

No Moral Imperative

By Carol Roye, EdD, RN, CPNP

Excerpt from Chapter Three:

In recent years, many barriers have been put in the way of women who simply want to purchase contraception.

Recently, I was sitting at the desk in my exam room, writing a note in the chart of the patient I had just seen. I work in a large pediatric practice in a low-income neighborhood in New York City. The next patient to come in, Jasmine S., was an eighteen year-old college freshman. She and her boyfriend had begun having intercourse. She told me that he is her first sexual partner. They use a condom most of the time, but she knows that she is at risk for pregnancy. After I examined her, we chatted about the birth control methods that are currently available. She decided that the Patch would work best for her. I prescribed the contraceptive Patch and urged her to continue using condoms. I told her how to use both methods, and the important role of each in assuring her reproductive health.

Two weeks later, Jasmine came in for a scheduled appointment, to review the results of the lab tests we had done. When I asked her how she liked the Patch, she told me she could not get it. The pharmacist had written something on the back of the prescription. She handed it to me, and I saw that he had written "P/A". Not knowing what that meant, I called the pharmacist. He told me that she needed a prior authorization from her insurance company, and I thought I had heard wrong. Yes, we needed a prior authorization when my 6

month-old granddaughter needed neurosurgery, and my 8 year-old daughter needed eye surgery. But, prior authorization to get the Patch? I called her insurance company, Fidelis, a Medicaid HMO in New York. The agent asked me if the patient needed the Patch for contraception or some other reason. I told her that I did not want to discuss the patient's private information with her. She responded that without such information, the patient could not get the medication. It turns out that even with that information the patient could not get the medication. I could have said that the patient has very irregular periods and I want to regulate them with the Patch. But I chose to be honest and, with Jasmine's permission, told the woman on the phone that it was for contraception. Honesty may not always be the best policy when it comes to obtaining reproductive health care. Fidelis is a Catholic company, and therefore does not pay for contraception. The patient never asked to be put in a Catholic HMO. She was just assigned to that insurance plan. The Fidelis agent told me that another company pays for contraception for Fidelis patients. I spent a half hour on the phone with the other company. It was a long and difficult road to take to get a simple prescription. It was trying even for me, and I know how to navigate the health care system. Jasmine would probably never have gotten her contraception if I had not intervened. The barriers would have been insurmountable. Jasmine was not the only one of my patients to have difficulty filling her birth control prescription because of Fidelis

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Some states require parent notification before a teenage girl can have an abortion. This is sometimes intended to decrease the abortion rate. However, it rarely works that way.

Parent notification does not result in a drop in abortions. A recent New York Times article discusses a

phenomenon I have witnessed for two decades: when parents are told about their daughter's pregnancy, they often insist that their daughter have an abortion, even if that is not what the teen wants. In my experience those parents insisting on abortions may well identify themselves as "pro-life". For example, a number of years ago a fifteen year-old named Jennifer L. came into my office. Her period was late and she was hoping that she was pregnant because her boyfriend really wanted a baby. She was not doing well in school, Jennifer believed that her boyfriend loved her, and she was thinking it would be great to have a baby. Jennifer's pregnancy test was positive, and I went through the counseling I usually go through about the options that were open to Jennifer. She wanted her baby. I told her to go home and discuss it with her mother or another trusted adult. She did not want to tell her mother. I have found that in these instances, when a young teen is happy to be pregnant, she does not always look at the whole situation. She thinks, "I want to have a baby and be with my boyfriend forever, but my mother would kill me if she knew I was pregnant, so I won't tell her." Such girls sometimes miss the part about their mother noticing the pregnancy at some point, not to mention the help and support they will need from their mother. Jennifer did tell her mother about the pregnancy and an angry Mrs. L showed up in my office the following week with Jennifer. There was no way her daughter was going to have this baby. Mrs. L was generally pro-life, but, like so many mothers, she could not let her teenaged daughter have a baby. I arranged for Mrs. L and Jennifer to speak with the social worker. A short time later Jennifer told me that she realized that having a baby right now was not the best thing for her. She had an abortion.

Carol is currently at work on a book which examines the genesis of current, unfavorable reproductive health policies, and the adverse impact they have on child health in the U.S. and overseas. For more information or to sign up for updates, visit www.carolroye.org.