

**Testimony of Planned Parenthood Empire State Acts
Before the Joint Legislative Budget Hearing on Health and Medicaid
February 12, 2018**

Thank you for the opportunity to provide testimony today. My name is Robin Chappelle Golston I am the President and CEO of Planned Parenthood Empire State Acts. We proudly represent the 9 Planned Parenthood affiliates who provide primary and preventive sexual and reproductive health care services to more than 187,000 New Yorkers each year.

1917, the first Planned Parenthood health center opened in Brownsville, Brooklyn, where women lined up to receive information on birth control. For the past century, Planned Parenthood has transformed women's health and empowered millions to make informed health decisions, forever changing the way they live, love, learn and work. Delivering on the mission of providing quality, confidential and inclusive health care to all has made Planned Parenthood a trusted provider in communities across the state. For many, Planned Parenthood serves as a primary provider of care – and for some, their only provider. The health and educational services provided by New York's 58 Planned Parenthood health centers serve as a bedrock for fostering healthy relationships, pregnancies, and families.

It is our mission at PPESA to protect and advance the reproductive health, rights, and justice of all New Yorkers. At a time when we are witnessing unprecedented attacks on our health, families, and communities, we need to use every tool available to protect and uphold our most fundamental rights. It has been said that a budget is an expression of one's vision and values. This budget is an opportunity to stand up and apart from a concerning federal landscape and to advance policies and funding that support the ability of New Yorkers to access the care, education, and services they need.

It is in this spirit that we offer the following comments and specific requests relating to the proposed 2018-19 Executive Budget.

FUNDING FOR REPRODUCTIVE AND SEXUAL HEALTH CARE AND EDUCATION

Family Planning Grant Funding

Funding Request: Increase the appropriation for the Family Planning Grant by \$750,000 for a total of \$29,151,700 in funding for FY2019. This increase in funding has historically been added by the Assembly and is necessary to maintain services in the face of federal attacks.

The Family Planning Grant is a vital funding mechanism for delivering primary and preventive reproductive and sexual health care to the uninsured and underinsured, and for connecting individuals to health care coverage. A combination of state and federal funds, the grant enables

the delivery of high-quality, culturally sensitive family planning services and other preventive health care for low-income, under-insured and uninsured individuals who may otherwise lack access to care. Services are provided on a sliding-fee scale, so that cost may never be a barrier to one's ability to obtain care through the program. In many cases, this is a patient's entry point to the health care system. These funds provide critical infrastructure support that enables health centers to enroll patients into health coverage, conduct outreach, and engagement in communities in need of health care services, support the interpretation needs of uninsured patients and extend health center hours to best meet patient need. In 2016, 269,794 individuals received family planning grant services from 48 agencies operating 173 sites. All 58 Planned Parenthood health centers in the state receive Family Planning Grant funds. Other sub grantees include federally qualified health centers, hospitals, and freestanding family planning clinics.

Family Planning Grant providers are key partners in building healthy and economically stable communities. Through the delivery of a robust array of health and educational services, these providers are a natural and relied-upon access point to health care and coverage. That is especially true for marginalized New Yorkers, who for a variety of reasons may see only family planning and reproductive and sexual health care providers in a given year. In 2010, more than 6 in 10 women obtaining care at a publicly-funded family planning center considered the center their usual source of care.¹ For 4 in 10 women, it was their only source of care.² In New York, more than 60% of patients receiving care at family planning grant funded agencies have incomes 100% of the federal poverty level - \$24,600 for a family of four or \$11,800 for an individual.³

These providers are more than just important entry points to care - they are strongly woven into the fabric of the state's safety net and integral to connecting uninsured individuals to health coverage. Reproductive health care is often a driver to access health services, and absent other conditions may be the only care a woman receives in a given year. The ability to engage these individuals in their health care, and to connect them to health coverage, makes family planning providers an essential partner in the new health care delivery environment.

Funding family planning is a proven investment in better health outcomes for women and their families. Research underscores the critical role that primary and preventive reproductive and sexual health care play in the health and well-being of women and their children. Maternal mortality and serious morbidity have reached an epidemic proportion in this country, especially in those areas where access to family planning services has been limited. In 2011, Texas restricted access to family planning for Medicaid beneficiaries by excluding providers who perform abortion services from receiving state reimbursement. In the years since the number of prescriptions written for

¹ Frost, J. J. (2013). Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995-2010. *Guttmacher Institute*. Retrieved from <https://www.guttmacher.org/pubs/sources-of-care-2013.pdf>.

² Ibid

³ New York State Department of Health. Bureau of Women, Infant and Adolescent Health: Family Planning Provider Day Slides. May 2017.

contraception in the state has dropped 41%⁴ and maternal mortality has doubled.⁵ There are also huge disparities in mortality and morbidity, with black women experiencing these outcomes at three to four times the rate that white women do.⁶ That rate is frighteningly and unacceptably high. We need a multifaceted approach to address maternal mortality, and that approach must include continuing to place value on family planning services. Keeping our mothers alive requires keeping all women healthy— investing in strategies that help with the planning and spacing of pregnancies and ensuring that women have access to quality primary and preventive care.

New York's commitment to the Family Planning Grant has been reaffirmed annually in the state's budget process; however, despite the rising costs of delivering care this funding has remained flat since it received a 5% reduction in 2013. Further, the federal Title X funding that supports this grant - approximately 19% of the overall grant - is at risk in this hostile federal environment. Since the fall, Title X grantees have been anticipating the release of a new federal Funding Opportunity Announcement that could drastically redefine the decades-old program that was established under the Nixon administration to support the delivery of family planning and other preventive health care services. A restructuring of this program could significantly challenge the ability of New York's family planning providers to meet the needs of the uninsured and underinsured in their communities. In the event of reduced federal funding, New York must step in to ensure these services remain steady and available in all communities around the state.

We know it is a challenging budget cycle and in times of austerity, focus should be directed towards effective policies and programs. According to the Guttmacher Institute, in the absence of publicly-funded family planning services in New York, the rates of unintended pregnancy, unplanned birth and abortion would be 38% higher.⁷ Further, it is estimated that in 2010, services provided at publicly-funded family planning agencies saved taxpayers \$13.6 billion nationally, or \$7.09 for every public dollar spent.⁸ In New York, that savings in public funds was estimated to be \$605,829,000.⁹ In order to actualize the public health and economic benefits of family planning, the State should seize all opportunities to strategically invest and strengthen the ability of family planning providers to meet the needs of the communities they serve.

The Assembly has historically added \$750,000 to the Family Planning Grant. At a time when Congress and the federal government have been vocal in their desire to restrict access to these

⁴ Hasstedt, K., & Sonfeld, A. (2017). At It Again: Texas Continues to Undercut Access to Reproductive Health Care. *Guttmacher Institute*. Retrieved from <https://www.guttmacher.org/article/2017/07/it-again-texas-continues-undercut-access-reproductive-health-care>.

⁵ Macdorman, M. F., Declercq, E., Cabral, H., & Morton, C. (2016). Recent Increases in the U.S. Maternal Mortality Rate. *Obstetrics & Gynecology*, 128(3), 447-455. doi:10.1097/aog.0000000000001556

⁶ Enhancing New York's Maternal Mortality Review Process: Invest in New York Mothers [Letter]. (2018, January). American College of Obstetricians and Gynecologists District II, Albany, New York.

⁷ State Facts on Publicly Funded Family Planning Services: New York. (2017, February 07). Retrieved February 09, 2018, from <https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-new-york>

⁸ Frost, J. J., Sonfield, A., Zolna, M. R., & Finer, L. B. (2014). Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. *Milbank Quarterly*, 92(4), 696-749. doi:10.1111/1468-0009.12080

⁹ State Facts on Publicly Funded Family Planning Services: New York. (2017, February 07). Retrieved February 09, 2018, from <https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-new-york>

services, it is imperative that the Family Planning Grant remain level funded, and that this legislative addition is included in the enacted budget. By re-doubling efforts to advance access to family planning services, we can improve the health of our communities, better positioning individuals to explore and achieve their educational, economic, and family aspirations.

Adolescent Pregnancy Prevention Funding

Funding Request: Maintain funding for the Comprehensive Adolescent Pregnancy Prevention program (CAPP) at the Executive Budget level of \$8,505,000.

The Comprehensive Adolescent Pregnancy Prevention program (CAPP) is one of the few grant programs focused solely on preventing unintended pregnancy in teens. The grant is multidimensional, connecting youth to the care and education that they need to lead healthy lives. The CAPP program supports sexual health education and access to sexual and reproductive health care services, with a goal of improving health outcomes for adolescents. The program emphasizes comprehensive, evidence-based, age-appropriate sexuality education, social and emotional development—including healthy relationships—and decreasing disparities in health outcomes for all New York adolescents.¹⁰ In 2017, 48 CAPP grantees provided services to just over 25,300 youth across the state.

Unplanned teen pregnancy and birth can have a myriad of long-term adverse impacts on the health and well-being of young people. Research has long demonstrated that pregnancy at an early age can disrupt educational attainment, hindering young peoples' abilities to actualize their education and economic potential. Further, it is estimated that in 2010, New York spent \$337 million on costs related to teen childbearing.¹¹ The teen pregnancy rate has declined by 71% since its peak in 1991.¹² Despite these dramatic reductions, we continue to see racial, ethnic and regional disparities in rates of adolescent pregnancy and New York remains 17th in the nation for unplanned teen pregnancy.^{13,14} Further, sexually transmitted diseases (STDs) are on the rise. It is estimated that 3 out of 5 STDs are among young people (age 15-24) in New York.¹⁵ We clearly have more work to do to ensure our youth remain healthy.

¹⁰ The CAPP and PREP Initiatives. (n.d.). Retrieved February 09, 2018, from http://actforyouth.net/sexual_health/community/capp/

¹¹ The Campaign to Prevent Unplanned Pregnancy. (n.d.). Retrieved from <https://powertodecide.org/what-we-do/information/national-state-data/new-york>

¹² Ibid.

¹³ New York State Department of Health. (n.d.). *Comprehensive Adolescent Pregnancy Prevention Request for Applications*.

¹⁴ The Campaign to Prevent Unplanned Pregnancy. (n.d.). Retrieved from <https://powertodecide.org/what-we-do/information/national-state-data/new-york>

¹⁵ Action Brief: Reducing Sexually Transmitted Diseases Among Young People. (n.d.). Retrieved February 09, 2018, from https://www.health.ny.gov/statistics/diseases/communicable/std/docs/reducing_std.pdf

In the FY2018 enacted budget, funding for the CAPP program was reduced by approximately \$2 million. It is critical that moving forward this program receive no further reductions to ensure that these valuable educational services in communities are maintained across the state.

It is important to note that historically, grantees of the Family Planning Grant and CAPP program received Cost of Living Adjustment (COLA) funding in their public health grants. For our members, this totaled just under two million dollars. The COLA funding for public health grants has been removed in this year's executive budget. While we understand that this is a difficult budget cycle and that these funds are necessary to preserve scarce public health grant dollars for direct services, the cut does challenge providers. This underscores the importance of ensuring no further reductions to these effective public health programs.

Transformation Funding

As we collectively move towards a high-quality, coordinated health care delivery system that appropriately emphasizes the adage of the right care being delivered at the right time and location, ensuring access to vital services within communities across the state is imperative. Community health care providers - like Planned Parenthood - are essential partners in these efforts to transform the health care delivery system. For the last two budget cycles, we have seen provider transformation funding contain specific allocations for community based providers. Many of these providers are small agencies with lean operating budgets that have been challenged by years of stagnant or reduced funding pools and increased costs of operation. *We urge the legislature to continue this practice, to ensure that safety-net providers have access to funds that will assist them in streamlining their operations and enhance access to quality care across New York.*

Expanded Coverage of Telemedicine

In New York, Planned Parenthood affiliates are at the cutting edge of incorporating telehealth technologies into their service delivery so that they can better meet the needs of their communities in a rapidly transforming health care system. While in the nascent stage, their telehealth offerings deliver on their promise to provide timely access to high-quality, confidential and affordable reproductive and sexual health care across New York. Today, these services seek to expand access to care through the use of site-to-site telemedicine and in 2018, piloting *Planned Parenthood Direct*, a direct-to-consumer application that will help patients access birth control and urinary tract infection management when and where they need it. *We welcome modifications to statute that expand access to telemedicine, and urge that language adopted in the enacted budget ensure that regardless of where the patient is located, Medicaid reimburses access to this critical technology.* This reimbursement is fundamental to safety-net providers' adoption of these innovative platforms, which will improve access to high-quality, affordable primary and preventive care.

ADVANCING THE WOMEN'S AGENDA

The Executive Budget contains an Article VII bill outlining provisions that would advance the health, safety, economic security and lives of New York women and girls. PPESA recommends advancement of this package and would like to highlight a few of these provisions that relate specifically to the health and well-being of women and girls.

Enhancing Access to Affordable Contraception

Since 2015, PPESA has sought to advance the Comprehensive Contraception Coverage Act (CCCA). The CCCA seeks to lower the rate of unintended pregnancy through four common sense policy solutions. First, it reflects in New York State law the contraceptive coverage provisions of the Affordable Care Act (ACA), which require insurers to cover FDA-approved contraceptive methods without a co-pay. This provision gives women access to the method that works best for them without the barrier of cost. *In 2013, it is estimated that women saved over a billion dollars on birth control pills alone since they no longer had to pay costly co-payments for their contraception prescriptions.*¹⁶ Intrauterine devices (IUDs) and implants, both more effective and historically more expensive than the pill, have also seen increased use now that the barrier of cost has been removed. These savings allow women to become more economically secure and fully participate in our society. The CCCA also brings gender parity to contraceptive coverage; vasectomies and other prescription contraceptives for men would be covered without cost sharing. The ACA did not contemplate preventive reproductive care for men. Therefore New York should take steps to ensure that men have access to the same contraceptive benefits that women do.

The CCCA would also allow pharmacists to provide emergency contraception (EC) through a non-patient-specific prescription, greatly enhancing timely and affordable access. At present, individuals may purchase EC over the counter, but costs range from \$30 to \$60 and can be prohibitive. One may also obtain a prescription from a medical provider, but time and transportation may pose barriers to obtaining EC when it is most effective, within 72 hours of unprotected sex. A non-patient-specific order would enable individuals to access EC in a more timely and affordable way.

The average woman spends about three decades – more than three-quarters of her reproductive life – trying to avoid an unintended pregnancy. *Research has shown that having a year's supply of contraception on hand reduces a woman's odds of an unintended pregnancy by 30% - a vital step in a state like New York, with one of the highest rates of unintended pregnancy in the country.*^{17,18} In New York at present, insurance plans only cover a one, or sometimes three, month supply of birth control at a time, which means multiple trips to the pharmacy for refills, increasing the risk of unintended pregnancy. For some women, especially those in more rural areas, this is a burden that can interrupt consistent use of contraception. CCCA would ensure coverage of up to 12 months of contraception at one time, giving women the option of having an extended supply of contraception on hand.

With more than 50% of pregnancies in New York unintended, more can and should be done to

¹⁶ The Affordable Care Act's Birth Control Benefit: Too Important to Lose. (n.d.). Retrieved February 09, 2018, from <https://nwlc.org/resources/the-affordable-care-acts-birth-control-benefit-too-important-to-lose/>

¹⁷ Unintended Pregnancy in the United States. (2017, September 20). Retrieved February 09, 2018, from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

¹⁸ Foster, D. G., Hulett, D., Bradsberry, M., Darney, P., & Policar, M. (2011). Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. *Obstetrics & Gynecology*, 117(3), 566-572. doi:10.1097/aog.0b013e3182056309

improve access to contraception. In fact, seven states and the District of Columbia have passed provisions similar to those contained within the CCCA and the Women's Agenda Article VII. The federal government has already made clear attempts to limit access to contraceptive coverage. New York should be breaking down barriers to birth control by ensuring this provision is included in the enacted budget.

Decriminalizing Abortion Care

In 1970, New York was one of the first states in the nation to legalize access to abortion - three years prior to the Supreme Court's landmark decision in *Roe v. Wade*. This bold and necessary action rightfully acknowledged that lack of access to abortion is a matter of health, equity, and life for women. *Nearly four decades later, our law, which was advanced at the time, creates a chilling environment that is out of step with constitutional protections and current medical realities, and delays and deters care.*

For more than 10 years women's health and rights advocates have advocated modernizing our laws, to protect the health of New York women. The Executive Budget fully repeals abortion from New York's penal code, thus defaulting the regulation of abortion, like all other medical procedures, to the Public Health Law, Education Law and related regulations. As a result, medical providers and facilities that provide abortion care would continue to be regulated in the same manner as those providers and facilities are already regulated, including licensure requirements and other standard of care requirements, without the unrelated and unconstitutional threat of criminal penalties for providing necessary healthcare. A number of other states regulate abortion similarly, including but not limited to Oregon, Vermont, New Mexico, New Hampshire, and New Jersey. This is a necessary action to ensure that our laws reflect constitutionally protected access to care. *Abortion is healthcare. Healthcare that makes a critical difference in women's lives. We urge the legislature to act to decriminalize abortion in our law to ensure that women have access to the care they need and have a constitutional right to obtain.*

Addressing Maternal Mortality

Maternal mortality and morbidity have reached an unacceptably high level across the United States, especially for women of color. The American College of Obstetricians and Gynecologists (ACOG) states that *despite our progressive policies towards access to women's health care, New York state "currently ranks 30th out of 50 states in its maternal death rate."*¹⁹ *Black women and women on Medicaid are the most likely to experience maternal morbidity and mortality, as are women with chronic conditions.*²⁰ Many of these deaths and serious complications are preventable, and we must do everything in our power to keep them from happening to New York women.

The Executive Budget calls for the establishment of a Maternal Mortality Review Board. The board would be composed of multi-disciplinary clinical experts, who would assess maternal deaths to look for causal factors, preventability, and opportunities for intervention in future cases.²¹ The

¹⁹ Enhancing New York's Maternal Mortality Review Process: Invest in New York Mothers [Letter]. (2018, January). American College of Obstetricians and Gynecologists District II, Albany, New York.

²⁰ Ibid.

²¹ Ibid.

ultimate goal of the board would be to develop strategies that can be implemented to prevent maternal deaths across the state. This initiative is absolutely vital and should remain in the enacted budget.

Educating our Youth on Healthy Relationships

We are in a moment of cultural awakening to the pervasive existence of sexual harassment and assault in our society. *Every effort should be made to advance initiatives that eradicate harassment and assault, and that includes preventive measures that facilitate a solid foundation for healthy relationships, consent, and respect.*

The Executive Budget requires the State Education Commissioner to create a comprehensive sexuality education curriculum entitled the “Be Aware Be Informed” learning module. While presented as a means of combating the epidemics of sexual harassment and assault, the module would go beyond that. Sex education is critical to improving young people’s health outcomes and teaching skills about healthy relationships. Comprehensive Sexuality Education (CSE) is medically accurate, age, developmentally and culturally-appropriate education that addresses the physical, mental and social aspects of human sexuality. When provided by trained educators and taught sequentially throughout a young person’s education, CSE provides critical information and skills on a range of topics including human development, relationships, and personal skills.²² Research has demonstrated that programs incorporating CSE have been shown to prevent child sexual abuse, dating violence, and bullying; improve academic success; help young people develop healthier relationships; delay sexual initiation; reduce unintended pregnancy, HIV, and other STIs; and reduce sexual health disparities among lesbian, gay, bisexual, transgender, and queer and questioning (LGBTQ) young people.²³ Guided by national learning standards on CSE²⁴, the “Be Aware, Be Informed” program has the potential to reduce sociodemographic disparities, change the culture around sexual harassment and assault and improve the overall health and well-being of New York’s youth.

CSE empowers and protects our young people in crucial ways that foster healthy development, relationships, and behaviors. PPESA believes that all young people deserve the knowledge, skills, information and resources necessary to make healthy and informed decisions about their bodies. We urge the inclusion of this program in the enacted budget with a requirement that it be implemented in all of New York’s Schools.

We thank you for your time today and look forward to working with the Legislature in shaping the SFY 2019 budget.

²²Promote Adolescent Sexual Health by Advancing Sexuality Education. (2017, June). Retrieved February 9, 2018, from <http://www.siecus.org/index.cfm?fuseaction=document.viewDocument&documentid=656&documentFormatId=764&vDocLinkOrigin=1&CFID=16599233&CFTOKEN=ce79778d9bc498de-08E32B78-1C23-C8EB-80F651D8F883042>

²³ Ibid

²⁴ National Sexuality Education Standards. (2011). Retrieved February 9, 2018, from <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>