Feminine Hygiene Supplemental Program

Women face an unavoidable, physiological challenge entirely unique from men: menstruation. Every pre-menopausal woman is required by medical necessity to purchase, monthly on average, hygiene products to assuage this natural process. This typically means tampons, pads, or panty liners. For women living in poverty, these products can seem like a luxury in comparison to food or rent. But it is unjust that this medical necessity is not provided any form of assistance for those who cannot afford it. We propose a government-funded program to provide financial assistance to low-income women to purchase necessary feminine hygiene products. This program, at a manageable budgetary cost, would yield a substantial society benefits and a healthier population.

Poverty and Women’s Hygiene

It is estimated that the average American woman spends $18,171 on necessary products for her menstrual cycles during her lifetime (Kane, 2017). Unfortunately, not all women can afford these costs, including the one-eighth of American women who live below the poverty line (Tucker & Lowell, 2016). These more than 16 million women—including among them 40% of the nationwide homeless population and 85% of homeless family household heads (Dupere, 2016)—frequently neglect their health, including their menstrual health, because there are not enough resources available to them. They often must make a decision whether to provide food for their children or to purchase feminine hygiene products for themselves.

It is important to provide affordable access to feminine hygiene products as there are vital medical implications regarding their use. Women lose around 30ml to 80ml (1.014 to 2.705 U.S. ounces) of blood each month due to their menstrual cycle (NHS, 2017). In addition to the health of the individual women, it is also vital to provide affordable female hygiene products in order to reduce cases of diseases transferred by blood. Menstrual cycles can be a threat to public health because the blood can transfer diseases to other people if it is not properly contained (NCIB, 2015). For example, if menstrual blood is not contained it has the possibility of contaminating surfaces with which other individuals may come into contact. If someone has an open wound or allows foreign blood to enter another way, this can hinder
the individual’s immune system if the blood is infected with Hepatitis, HIV, and other blood borne diseases.

**Proposing a Federal Feminine Hygiene Supplemental Program**

We propose the creation of a Feminine Hygiene Supplemental Program (FHSP) to help provide feminine hygiene products to American women living below the poverty line (currently 16.9 million women [NWLC, 2015]). The FHSP will provide $7 a month to each qualifying female—an amount frequently cited as the average monthly costs of tampons and pads (see, e.g., Huffington Post 2017; Mic Network Incorporated 2015) The funds will be applied to a card, similar to the Electronic benefit transfer (EBT) cards used for the Supplemental Nutrition Assistance Program (SNAP), and will have restrictions on purchases that can be made with the card. The card will not have roll-over benefits and the money will be allocated back into the Department of Health and Human Services (HHS) budget if unspent each month.

The implementation of the FHSP will be funded regulated by the federal government through HHS, but will also be implemented by the states. Specifically, HHS and federal legislation will regulate who is eligible for FHSP benefits and provide funding. States will help administer the program to individual beneficiaries. Women may be able to apply for the FHSP either via the internet (through HHS) or at the Department of Health and Human Services State Headquarters. The card will be mailed to qualifying applicants. Women who do not have a residential/permanent address may pick up their card at the Department of Health and Human Services State Headquarters. Enrollees will have to reapply for the program every year, in order to ensure fair distribution of funds.

Qualification for receiving aid from the FHSP will follow the same process as the EBT. There are precise numeral variations regarding the qualification for funding from the EBT, determined by the federal government and it relies on the yearly fluctuating poverty rate. The federal government controls certification and recertification regarding receiving EBT benefits. Moreover, the qualification into our program is determined by the number of individuals within a household, age, disability. We will be basing our eligibility requirements from the data and qualifications SNAP already has put in place. However, this information of the individuals is collected from the state health departments. The structure EBT has put into place concerning the recertification period aligns well with being adopted into the FHSP. States are in charge of determining the legitimacy of the applicant’s information — such as employer and address information. Furthermore, this information is then forwarded to the federal government for documentation and eligibility purposes. Additionally, within the ap-
Application process women will be required to fill out a form which must include information regarding their annual income and current employment status. This information will be sent to the federal government for approval, to examine each individual’s previous tax return. The information provided will determine if the women qualify for funding from the FHSP program. The determining for eligibility will be based on the information and data already put into place by SNAP. In addition, homeless women will also be able to receive funding from the FHSP program, however, they must provide official documentation indicating their status of homelessness.

In order to ensure that low-income eligible women know about the FHSP benefits, HHS will engage in targeted advertising. We will require low-income clinics, homeless shelters, and nonprofit organizations, which work with women or underprivileged populations, to advertise for FHSP and to ensure women are informed about the information regarding this program. Furthermore, we will train staff via info sessions to understand the logistics of the program so they can assist and these women with their applications.

Financial Considerations

At the cost $7 per eligible women per month, and more than 16 million women who may be eligible to receive the benefit, the FHSP will require non-trivial federal expenditures. We estimate the program will cost roughly $887 million, annually.

This estimate is based on cost calculations similar to the SNAP program. According to the most recent study by the U.S. Department of Agriculture, in FY 2014 approximately 17% of all people eligible to enroll in SNAP were not enrolled, indicating either they did not know they were qualified, chose not to enroll, or were unable to enroll (Cunnyngham, 2016). We expect a similar non-enrollment rate in FHSP. With 85 million women between the ages of 15 and 55 in the US, and 13.4% of all women living in poverty (Tucker & Lowell, 2016), a reasonable estimate for the number of eligible women would be 11,453,292 during the first year of the program. However, assuming 17% of eligible women will not enroll, the estimated number of aided women would be closer to 9,506,232. A $7 monthly benefit to this number of women will result in a $798,523,488 annual expenditure.

There will also be costs to administering the program. The cost of administering government assistance programs varies. Nutrition programs in schools that give free or reduced lunch to students use 2.5% of their total budget for administrative cost. The Medicaid program uses 4.6%, and the Supplemental Security Income program uses 7.2%. SNAP, the program most similar to the proposed program, uses 10% of its budget for administrative costs, so that number has been used in calculating an estimated cost (Greenstein, 2012). At $7 per month per eligible woman, and taking into account the administrative cost, one estimate for
cost is $887,248,320 annually.

To fund the program will require new revenues. There are two options we propose to achieve this increase without adding to the deficit. The costs of this program could be offset by increasing the federal gas tax or payroll tax. Both taxes are broadly paid by the American public, and so would not be felt too harshly by individual households. The federal gasoline tax is currently $0.18/gallon. The average American household spends nearly $2,000 per year on gasoline, for example, and with a mere 0.5% additional tax, we would be able to pay for the program (US Energy IA). In other words, it is a 0.9 cent increase per gallon which would increase what the average American household spends on gas by such and such amount each year.

Another consideration is to allocate the money from the payroll tax. According to the Tax Policy Center in 2016, 75.9% of Americans pay payroll (approximately 247,206,300 Americans in 2016). If each of these individuals paid an additional $4 in payroll tax each year, the program could be fully funded.

Possible Rebuttals

One likely objection to this proposal is its cost. We propose adding $887 million to the federal budget, specifically to the HHS annual budget. According to the HHS Budget in Brief for 2019, the HHS spent $1.1 trillion in 2017 and is expected to spend $1.2 trillion in 2019. Thus, our proposed program will only result in, at most, a 0.08% increase in HHS annual budget. Moreover, this increase can be covered at a modest cost per American—just an additional $7 spent at the gas pump each year per American household, or an additional $4 per individual paying payroll tax. With such a minor adjustment we will be able to provide millions of vulnerable American women with sanitary feminine hygiene products.

Another issue that may trigger a concern with FHSP, is the possibility of fraud. However, evidence of fraud in related programs, like SNAP, is rare. Incidences of verified SNAP fraud are very few, have declined from a 3.5% rate in 2012 to less than 1.5% in 2017 (Rude, 2017), and is easily prosecuted. Thus, we do not anticipate that many efforts or funds will have to be spent on the fraud prevention because we will be adopting the strategies of SNAP fraud prevention. According to CBS News (2012), most fraud occurs when certain retailers allow their customers to exchange their benefits for cash. SNAP uses undercover investigations and collaborates with different investigative agencies to ensure that benefits are used according to law. In case the person has lied about his or her income and assets, or has been exchanging their food stamps for cash, the government has the right to suspend the benefits, and even prosecute the abuser (Food and Nutrition Service). This may result in the denial of other welfare programs for the responsible party. They also might have to repay the money
they have misused, or even face criminal charges and time in jail. Likewise, for FHSP, we will use activity tracking to monitor transactions on the FHSP card. People who committed FHSP fraud will be subjected to large fines and denial of future FHSP benefits, which will go on their record and possibly disqualify them for other government welfare programs.

Like with any assistance program, there is a possibility of misuse, however, the statistics prove that the chance is very small and it is unlikely that $7 per month will make someone engage in an illegal activity. On the contrary, some women currently trade their food stamps for tampons (Kandil, 2016). If women sometimes misuse other government assistance programs in order to get feminine hygiene products, that is an indicator that these women cannot afford the proper care they need. Furthermore, it is very likely that they will also suffer from infections and diseases caused by poor hygiene. Studies have shown that poor menstrual hygiene results in high rates of cervical cancer, and infections caused by the use of unsanitary products like rags are widespread (Time, 2015). In order to get the necessary treatment, they use Medicaid or other government assistance, which, in the long run, costs taxpayers much more than funding a program like FHSP.

Conclusion

There are inevitable costs to implementing a new program, however, the benefits outweigh the losses. By introducing a new healthcare program like the Female Hygiene Supplemental Program, we will be able to help as many as 11 million women afford proper feminine hygiene products. Menstruation is a biological phenomenon woman cannot avoid. By providing assistance to low-income women to buy feminine hygiene products, we will not only help them fulfill their basic health needs but also prevent them from various health risks. Taking into account how many women we will be able to help, the costs of FHSP are quite small relative to the benefits. Women should not be at a disadvantage because of their menstrual cycle, and definitely should not have to choose between buying a tampon or buying food.
References


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