services without, copayments and deductions, create unnecessary barriers?

This is why we look to what our colleagues from the administration will say, as well as providers, and we will listen to some interesting survey information about what is covered now in the private sector.

We want to emphasize that this hearing is about science. This hearing is about what is in the best interest, from a scientific perspective, of a comprehensive benefit package for women.

There were many advocate groups that wished to testify, whether it was NARAL or the National Right to Life Group, whether it was the National Conference of Bishops or the American Association University Women. It is not the purpose of this hearing today to hear testimony from the advocacy groups. There will be other forums for that. Today, it is about science. Today, it is about listening to the providers who will have to deliver the health care, and it is about us being able to understand what is currently being provided in the private sector.

So on this historic day, I would like to turn to my colleague Senator Kennedy, who chairs the full committee, who himself has been a stalwart supporter of including services for women in any health care package.

[The prepared statement of Senator Mikulski follows:]

PREPARED STATEMENT OF SENATOR MIKULSKI

The purpose of today's hearing is to look at what impact the President's health care plan will have on women's health.

I believe we are at a crossroads in how we deliver health care in the United States—especially when it comes to women. We can continue the status quo or we can design a health care system women want and can easily use. We can rely on expensive acute care services or we can emphasize prevention and primary care. We can focus on disease and illness or we can emphasize the quality of life. We can continue to think about women's health care as an afterthought, or we can make women's health care a cornerstone for a new health care system.

The President's health care plan does just that. It takes us into the 21st century. And it takes the health care needs of women seriously, from the beginning.

Almost one year ago to the day, the Senate women and I sat down with Mrs. Clinton to talk about this very subject: women's health care in health care reform. We had a very productive conversation. At the end of our meeting, I gave the first lady a list of my key principles for achieving comprehensive health care reform for women.

I am very pleased to report that the President's health care plan meets every one of those principles: 1) It builds a new health care system around the needs of women; 2) It includes a basic benefit package of reproductive health care benefits that guarantees the full range of reproductive health care services, including family planning, preventive and screening services, as well as the full range of pregnancy-related services; 3) It allows for health care to be delivered in a wide range of settings, such as community-based settings, schools, the home, and hospice facilities; 4) It allows for a wide variety of licensed providers that meet State licensing standards; 5) It emphasizes primary care over specialized treatment; 6) It moves toward providing comprehensive mental health services; and 7) It provides an important first step in providing long term care benefits for older Americans.

But there are still questions and concerns that have been raised about the plan and its coverage of women's health. For example, is the screening coverage for breast and cervical cancer adequate? Are the clinical preventive services like mammography, pap smears, screening for sexually transmitted diseases based on the best clinical and scientific data? Does the plan allow women to choose their own health care provider?

Why for example, does the plan single out in vitro fertilization as the only medical treatment for exclusion?

Or for instance, does the lack inclusion of family planning services as clinical preventive services—exempt from copays and deductions—create unnecessary barriers for low-income women to receiving these life-saving services?

The committee needs to know the answers to these and other questions.

Our first panel, speaking for the administration, will describe how the plan will improve access to service, and the specific benefits available to women under the plan.

The second panel will provide the results of two new national surveys of what health care services are currently available to women and the out-of-pocket costs of noncovered services women receive. We will also hear testimony on the current state of research on mammography screening and breast cancer mortality.

And finally, we will hear from a variety of health care providers their expert clinical and scientific opinion about the type of services and benefits women should have in order to achieve and maintain wellness.

Before we begin, I want to thank the distinguished chairman of the full committee for joining me in cochairing this hearing. I also want to let the witnesses and audience know that I have invited all of the other women Senators to join me at today's historic hearing so that they could have an opportunity to hear your testimony and ask questions if they should have them.

With that, let's begin.

#### OPENING STATEMENT OF SENATOR KENNEDY

Senator KENNEDY. Thank you very much, Madam Chair. I would like my statement to be made a part of the record, and I will just make a brief comment.

I think all of us in the U.S. Senate, in the Congress, and across this Nation, owe Senator Mikulski an enormous debt of gratitude for the focus and attention and direction that she has provided on issues of women's health. This has been an extraordinary effort on her part, and at last, we are getting the attention and the focus and the support in a wide range of different issues that affect women in our society. Whether it was the NIH legislation which established the centers for research at NIH, or the range of other policy questions, this has been a really remarkable achievement.

Second, I think it is enormously important to recognize how important the Clinton health program is for women in our society. I think all of us understand that the great majority of individuals who are part-time workers, who are working in small business, who enter and exit the labor market particularly during childbearing years, are the most vulnerable individuals in having their health insurance—if they are fortunate enough to have it—terminated, cut off, or being employed as temporary workers where they do not have it.

President Clinton's program makes it clear that coverage for each and every American is not necessitated in terms of employment status, and that is incredibly important to all Americans, and it has a particular relevance in terms of women in our society.

Finally, I think the dramatic inclusion of the wide range of preventive health care programs that are targeted and focused on women—Senator Mikulski has mentioned Pap smears and mammograms, and we welcome the fact that the Department of Health has just issued regulations on those matters in the last day or so—is enormously important, and they are included.

All of us are looking forward to the continued research that is taking place in ovarian cancer, breast cancer, osteoporosis, lupus,