

¡ANTONIO REYNOSO!
for **CONGRESS**

**REPRODUCTIVE
HEALTH
AGENDA**

ACKNOWLEDGEMENT

Thank you to the many women battling endometriosis who shared their stories with us. We stand in awe of your bravery and openness, and we're grateful to have received such honesty from all of you. Your experiences deserve to be shared and your struggles addressed. Your fight is our fight, and we stand with you—all the way to Washington.

"I please ask you to understand the pain and anguish I live with every day is unbearable. My physical pain is beyond unbearable and I'm tired so so so so tired of living in a body that isn't my body."

These are the words that 18-year-old Trinity Lillian Graves left behind before taking her own life after years of living with adenomyosis and endometriosis. Her story is a devastating reminder that reproductive health conditions are not minor inconveniences. They are life-altering diseases that we can and must invest in. Immediately.

Despite women making up half of the population, women's reproductive health remains a tragically under-researched field. As a result, doctors lack the knowledge or experience needed to address women's concerns, and major health issues go undiagnosed and untreated. According to the [American Cancer Society](#), only about 20% of ovarian cancers are found at an early (and thus more treatable) stage, for example. The [World Health Organization](#) reports that up to 70% of Polyendocrine Metabolic Syndrome (PMOS) cases go undiagnosed worldwide, and a study published in [one of the world's most-cited scientific journals](#) found that female patients are less likely to receive any type of pain medication, both opioid and nonopioid, for every pain score and at every age group regardless of the gender of the treating physician. That same study also concluded that female patients spend an average of 30 extra minutes waiting for treatment in the ER than their male counterparts—a matter of minutes which could mean the difference between life and death.

Our society will never be equal until we address these injustices. From funding more research into reproductive health issues, to preserving fertility, to bettering maternal health outcomes, we must bring women's healthcare to the forefront of the equity conversation. Compared to almost any other biological process, it is subject to far more regulation by the government. Whether that power is used to improve the lives and health of women or to put sanctions on their bodies is up to the people we send to Washington.

REPRODUCTIVE HEALTH

“It’s estimated to take 8-10 years to diagnose [endometriosis] in the U.S. but it took me 18 while navigating New York City’s healthcare system.” — Zoë Pribula

“My journey with endometriosis was a decade-long battle filled with misdiagnoses, dismissal, and constant pain.” — Nicole Notar

Diseases that affect female reproductive health are severely misunderstood. Women experience debilitating symptoms that are often shrugged off and ignored by doctors who do not have the necessary education to understand or treat reproductive issues. Hundreds of thousands of women are left to question whether their pain is all in their head, despite the fact that they can’t go to school, do their work, or enjoy their lives comfortably.

As the stories above show, endometriosis is a clear example of the delay women face because their doctors can’t recognize the symptoms of the majority of reproductive health conditions. Endometriosis is a complex disease that causes tissue similar to the endometrial lining of the uterus to grow outside the uterus. This out-of-place tissue causes severe pain and inflammation, heavy periods, infertility, as well as major fatigue, GI issues, headaches, and nausea, among other symptoms. On average, it takes 7 to 10 years for someone to receive an endometriosis diagnosis—a completely unacceptable number considering that 200 million women and those born with a uterus worldwide live with the disease. In the United States, it affects 1 in 10 of all menstruating individuals.

In Congress, we must prioritize addressing reproductive health issues like endometriosis to create a more just society that prioritizes the health and well-being of us all.

Fund Research to Match the Scale of the Disease

“One OB-GYN refused to seriously investigate my hormone concerns and instead blamed my symptoms on PTSD.”

— Anonymous Brooklyn woman

“Doctors told me I was being dramatic, to take ibuprofen.”

— Zoë Pribula

Despite the large number of women who experience this debilitating disease, it receives only \$26 million in federal funding. Diabetes, which affects almost the same amount of women, receives \$2.5 billion. It should come as no surprise, then, that endometriosis has no cure and no affordable treatment options.

That's why, in Congress, Antonio would support the bipartisan Endometriosis CARE (Coverage, Awareness, Research, and Education) Act. The legislation calls for significant investments in endometriosis research and public awareness campaigns and is a critical step toward the future patients deserve. This would double the amount of funding currently allocated towards endometriosis research and awareness.

In addition to funding research to improve treatment options, this money will go towards educating healthcare professionals. Properly funded awareness campaigns will help create a higher standard of care and finally allow endometriosis to get the kind of attention it needs, for the sake of millions of women.

Insurance Reform

"I finally got my diagnosis after spending 20k+ for a surgery from a specialist." — Sushma Ravindran

Navigating the healthcare system can be a struggle under the best of circumstances. When a patient is dealing with reproductive health issues, it becomes even more difficult. No one should go bankrupt trying to find answers to their health concerns.

Take the story of Zoe, a woman with endometriosis who struggled to get coverage for necessary healthcare:

"By 30, I had my endometriosis excision surgery (as there is no cure for endometriosis) and confirmed the disease had spread to my bladder, rectum, appendix, and caused a deep infiltrating cyst to form on my ovary. I was diagnosed with the most severe stage of the disease, stage 4. Endometriosis does not have its own insurance code so endometriosis excision specialists, the top providers of care, are out of network providers. My surgery resulted in insurance being billed \$700,000. I ended up paying \$36,000 out of pocket, not to mention the \$37,646 paid for fertility preservation prior, in the case the cyst on my ovary was damaged. I work in Financial Services and \$11,852.24 was a benefit through work. I am fortunate enough to afford to drain my life savings to get the care needed for endometriosis, however thousands of potential constituents are without access to the minimum standard of care. Many doctors and surgeons will perform surgery and stop at visual diagnosis, when the case is too complex, multiple organs are involved, or ablate the endometriosis lesions. The ablation is only surface-level and makes

it almost impossible for a skilled excision specialist to see where the disease is under the surface. After years of pain and suffering, young women are offered hysterectomies as a “cure” just to lose an organ and fertility.”

Action must be taken to allow for better diagnostic pathways that don't take years, as well as clear reimbursement structures that make treatment accessible to everyone. This looks like improving accountability for insurance denials and delays in care. It certainly starts by creating an official billing code for endometriosis, so women and people with uteruses are no longer excluded from our healthcare system but meaningfully included.

FERTILITY

“Despite the pain being a constant hindrance to my life since I was 11, I didn't get officially diagnosed until I was a month away from turning 23.” — Aliyah

“I've been living with endometriosis for 18 years. But I didn't know that's what it was for most of them.” — Sushma Ravindran

“No one should have to spend years suffering, doubting themselves, fighting to be believed, and losing parts of their life before receiving proper care.” — Anonymous Brooklyn woman

Fertility care is simply not an option for so many working families. Treatments like IVF and egg freezing often cost tens of thousands of dollars out of pocket, which is absurd at a time when many individuals are choosing to delay having children because of economic instability. Decisions about when to get pregnant are increasingly shaped by a bank account balance instead of personal preference.

For those with reproductive health conditions like endometriosis or PMOS, the pressures are even greater. Many patients spend years, even decades, trying to get diagnosed while their symptoms worsen and fertility declines. Others are forced to start cancer treatments or undergo major surgeries without preserving their fertility because they can't afford fertility care.

Treat Fertility as Healthcare

In Congress, Antonio will treat fertility care as healthcare, which he believes everyone, no matter their background, citizenship status, or zip code, deserves. To make that a reality, he supports expanding insurance coverage for IVF, fertility preservation, egg freezing, egg and embryo storage, hormone treatment, and diagnostic care, while investing more federal funding into

fertility and reproductive health research. Antonio also supports federal legislation to make fertility treatment and preservation part of the Affordable Care Act's Essential Health Benefits, and believes Medicaid and federal employee health plans should be required to cover fertility preservation care.

Affordable Egg Freezing

Antonio also supports making egg freezing substantially more affordable and accessible through public subsidies and insurance reform, including the creation of a federal fertility access fund to help low- and middle-income patients cover the cost of egg freezing and long-term storage. Egg freezing has been framed as a luxury for too long. In reality, egg freezing can provide flexibility for people living with medical conditions, undergoing cancer treatment, navigating their careers, or simply trying to start a family in the middle of an affordability crisis. It is far too vital to be called (and priced as if it were) a luxury.

New Yorkers and all Americans should not lose their ability to have children just because we are in an affordability crisis. While legislation has no control over biological clocks, it can expand options to give people more control over their futures and ensure reproductive freedom is not determined by income.

MATERNAL HEALTH

The U.S. has the highest maternal mortality rate among wealthy nations, and black women are disproportionately affected. These deaths are almost entirely preventable with proper funding and infrastructure. It's time the United States treat this as a major healthcare and racial crisis.

Antonio Reynoso is one step ahead. In 2023, he spent the entire \$45 million of his fiscal year capital budget on maternal health in an effort to make Brooklyn the safest place in New York to have a baby. This resulted in major improvements across all of Brooklyn's public hospitals, including state-of-the-art birthing centers, NICUs, and maternal care centers. The money was also used to fund postpartum resources and supplies for new parents.

That kind of investment should not be unique to Brooklyn. Congress must make maternal health a national priority.

In Congress, Antonio will work with the Black Maternal Health Caucus to advance legislation like the Black Maternal Health Omnibus Act, one of the most comprehensive federal efforts to address maternal mortality ever passed. This bill invested in community-based maternal healthcare, maternal mental health services, midwives and doulas, workforce diversity, implicit bias training, and expanded postpartum care. It effectively addressed the many factors that shape maternal health outcomes - from housing and nutrition to proper medical care.

In Congress, Antonio will work to:

Expand Maternal Healthcare Workforce

As health care workforce shortages reach crisis levels across the country, women's healthcare is among the most affected. The National Center for Health Workforce Analysis estimates a shortage of thousands of OB-GYNs in the coming decade.

The first step to addressing this issue is funding more OB-GYN residencies. We need to expand federal grant programming to proactively address our maternal healthcare provider shortage. Not only that, investment must be made to increase midwife and doula training, which are proven to reduce unnecessary medical interventions.

Expand Healthcare Coverage

Having a child shouldn't bankrupt a family. Comprehensive healthcare coverage is essential to supporting families as they grow. While the Affordable Care Act and Medicaid expansion dramatically improved maternal healthcare access, many gaps remain. Historically, pregnancy Medicaid coverage expired just 60 days after childbirth despite the fact that many maternal deaths occur several months postpartum.

Congress has begun addressing this issue by allowing states to extend postpartum Medicaid coverage to 12 months, but access still depends on where a person lives. Postpartum healthcare coverage should not vary by zip code.

Congress must guarantee 12-month postpartum Medicaid coverage nationwide and ensure that maternal healthcare includes mental health care, lactation support, and pain treatment for chronic conditions related to pregnancy and childbirth.

Establish Universal Paid Family Leave

The United States is one of the only wealthy nations worldwide without guaranteed paid family leave. Every year, countless parents are forced back into the workforce weeks and even days after having a child, even though the period after birth is one of the most vulnerable for both parent and child.

Congress must establish a universal paid family and medical leave program that guarantees paid time off for childbirth, postpartum recovery, and caregiving. Paid leave improves maternal health outcomes, reduces postpartum depression, and strengthens infant health. Parents should not be left at the whims of their employer when it comes to parental leave and should not have to fear losing their jobs or income for prioritizing their new family.

REPRODUCTIVE FREEDOM

Reproductive freedom is about more than abortion access. It is about the right to make decisions about one's own body, family, and future without government interference. Female bodies and their reproductive systems have become deeply politicized. It is essential that we respond to these attacks on reproductive rights by protecting access to abortion care, contraception, fertility treatment, and reproductive healthcare. Roe v. Wade's overturning has had devastating consequences for individuals nationwide.

Antonio does not see reproductive freedom as a women's issue, and he refuses to let people struggling with endometriosis, PMOS, infertility, and other reproductive health conditions fight for visibility alone.

Antonio believes that reproductive healthcare decisions belong in the hands of patients and doctors, and it is up to politicians to make sure that their right to determine their futures remains theirs.

Congress must codify the protections of Roe v. Wade into federal law, protect access to fertility treatments, and ensure no one is criminalized for their reproductive healthcare decisions. Every person in our country should have the access to the care they need to live healthy lives and decide if, when, and how they build a family.