

# Draft Women's Agenda

2012-2013

## Executive Summary

### Access to Healthcare

#### 1. Mitigating the Harmful Effects of Crisis Pregnancy Centers

**Issue:** There is concern by women's health advocates over the practice of many crisis pregnancy centers (CPCs) to misrepresent themselves as neutral medical clinics that can offer medical advice to pregnant women who have questions about their pregnancies and don't have other access to medical professionals. Many CPCs studied in NC (92%), however, are not medically licensed and have no medical professionals on staff; but only a quarter of these clinics disclosed that information to clients. While these clinics are misrepresenting themselves in the community and also many times providing incorrect reproductive health/pregnancy information, current state laws are attempting to steer clients and taxpayer dollars towards these CPCs.

**Recommendations:** Encourage state legislation that requires CPCs to fully disclose their qualifications and services, and requires they present medically factual information.

#### 2. Toxic Chemical Regulation Reform

**Issue:** Current federal regulations do not require chemical manufacturers to test all of their products for safety, and much of the data that exists was taken from tests on exposures of (mainly) men in industrial settings. But since women still tend to use more chemical products on average than men (i.e., personal care, cleaning products), women have the potential for more exposure. Women of reproductive age may also have additional vulnerabilities, as well as poor women and women of color (whose physical environments and occupations may expose them to additional harmful chemicals).

**Recommendations:** Support the Safe Chemicals Act as it moves through Congress.

#### 3. Licensing Certified Professional Midwives in NC

**Issue:** More women in NC are choosing to have at-home births, whether due to lower chances of cesareans section (4% vs. 20% for in-hospital births to comparable women), personal preference or lower costs. A planned home birth attended by a Certified Professional Midwife (CPM) provides similar neonatal mortality outcomes for healthy women experiencing normal pregnancies. NC currently does not license CPMs, even though other states in the Southeast do. This leaves women in NC who want to have an attended home birth with limited options that include using an unlicensed birth attendant

or going over state lines to give birth, potentially resulting in worse outcomes. By licensing CPMs, women who choose an attended home birth could be sure the CPMs they hire are being regulated to acceptable standards.

**Recommendations:** Support legislation that regulates and licenses CPMs.

#### 4. Long Term Care Issues

**Issue:** For low income seniors living in poverty, options for long term care are becoming more limited in NC. While many elderly persons would prefer to stay at home, funding is biased towards institutional care, rather than services – such as Meals on Wheels, home health care services, transportation (to health facilities, adult day care centers, etc.) – that can help seniors live independently as they age. State funding to Medicaid “optional” services for the elderly – such as eyeglasses, dental care, and physical therapy – have also been cut in the past year.

**Recommendations:** Advocate for increased funding of Home and Community Care Block Grants for services to the elderly at home, and for preservation of Medicaid optional services for the elderly.

#### 5. Ensure Access to Preventative Healthcare

**Issue:** The 2011 NC state budget contained a line item to bar Planned Parenthood from receiving any state funding, which will compromise PP’s ability to provide screenings, exams and birth control services to more than 25,000 low-income/uninsured women and men across the state. This funding ban is currently being blocked by a court, but the NC House leadership has indicated they would like to implement this ban if they can in the next session.

**Recommendations:** Contact the Speaker of the House and members of the House Health and Human Services Appropriations Committee to urge them not to vote for this ban of funding if it is included in the state budget again.

#### 6. Abortion Coverage in the State Health Exchange

**Issue:** Abortion is a legal medical procedure that is very common for American women (1 in 3) and something women choose for a variety of reasons, including inability to raise a(nother) child, health concerns, pregnancies resulting from rape or abuse, and genetic abnormalities. As a medical procedure, it is currently covered under many health insurance policies, but people opposed to abortion are making it more difficult for insurance companies to cover this procedure, which can place another unnecessary burden on a woman making the decision to obtain an abortion. Federal (and many state) tax dollars are already barred from being used on abortion procedures, and extending this ban to private insurance purchased with a woman (or family’s) own money is discriminatory (men do not have such restrictions on any of their health coverage) and it serves no medical purpose. Instead, it politicizes a private, very personal decision, and

also disproportionately affects low-income women who may not be able to afford an abortion otherwise.

**Recommendations:** Encourage your representatives to oppose these insurance bans in the state health exchange, and oppose attempts to interfere with insurance coverage of abortion in the private insurance market.

## 7. Targeted Regulation of Abortion Providers (TRAP) Legislation

**Issue:** In 2011, many states were successful in passing legislation that singled out abortion providers to meet burdensome, unnecessary regulations regarding the operation of their facilities. Abortion providers already share the same regulations with physician offices, and offices that provide dental care and other outpatient procedures. These additional regulations are not designed to offer better care to patients; in fact, they generally focus on regulations that at best have nothing to do with patient care; and at worst, hinder patient access and confidentiality.

**Recommendations:** Oppose TRAP legislation that may be introduced in NC.

## Civic Participation and Equality

### 8. To Form a More Perfect Union: The Equal Rights Amendment

**Issue:** The Equal Rights Amendment (ERA) still needs three states to ratify it, which will explicitly add women's rights to the Constitution. Without an ERA, it is still possible for organizations, corporations and government entities to practice discrimination based on gender; it also leaves the gains brought by federal legislation, such as Title VII and IX of the Civil Rights Act, the Equal Pay Act, the Pregnancy Discrimination Act and other court decisions vulnerable to repeal or amendment by Congress or the Supreme Court. Justice Scalia confirmed this in [an interview](#) (Washington Post; Voices; 2011) in January 2011, saying that the 14<sup>th</sup> amendment does not prohibit discrimination on the basis of sex; that is the function of legislation. But since much of our rights as citizens are tied to what is in the Constitution, this can be precarious.

**Recommendations:** Urge your Congressional reps to support the Senate and House bills re: ratification, and ask your state reps for support when it comes through the NC General Assembly (likely in 2013).

### 9. Fair Representation and Voters' Rights

**Issue:** Women currently make up just 22% of the NC General Assembly, and that number is expected to go down after the 2012 election as fewer women are candidates for office (partly due to redistricting that created "double bunking" for many current women legislators).

**Recommendations:** Support legislation that promotes increased civic participation and voting rights, including public funding for elections and an independent (non-partisan) redistricting process.

## 10. Immigration and Citizenship

**Issue:** Women make up 30% of the undocumented workers living in the U.S. currently, half of whom originally came to the U.S. with valid paperwork. Many of these women work in the service industry, where they are prone to wage and labor exploitation due to the fact that many private citizens and small businesses may hire them “under the table”. These women have very little rights to advocate for a living wage or safe working conditions, including being protected from sexual harassment and violence on the job.

**Recommendations:** Support comprehensive immigration reform that includes paths to citizenship, enforcement of existing labor laws for undocumented workers, improvements in the family reunification program, adequate health care for children, reproductive health care for women and provisions to help immigrant women facing domestic or sexual violence.

## 11. Driver’s License Identification

**Issue:** In 2006, the Technical Corrections Act was signed, making it more difficult for documented immigrants to get a driver’s license, and impossible for undocumented immigrants to get or renew driver’s licenses. Prior to this act, anyone could use a Social Security number, individual taxpayer ID number, or other approved foreign documents to get a license. While this act was signed in an effort to combat potential terrorism (some of the 9/11 hijackers had driver’s licenses), one major effect of this act has been to make the roads less safe for all North Carolinians. Without licenses, there will be people on the road who have not passed a driver’s test and therefore may not be familiar with driving laws; they are also unable to get insurance, which creates more of a burden on those who do have insurance in the event of an accident.

**Recommendations:** Revoke the 2006 Act, and go back to the original criteria for obtaining a license.

## Violence against Women

### 12. Human Trafficking in NC

**Issue:** Human trafficking – whether it is labor, commercial sex work, child brides, indentured servitude, or child combatants – is a huge problem worldwide. It is the fastest growing illegal trade in the world, second only to arms trafficking. Due to its network of highways and relative proximity to many major cities, NC has also seen an increase in human trafficking, and there have been a number of high profile cases of both domestic and international trafficking, including the sexual exploitation of children.

**Recommendations:** Community involvement is key in identifying trafficking victims and getting them safely out of their situations. Support any efforts on education and awareness, at the local, state and federal levels.

### 13. Domestic Violence

**Issue:** Currently, nearly 25% of American women report being raped or physically assaulted by a current or former spouse; in NC in 2011, local crisis centers responded to over 120,000 crisis line calls and served over 66,000 victims. As the economy continues to be difficult for many people, the need for crisis services increase as violence in the home can escalate. There were 107 domestic violence (DV) homicides in NC in 2010.

**Recommendations:** Support the legislative agenda of the NC Coalition Against Domestic Violence, including maintaining funding for DV services across the state and for Work First participants. Support required DV training for targeted service and legal professions and the Campaign for Housing Carolina (to increase affordable housing available to victims leaving abusive relationships).

### 14. Sexual Violence

**Issue:** Funding for the 85 sexual violence service providers and the state organization (NC Coalition Against Sexual Assault - NCCASA) has remained level since 2008, despite an increase in service requests. In NC, 1 in 5 women has been sexually assaulted at some point in their lives. Over 25,000 calls were received by NC rape crisis centers in 2009, and over 13,000 clients were served in FY2010, including over 3000 children (under the age of 18). Prevention of sexual violence is key, and the way to get at the root cause of the issue.

**Recommendations:** Support the NCCASA legislative agenda, including keeping funding steady for rape crisis centers so they can continue to provide needed services.

## Economic Self-Sufficiency

### 15. Affordable Housing Challenges

**Issue:** According to the NC Housing Coalition, more than 2 million NC residents lack safe, decent, affordable housing; almost half of low-income households put more than 30% of their income towards housing costs, which can be unsustainable (for example, an extra medical cost may come up that month, leaving the household to choose between housing and medical care). Women make up a disproportionate share of those living in low-income housing, particularly elderly women. The NC Housing Trust Fund helps preserve and develop affordable housing, but has been underfunded for a number of years.

**Recommendations:** Support providing annual \$50 million in funds to the NC Housing Trust Fund and policies that support expanding the supply of affordable housing.

## 16. Affordable Child Care

**Issue:** Child care now averages over \$8500/year in NC, putting it out of reach for many low-income women and families who need it. Recent budget cuts to state programs like Smart Start, Pre-K and child care subsidies have added to the problem. In addition to being a critical support for low- and middle-income families, quality child care can have positive effects on children, particularly at-risk children. Over the long-term, research has shown that the returns on every dollar spent on early quality child care range for \$1.38 for stand alone programs to \$8 for programs that target at-risk children and involve parents. In the short term, the child care industry in NC generates \$1.77 billion in economic activity and creates over 47,000 jobs.

**Recommendations:** Support the NC legislature funding of quality early childhood programs like Smart Start and NC Pre-K to pre-2011 levels; resist efforts to privatize or restrict access to these programs; and increase funding to reduce childcare subsidy waiting lists.

## 17. Earned Income Tax Credit (EITC)

**Issue:** The EITC is a federal tax credit designed to “make work pay” by providing low-wage workers with additional income to help them close the gap between what they earn and what they need to meet their basic needs. In 2010, roughly 1 in 4 NC residents received the EITC. The EITC has shown to be an effective way to lift families out of poverty and into the middle-class, which especially benefits young children who have been shown to have better outcomes in middle childhood if they are lifted out of poverty in early childhood. Women are also well-served by the EITC, as many female-dominated professions – nursing, teaching, child care – all have entry level salaries that would qualify them for the EITC. However, the EITC in NC will expire at the end of 2012 if there is no action to extend it.

**Recommendations:** Talk to your rep about enacting/supporting a bill to extend the EITC in NC beyond 2012; you can keep up with this issue via the NC Budget and Tax Center ([www.nceitc.org](http://www.nceitc.org)).

## 18. Access to Paid Leave

**Issue:** Almost nine out of ten private-sector workers in North Carolina have no wage replacement if they need to take extended leave for their own serious illness, the serious illness of a family member or to care for a new baby, and nearly half of private-sector workers have no paid sick days for short-term illnesses and routine needs, leaving many workers having to choose between getting paid and taking care of themselves or family when sick or injured.

**Recommendations:** Support legislation that would create a state-run paid family and medical leave insurance program; expand the eligibility requirements of the federal Family Medical Leave Act; support legislation to require that all workers can earn a minimum number of days of paid sick leave per year.

## 19. Education Policy

**Issue:** State budget cuts in education have been difficult for the public education sector to bear, and have resulted in fewer quality Pre-K programs being offered to fewer children, elimination of a number of teaching and teaching assistant positions, elimination of some teacher improvement programs, and cuts to school transportation budgets. With a growing school-age population in NC, these cuts are asking public schools to do much more with much less.

**Recommendations:** Replace federal funding with state appropriations; support funding of and access to quality early childhood education programs; restore funding for teaching and teaching assistant positions that were cut; restore Teaching Fellows and other professional development programs; and support quality public education for all NC children.