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Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, it's graduation season, promising time for a new crop of graduates being launched into their futures with words of wisdom from thought leaders helping to send them on their way.

Margaret Flinter: Well, it's always exciting to see literally thousands of people in our state going off into their great futures and a real excitement among those in the health professions that are really poised to make a transformative impact on health care delivery as we move into this era of great reform and innovations, very exciting for them.

Mark Masselli: You know, Secretary of Health and Human Services, Kathleen Sebelius, used her commencement speech at Georgetown's Public Policy Institute to highlight the health care debate over the Affordable Care Act. There were some protests at the commencement over the directive that institutions must provide birth control coverage to all women without a co-pay. Secretary Sebelius used her speech to coffer a conversation and compromise, I like that, on the **weedy** issue.

Margaret Flinter: And the Secretary also noted that after a debate that has spanned seven decades, she now has a privilege of presiding over implementation of true health care reform that will provide access to Affordable Health for all Americans, something I think after seven decades, long overdue.

Mark Masselli: On the top of the Affordable Care Act, Secretary Sebelius is urging college presidents around the country to remind students about the provision in the health care law that allows young adults to stay on their parents' health insurance plan until their age of 26 if they need to and millions of Americans have already enjoyed that provision of the law.

Margaret Flinter: They have, and the debate goes on. But the reality is graduates are leaving school these days and young people who haven't had the opportunity to go to college are also finding they have heavy debts diminish, job prospects. So this is a great relief for the young people.

Mark Masselli: It's good news for everyone. Secretary Sebelius has made all the relevant information graduates and their parents might need available on the Health and Human Services website www.healthcare.gov.

Margaret Flinter: And somebody who knows young people well, is our guest today Mark who is due to receive an Honorary Degree at the Wesleyan University Commencement here in Connecticut, Cecile Richards is the President of the Planned Parenthood Federation of America. Planned Parenthood is the nation's largest provider of reproductive health services serving over three million people per year, not just with family planning but also with health screenings and basic health care.

Mark Masselli: She has been awarded Honorary Degree for the work she does in providing health care to the underserved. She will be talking about the transformation underway at Planned Parenthood to better serve a growing patient population through direct personal health care as well as through the Internet.

Margaret Flinter: And this week, FactCheck.org's Lori Robertson has a look at misrepresented facts from the world of politics and health care. But no matter what the topic, you can hear all of our shows by Googling CHC Radio.

Mark Masselli: And if you have comments, email us at www.chcradio.com, we would love to hear from you. We will get to Cecile Richards in just a moment, but first, here is our producer, Marianne O'Hare, with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with this Headline News. A group of Catholic institutions across the country have filed numerous lawsuits in federal courts around the nation against the Obama Administration's birth control provision in the Affordable Care Act. The rule requires all institutions to provide cost-free birth control to all of its female employees. 43 institutions including Notre Dame University, Catholic University and the Archdiocese of New York filed suits claiming their freedom of religion was being compromised. The Obama Administration had announced a compromise earlier this year that would allow these institutions resisting the benefit on religious grounds to have their insurers provide the coverage. Planned Parenthood President Cecile Richards says it's unbelievable in the 2012 that we have to fight for women's access to basic birth control.

Several governors around the nation are moving towards initiating reforms in their states which fall in line with directives in the Affordable Care Act. Vermont Governor Peter Shumlin has signed into law a multi-year effort to revamp Vermont's health care system to make it more like Canada's. That really calls for setting up a regulated health care marketplace or exchange as a springboard to launch a system that gets as close as possible to the single payer system by 2017.

Colorado's Governor John Hickenlooper signs into law this week a measure that will revamp the Medicaid Reimbursement system in that state. The measure creates a process by which the state's health care policy and financing department would test fee-for-service alternatives like regional care collaborative organizations, global payments, risk sharing and payment incentive. Meantime, where do those health care dollars get spent? Most of the research is being done on public health expenditures such as Medicaid and Medicare but a recent independent study looking at four of the nation's top insurers shows that while health care cost went up a relatively modest 3.3% in 2010, actual health care consuming went down slightly, meaning hospitals and practices were paid more for the same services. The only real cost that declined, generic drugs. I am Marianne O'Hare with this Headline News.

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Mark Masselli: Today, Margaret and I are speaking with Cecile Richards, President of Planned Parenthood Federation of America and Planned Parenthood Action Fund. Planned Parenthood is the leading provider of family planning and reproductive health care in this country and serves about three million patients per year. Cecile, welcome back to Conversations on Health Care.

Cecile Richards: Thanks.

Mark Masselli: Now since you joined us on this show in March of last year, you have been running the gauntlet of challenges to Planned Parenthood and we will get to some of those controversies in a moment. But first, let's talk about women's health. Planned Parenthood was founded about 100 years ago and really has served as the frontline for women's health for decades. And so many women come to Planned Parenthood as a point of entry for their health care. And increasingly, the number of your health centers are also providing family practice, prenatal care and other kinds of care. Help us understand the big picture of the population you now serve and how has it changed in the recent years.

Cecile Richards: So, Planned Parenthood, as you said, we are actually 96 years old this year. Each year, we serve about three million patients and they tend to be young women and women who don't have other resources in health care. And one of the interesting things in terms of changes is actually 10% of our patients now are men because increasingly young men rely on Planned Parenthood and increasingly we are seen as a safe and comfortable and confidential place to go to get tested and treated for STDs and so we do get some really important part of reproductive health care. What's changed in 96 years is we saw three million patients in our health centers, we are literally hands-on health care. But in the last month alone, we saw four million patients come to us online for either information about birth control, STDs, and actually, I

think this year, half of the visitors online will be coming through smartphones. So that's the biggest change that I have seen and dramatically increased our outreach.

Margaret Flinter: Millions of women have gotten their first and maybe their only breast exams at Planned Parenthood and you launched the Close to the Heart Campaign to increase awareness of Planned Parenthood's commitment to breast cancer screening with I think 750,000 exams provided last year alone. Tell us about that program and where that fits in with this expanding model of health care services at Planned Parenthood.

Cecile Richards: One of the most important things about for many women coming to Planned Parenthood as their first real adult doctor visit is that they come to us primarily for birth control but it's an opportunity to then also provide women with a well-woman visit. And of course for so many women that's the only medical visit they will have. And I think again, the Close to the Heart Campaign was really an opportunity for women to share their stories about the breast care that they got at Planned Parenthood. And I think for a lot of young women it is so important that they get on sort of a pathway to early detection, early breast education and I think that's a critical role that Planned Parenthood increasingly plays across the country.

Mark Masselli: Talk to us a little bit about how you are framing up with that chain. Where do you go next in terms of virtually providing information?

Cecile Richards: Well, as you say, it's a fascinating area because it's so dynamic, it's changing literally every month. It started out just as a way for young people to get information off the website but then we realized well actually it's not good enough unless it's digital and available on a phone so now everything is available on cell phone. And now we are moving into social media which we just launched a Tumblr site which allows young, well anyone but particularly young people, to ask questions and get answers in real time because this generation, they expect information immediately. They don't want to, you know well I will get back to you in a day or two. The other thing I think Planned Parenthood is really just on the cutting edge of this but the rest of the medical field is going this direction as well and that is trying to bring care to people where they are rather than insisting or assuming that folks will drive to a health center. I think telemedicine is being used for things like delivering birth control to folks. I think STD testing and treatment is going to increasingly happen in the home as opposed to at a health center.

And so I think we are with this huge integrated network that we have being able to bring technology to where people are, it's hugely important. And I think particularly for care that sometimes unfortunately is not part of mandatory medicine, it should be. I know folks do a tremendous job there in Connecticut but

too many states, it's still difficult to find the kind of services that you need to stay healthy and safe.

Margaret Flinter: Well Cecile, why don't you share with us a little bit about the Chat Now button on your website where people can speak online with a health educator? Tell us how participants are seeking counseling and treatment in this way. Are you able to actually make treatment decisions over the phone or is it all counseling and direction and how does that tie into the rest of the health care program that you are developing beyond reproductive care and STD treatment?

Cecile Richards: So, we have now piloted a program that is a text and chat program which allows folks to contact a Planned Parenthood staff in real time about whatever is on their mind. We tend to hear from folks who really have a very pressing need and usually have very pressing medical need. I will give you an example, the other night, a young woman texted us and she said, I am pregnant, I don't want to be; the operator on the other end was able to text her back and say, well glad you contacted us, what leads you to believe that you are pregnant, have you had unprotected sex? And she texted back and said, yes last night. So of course then it's possible because this is all in real time to say, well you know what, there is a really important option available to you if you don't want to be pregnant and that is emergency contraception. And the relief, even over the text, you can tell immediately. This is something she didn't know was available to her and we were able to connect her with a provider. And that's the way I think health care now is going to be delivered. You think about the days that a young woman might have waited before she got that courage up to actually contact someone and say, you know I think I am in trouble. This is also something where we can actually avoid an unintended pregnancy in real time. And that's really our hope.

Mark Masselli: We are speaking today with Cecile Richards, President of Planned Parenthood Federation of America, the nation's leading provider of family planning and basic health screening for 3 million Americans per year. And you are moving now to electronic health records at many of your clinics around the country and we should note that those are all managed at the local level and information's kept very securely. But you are aggregating a lot of great information that will improve the public health planning. How are you doing the data mining and how is that advancing the cause for better reproductive health?

Cecile Richards: I actually think this is one of the most exciting things that's happened. You are correct Mark, we are going through this process of bringing our more than 750 health centers online so that everyone has data that is transferable. We have a lot of folks who are let's say a patient, well let's just say at Wesleyan and they might go back home to Kansas for summer or for holiday. Literally, being able to pull up a medical record across the country is critically important. And it's the kind of care that I think folks now expect and since Planned Parenthood is in every state, it's really an essential part of health care.

My plan is at this point by 2015 we will be completely on electronic health records all across the country. So, once we are completely electronic, we will have the single biggest database on reproductive health care in the world.

Margaret Flinter: So Cecile is looking on the political front here for a moment, the political season is heating up and certainly women's health issues are going to be a big part of the rhetoric as we move through the election cycle and we are awaiting the Supreme Court decision on the Affordable Care Act, which you have called one of the greatest advances in women's access to health care in a generation. So I would like to talk about something we all are thinking about these days which are threats to the Affordable Care Act both the legal and the political attempts to undermine or overturn it. So maybe first let's look at the recent Supreme Court hearing on the Affordable Care Act and what do you foresee happening for the patient population that Planned Parenthood serves today.

Cecile Richards: Well it's a complicated answer because no one knows what the Supreme Court will do. For women in particular, this has been extraordinarily important because literally for the first time under the Affordable Care Act, insurers cannot charge women more for health insurance coverage than they charge men. I mean, gender rating has been a real issue for women forever ironically because we reproduce. Our health care costs are greater because we have children, and that's not going to change and so it's wonderful to think now that we can get equity in terms of cost of insurance. The second thing that I know has been discussed a great deal, women and men can no longer be refused insurance coverage because of a preexisting condition. Women have been denied insurance coverage for things like being victims of domestic violence in the past or having had a cesarean section. So this is a very important piece of the Affordable Care Act as well. And then I think lastly, the fact that women's preventive care for the first time is going to be covered with no expensive co-pay and no deductible, which of course is going to be great for women because they can actually stay healthier, save money and frankly it's good for society. So the thought that now mammograms or pap smears, birth control would be covered at no co-pay is going to be again a good thing for the health of the country.

Mark Masselli: The political climate some have described as fostering a war on women. Numerous states include, and your own former home state Texas, has attempted to cut funding to Planned Parenthood. I saw that Arizona is also taking similar actions. But you are facing these enormous challenges at state levels, at the national level, the Blunt Amendment is seeking to cut all funds to Planned Parenthood that was narrowly defeated. On one hand, there has been an interesting reaction. The attack seemed to have galvanized a new round of supporters which is good news but still the flip side is that you are on one hand trying to provide needed reproductive services and on other hand you seem to be

fighting more than skirmishes at both state levels and national levels. Can you talk a little bit about that?

Cecile Richards: Here's what I think the real struggle is, is not so much for Planned Parenthood in that our doors are still open. The real concern and actually this came out in the court case in Texas is that for low income women and particularly a lot of young women who are uninsured, Planned Parenthood is often their only source of health care. And so the concern that we are trying to continue to alleviate is where are women going to go for care because when it comes to providing birth control, basic family planning, basic preventive care, that's care that is unfortunately woefully unavailable in a lot of parts of the country. And in the states where they have tried strictly for political reasons to ban women from going to Planned Parenthood, that's largely been stopped but it is a state by state battle. I think in this Presidential election, the issue whether women should have access to basic preventive care which is what's that issue here, none of this is about abortion services, this is all about access to birth control, cancers screenings, STD testing. That's what's at issue here. And I think whether or not we want a country that continues to actually provide those services or whether we are going to abandon decades of access to care is really going to be a defining issue I think in the Presidential election if you can believe it.

Margaret Flinter: Cecile, we were just delighted to learn that you will be receiving an Honorary Degree at Wesleyan University this month right here in Middletown Connecticut. And last year, some Wesleyan students produced their own video in support of Planned Parenthood that quickly went viral, about 350,000 views. It seems it must be very encouraging to you and the organization to see that. There is also maybe a countervailing increase in your base of support and new spirit of activism.

Cecile Richards: Well thanks for that question. First, I have to give it a shot just to embarrass my daughter who is a junior at Wesleyan and say what an outstanding campus it is and the students that again have been active in supporting Planned Parenthood have been fantastic. What we have seen in the last year has been an outpouring of new support for Planned Parenthood and many of its from past what I think of as a great alumni of Planned Parenthood, the one in five women in the country who have been to a Planned Parenthood Health Center. But also from a whole new generation not only of young women but of young men as well and that's what I think has been so gratifying frankly is that I believe that the issues of access to reproductive health care are no longer seen as simply a women's issue but they are seen as an issue for all of society. We have had in the last year alone more than a million brand new supporters and half of them are young people. It's very exciting to see just the next generation leaders of this movement. And I guess yes, if there is lemonade to be made out of lemons that we have had this year, it's certainly to see the young people who have gotten involved.

Mark Masselli: But also you said you are an organizer and there is probably not a state that you go into that people don't ask you the question what are your plans trying to persuade you to run for political office. You come from a political family, your mom, great woman, Governor of Texas, and you have also worked for Nancy Pelosi. So, what's the future look like for you as well?

Cecile Richards: Well the truth is I love what I am doing and I feel like, look, I am incredibly grateful for the extraordinary people that hold public office, folks in Congress; Kathleen Sebelius, Secretary of HHS has done extraordinary things to improve the lives of women all over the country. But I feel like we are playing a critical role and I hope I am being a small part of that at Planned Parenthood to ensure and push forward policies that advance the health care of women and men in this country.

Margaret Flinter: Cecile, we like to ask all of our guests this final question. When you look around the country and around the world, what do you see in terms of innovation that our listeners at Conversations should be keeping an eye on?

Cecile Richards: Look, I think that we are just on the cusp of understanding how technology is going to improve the lives of people not only in this country but as you say globally in terms of information, access to care; telemedicine for preventive care is going to be very important to Planned Parenthood but I think it's going to be important beyond that, and really help us reach into areas whether it's rural areas or places frankly where the politics have made it difficult for folks to openly go and seek services for birth control, other STD testing and treatment. I think it is extremely exciting. And again, I try to put it in this context. 96 years ago Margaret Sanger was arrested for simply handing out pamphlets about birth control and yet, last month alone Planned Parenthood provided 4 million people with information about the very same thing. So sometimes even in these difficult political times you have to measure where progress is happening and really that's where I see just incredibly bright future.

Mark Masselli: We have been speaking today with Cecile Richards, President and CEO of Planned Parenthood Federation of America, the nation's largest provider of low cost health care and family planning in America serving over 3 million patients a year. Cecile, thank you so much for joining us today on Conversations.

Cecile Richards: Mark and Margaret, thank you so much. Thanks for what you do in Connecticut and I appreciate you having me on.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org a non-partisan, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well, Mark and Margaret, Republican Presidential Candidate Mitt Romney has repeatedly said that government will make up “almost 50% of the US economy once the Federal Health Care Law is fully in effect”. But what we found is that Romney is counting all health care spending, both private and public, to come up with that claim. What he has said is that local, state, and federal governments consume 38% of gross domestic product. Now that’s using the most expansive measurement of government spending but we won’t quibble too much with that. He then says the federal health care law will bring that up to almost 50%. His spokesman told us that the 50% includes all national health care spending and that all health care would be “effectively under government control once the law is fully implemented”. But that’s nonsense.

Both Medicaid and the private insurance market will expand under the law just as they both did in Massachusetts under the health care overhaul that Romney signed into law as governor. The truth is the federal law will cause a minor expansion in the government share of the nation’s spending on health care. All government spending was 43.6% of the total national health care spending in 2009 and by 2020 it will account for just 49.2% according to projections from the Centers for Medicare and Medicaid Services so a fairly small increase. And much of that increase would be due to the baby-boom generation entering Medicare. And that’s our fact check for this week. I am Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country’s major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com, we will have FactCheck.org’s Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives.

Mark Masselli: When Jennifer Staple-Clark was a sophomore at Yale and the internship at the ophthalmology office turned out to be a life-transforming experience, she realized that many of the patients who had limited access to medical care were coming into the office with serious eye conditions that had gone past the point of reversing leading to unnecessary blindness. What she

launched from her dorm room 11 years ago was a local initiative to improve access to preventive eye care to the neediest population in her local community. Her vision quickly grew. Within two years, she took her organization Unite for Sight, worldwide, and has since turned it into one of the leading providers of global eye care in hundreds of communities around the world. Unite for Sight brings social entrepreneurs, public health experts, local eye surgeons and volunteers together to bring eye care into some of the most underserved areas of the world. The motto at Unite for Sight is that local problems need local solutions so they use each country's existing pool of ophthalmologists and eye surgeons to treat their local patients. They also train community health workers in each area they serve thus removing traditional barriers to eye care experienced by many in extreme poverty and also ensuring a continuum of care for all of the patients they serve. The community health workers provide education and transportation to get doctors to the patients' communities and patients to the hospital if surgery is indicated. Since its inception, Unite for Sight has served 1.4 million patients worldwide and restored eyesight to roughly 55,000 people, restoring not only their sight but their dignity and ability to be productive members of their communities as well. Identifying a pressing medical need, using global health delivery models and improving the quality of life by offering basic preventative eye care to those who had previously gone without, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Health Care, broadcast from the campus of Wesleyan University at WESU, streaming live at www.wesufm.org and brought to you by the Community Health Center.