

**Testimony of Planned Parenthood Empire State Acts
Submitted to the Joint Legislative Budget Hearing on Health and Medicaid
January 29, 2020**

Planned Parenthood Empire State Acts (PPESA) values the opportunity to submit testimony on the proposed FY2021 Executive Budget. PPESA proudly represent the five (5) Planned Parenthood affiliates who provide primary and preventive sexual and reproductive health care services to more than 182,000 New Yorkers each year.

For the past century, Planned Parenthood has transformed access to reproductive and sexual healthcare, empowering 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 57 Planned Parenthood health centers play a crucial role in fostering healthy relationships, pregnancies, families and communities.

The challenges we face today are both ample and complex. We are experiencing a federal administration whose policies and actions are rolling back decades worth of progress towards equality. In meeting those challenges we are also confronting very real fiscal constraints that will require us to be collaborative and innovative as we push forward. The budget is an outward expression of our state's vision and values; it serves as an opportunity to continue to stand up and apart from a concerning federal landscape and to advance initiatives 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 2020-21 Executive Budget.

INCREASED FUNDING FOR FAMILY PLANNING

Funding Request: Maintain the Executive Budget's proposed \$14.2 million increase in funding for family planning services to address the loss of federal Title X funding and provide a legislative addition to the Family Planning Grant of \$1,000,000.

Fundamental to the quest for equality is the ability to control one's own body. Our futures can be shaped - either positively or negatively - by our ability to access affordable quality reproductive health care and information. Contraceptive access facilitates agency and power, improving the health, economic security and over-all wellbeing of individuals, families, and communities. Decades of research and investment in federal and state programs that break down barriers to

preventive reproductive and sexual health care underscore the vital role these services play in improving public health outcomes and saving scarce public resources.

Since 1970, Title X, the nation's family planning program, played a critical role in facilitating access to high-quality, affordable, reproductive and sexual health care for people with low incomes, people who are uninsured, and people who have historically faced barriers to care, including communities of color. Through a diverse provider network, grant funds enable the delivery of primary and preventive services including wellness exams, lifesaving cervical and breast cancer screenings, birth control, contraception education, testing and treatment for sexually transmitted infections (STIs), and HIV testing – so that cost is never a barrier to needed care.

Historically, Title X funding in New York has been granted to two entities, New York State Department of Health and Public Health Solutions, a nonprofit organization working to improve health outcomes in New York City by providing direct services and supporting community-based health organizations. In 2017, 50 subgrantee agencies used Title X funding to serve more than 311,000 patients across New York State – sixty seven percent of whom fall below 101% of the federal poverty level.¹ For decades, Title X has served as a programmatic foundation, and important fiscal support of the state's Family Planning Grant – comprising about 19% of grant funds overall. Simply, Title X plays a vital role in our efforts to provide care and coverage to all who need it. Without it, we risk destabilizing a needed and relied upon provider network, and affordable access to primary and preventive reproductive and sexual health care around the state.

Unfortunately, that risk is very much a reality, both here in New York and across the country. Last year, the Trump-Pence administration finalized an unethical rule, designed to fundamentally alter and by extension functionally undermine this 50-year old program. This "gag rule" compromises care by imposing coercive counseling standards for pregnant patients, prohibiting referrals for abortion care, and levying insidious cost-prohibitive physical and financial separation requirements on Title X providers who also provide abortion related services.² Despite ongoing litigation efforts, the rule went into effect on July 14, 2019.

These dangerous new provisions consequently forced longstanding Title X grantees and providers out of the program, including the New York State Department of Health and Public Health Solutions.

The loss of this funding has the real potential of threatening providers' ability to continue delivering high-quality, affordable, unbiased reproductive health care to all who need it. Together, New York State's family planning provider network was facing a total loss of over \$14,000,000 as a result of the federal government's gag rule. Recognizing the value of the Title X program and the federal threats it faces, the Executive and Legislature took the necessary steps to create a contingency fund

¹ National Family Planning and Reproductive Health Association. 2018. The Title X Family Planning Program in New York. <https://www.nationalfamilyplanning.org/file/impact-maps-2017/NY.pdf>

² Rachel Benson Gold and Lauren Cross. 2019. "The Title X Gag Rule Is Wreaking Havoc—Just as Trump Intended." *Guttmacher Institute*. <https://www.guttmacher.org/article/2019/08/title-x-gag-rule-wreaking-havoc-just-trump-intended>

in the amount of \$16 million in the FY20 budget. This action restored necessary funding to the 50 subrecipient providers in New York, but it will expire on March 31, 2020.

PPESA strongly supports the inclusion of an additional \$14.2 million dollars in the proposed Executive Budget to restore the loss of Title X funds for the subgrantees of the Department of Health and Public Health Solutions. In many cases Title X clinics serve as an entry point to the healthcare system. New York State must step in and preserve access to care.

Further, years of stagnant state investment in the Family Planning Grant places these safety-net providers in a precarious position. Limited financial resources and the rising cost of delivering care consistently challenge family planning providers as they seek to attract and retain clinicians in a competitive marketplace, expand their services to meet community need and engage hard to reach populations in need of care. Simply put, they are consistently driven to do more with less resources to do so, and the impact hits some of the most vulnerable in our state, who lack access to care and much needed support services.

With more than half of pregnancies unintended, a concerning increase in sexually transmitted infections, and a disturbingly and disastrously high maternal mortality rate, more can and should be done to improve access to the services provided by reproductive and sexual health care providers. The public health value of investing in family planning is irrefutable. 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.³ Robust family planning programs are a sign of a government that puts sound policy before politics, and New York must continue to stand as a strong example.

We respectfully request that the Legislature advance in their houses a \$1 million dollar add to the state's Family Planning Grant. These additional funds are necessary to preserve the delivery of care as it stands today. This sound investment will aid in our collective vision of healthier communities and individuals who can exercise reproductive autonomy enabling them to explore and achieve their educational, economic, and family aspirations.

Instilling Agency and Power: 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 a unique, multidimensional grant, connecting youth to the care and education they need to lead healthy lives. The program emphasizes comprehensive, evidence-based, age-appropriate sexuality education (CSE), social and emotional development—including healthy relationships—and decreasing disparities in health outcomes for all New York adolescents.⁴

³ Jennifer J. Frost, Adam Sonfield., Mia R. Zolna, and Lawrence B. Finer. 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

⁴ Act for Youth. (n.d.). "The CAPP and PREP Initiatives." Accessed January 23, 2020. http://actforyouth.net/sexual_health/community/capp/

New York ranks in the worst third of the country for unplanned teen pregnancy, and our rates of STIs—especially among teens—are rising at an alarming rate. Three in five new infections in New York State are in teens and young adults, despite this age group representing only 14% of the state’s population, according to the Department of Health.⁵ In 2017, one of every 10 students nationally reported confronting sexual violence in the past year – an experience more common among females (15%) than males.⁶ Youth who identified as gay, lesbian or bisexual were significantly more likely to report sexual violence in the past year (22%).⁷

We need programs and policies that prepare our young people for healthy lives and relationships. Research underscores that comprehensive sex education (CSE) accomplishes these goals, as it lowers rates of unintended teen pregnancy, STIs, sexual violence, and bullying, among other positive impacts on the health and wellbeing of our youth.⁸ Despite this fact, New York has no educational requirement around comprehensive sexuality education, creating an inequitable patchwork of education and resources. In this void, CAPP serves a critical purpose, providing evidence-based programing and connections to care for youth, enabling them to develop skills critical to healthy lives and relationships.

Investing in our youth is investing in our future, which is why effective programs like CAPP are so critical. *Funding for the CAPP program has been flat, since the program was reduced by approximately \$2 million in FY18. 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.*

Further, we look forward to working with the legislature and executive to advance age-appropriate, medically accurate comprehensive sexuality education for grades K-12 in all New York schools. All young people deserve the knowledge, skills, information and resources necessary to make healthy and informed decisions about their bodies. This is foundational education for our youth, and it should be regarded as such.

Continued Efforts to Address Maternal Mortality

In 2019, the legislature and executive took decisive action to implement needed policy and state funding to address the concerning rise in maternal mortality that is disproportionately impacting communities of color. *Despite our progressive policies surrounding access to women’s health care, New York State currently ranks 30th out of 50 states in its maternal death rate.*⁹ *Black women are 3 to*

⁵ New York State Department of Health. (n.d.). Reducing Sexually Transmitted Diseases (STDs) among NYS Young People. Accessed January 29, 2020. https://www.health.ny.gov/statistics/diseases/communicable/std/docs/reducing_std.pdf

⁶ Elizabeth Witwer, Rachel K. Jones, and Laura D. Lindberg. 2018. Sexual Behavior and Contraceptive and Condom Use Among U.S. High School Students, 2013-2017. *Guttmacher Institute*. <https://www.guttmacher.org/report/sexual-behavior-contraceptive-condom-use-us-high-school-students-2013-2017>

⁷ *Ibid.*

⁸ Advocates for Youth. 2009. Comprehensive Sex Education: Research and Results. . <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/fscse.pdf>

⁹ Marilyn Kacica MD, MPH. 2018. Reducing Maternal Mortality & Morbidity Surveillance & Action. Lecture presented at 2018 New York Maternal Mortality Summit. https://nyam.org/media/filer_public/f4/57/f4571d2e-26e6-482f-8387-00f9268c963c/marilyn_kacica_slides.pdf

4 times more likely to be impacted compared to white women; in New York City, that rate hurtles to 12 times.^{10,11}

The Executive Budget appropriates eight million dollars over the next two years to fund initiatives aimed at curbing these unacceptable rates of maternal mortality and morbidity and the disparities that are far too prevalent. *PPESA strongly supports the continuation of this funding and efforts to address the systemic causes of the glaring inequities within our maternal health system.* It is estimated that 60% of pregnancy related deaths are preventable,¹² and we have a moral obligation to do everything in our power to keep them from happening.

Preserving the Vision and Promise of the State’s Medicaid Program

Access to health care is a human right. For decades, our state has been a national leader in building a robust Medicaid program to meet the needs present in our communities, enabling access to coverage and care for millions of low-income New Yorkers. As we confront the fiscal challenges facing the program, we must ensure that we hold at the center of the discussion the needs of those enrolled in the program, and the providers who care for them.

Past efforts to reform the system have often failed to sufficiently engage the voices of consumers, and community-based providers. Their voices can bring to light innovative opportunities to strengthen the quality and sustainability of the program, ensuring reforms reflect community need, and contemplate the way in which individuals engage in the health care delivery system. While the budget does not appear to contain direct cuts to eligibility or services, we are concerned that the proposal to reconvene the Medicaid Redesign Team with the intention of identifying \$2.5 million in program savings by April 1st, is destined to repeat past failures of system reform – lack of transparency, diminished consumer and provider engagement, and unsustainable success.

We urge the legislature’s full engagement in this process and call for the robust inclusion of consumers and community-based providers in the restitution of the Medicaid Redesign Team.

Reforms must not be shouldered by the low-income New Yorkers who rely on the program for necessary coverage, and the safety-net providers who care for them. Reductions to provider reimbursement have a disproportionate impact on smaller providers that predominately serve low-income, uninsured and underinsured New Yorkers. An open and transparent process that meaningfully engages a diverse array of stakeholders is critical if we are to successfully pursue reforms that reflect the state’s longstanding commitment to a robust and sustainable Medicaid program.

Certificate-of-Need Surcharge

The Executive budget proposes the creation of a 3% surcharge on Article 28 Certificate of Need (CON) construction project applications submitted to the Department of Health (DOH) for

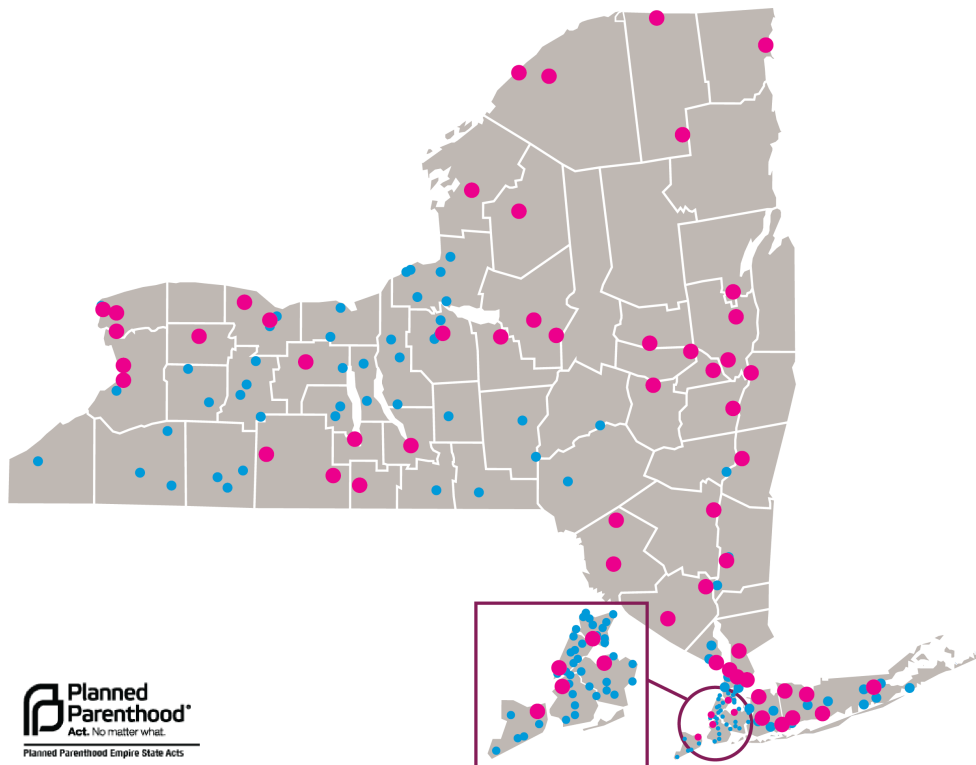
¹⁰ *Ibid.*

¹¹ New York City Department of Health and Mental Hygiene, Bureau of Maternal, Infant and Reproductive Health. 2013. Pregnancy-Related Mortality: New York City 2006-2010. <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report.pdf>

¹² Emily E. Petersen, Nicole L. Davis, David Goodman, et al. 2019. *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017.* Morbidity and Mortality Weekly Report; 68:423–429. https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w#suggestedcitation

approval. *PPESA is deeply concerned about this provision, given the disproportionate impact it could have on the ability of smaller safety-net providers to construct new, or renovate existing, facilities.* For small safety-net providers, CON projects are primarily driven by efforts to provide care more innovatively and efficiently, to expand services to meet an unmet need in their community, or to enter into an underserved community. The CON process is inherently costly, as providers engage architects and other consultants to support the development of plans, and submission of necessary documentation to pursue CON approval. Delays in DOH approval and need for architectural modifications can significantly increase the overall cost of a project. Adding an across the board surcharge of 3%, without regard to the size of the provider, and the population they will serve, is inherently problematic. It will stall or prevent necessary projects from moving forward, challenging the ability of safety-net providers - for whom the state relies on for the critical delivery of primary and preventive care - from meeting community need efficiently and effectively. *Should the proposal for a surcharge move forward, we urge the legislature to include a carve-out for safety-net diagnostic and treatment center providers.*

We thank you for your time today and look forward to working with the Legislature in shaping the SFY 2021 budget.



Family Planning Grant Funded Health Centers as of 2019.

Pink: Planned Parenthood, Blue: Federally Qualified Health Centers, Hospital Based Providers and Stand-alone Providers