

**Testimony of Planned Parenthood Empire State Acts
Submitted to the Joint Legislative Budget Hearing on Health and Medicaid
February 25, 2021**

Planned Parenthood Empire State Acts (PPESA) values the opportunity to submit testimony on the proposed FY2022 Executive Budget. PPESA proudly represents the five Planned Parenthood affiliates who provide primary and preventive sexual and reproductive health care services to more than 200,000 New Yorkers each year.

The impact of COVID-19 has not been felt equally across New York State. The pandemic has illuminated the structural racial injustice built into our economy and our health system, and has exacerbated longstanding inequities caused by racism, sexism, and classism – and most severely for individuals impacted by the intersection of these systems of oppression. The path to recovery must be guided by bold policies and immediate actions which, at the core, redress our failings to truly address systemic inequities. Only with a lens of social, racial and gender justice, are we best positioned to reimagine our future, one that lifts up all New Yorkers, and leads to a more equitable and prosperous state.

It is in this spirit that we offer the following comments and specific requests relating to the proposed 2021-22 Executive Budget.

INCREASED FUNDING FOR FAMILY PLANNING

Funding Request: Maintain the Executive Budget's proposed funding for family planning services and provide a legislative addition to the State's Family Planning Grant of \$1,000,000.

Access to reproductive and sexual health care advances agency and autonomy, improving the health, economic security and over-all wellbeing of individuals, families, and communities. In 2016, it was estimated that roughly 1.2 million low-income New Yorkers needed publicly funded primary reproductive and sexual health care services.¹ This need is deepened by the fact that the pandemic has altered the economic and social realities of people's lives – especially those who were already facing systemic barriers to care.

The gender wage gap and economic inequality existed prior to the COVID-19 pandemic and it is certainly exacerbated by it. Without question, womxn, particularly womxn of color, are disproportionately impacted economically by the pandemic. They make up the majority of those who are risking their health and lives to deliver health care, childcare and other essential services.² They are also exiting the workforce at a greater rate – in December alone, 100% of job losses reported were

¹ Jennifer J. Frost et al., *Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact*, 2016, (Guttmacher Institute, October 2019), <https://www.guttmacher.org/report/publicly-supported-FP-services-US-2016>.

² Jasmine Tucker and Claire Ewing-Nelson, Fact Sheet: "COVID-19 Is Making Women's Economic Situation Even Worse," *National Women's Law Center* (September 2020), <https://nwlc.org/wp-content/uploads/2020/09/PulsedataFS-1.pdf>.

womxn's jobs.³ They are bearing the brunt of an underinvested and undervalued childcare system, and the challenging nature of school closures or virtual learning needs. Due to the COVID-19 pandemic, more than 40% of womxn reported they changed their plans about when to have children and how many children to have.⁴

A lack of access to affordable contraception and primary and preventive reproductive health care impacts the ability of one to shape their future in ways that fundamentally impact their health and economic security. For many, reproductive health care providers are an entry point into the health care system, and a primary source of care.⁵ The State's Family Planning Grant plays a critical role in providing access to affordable birth control, testing and treatment for sexually transmitted infections, and other preventive health care services to tens of thousands of New Yorkers across the state. Providers offer services on a sliding fee scale, ensuring cost is never a barrier to quality care. Without funding for this program access to affordable care will be diminished.

We all want to live in a state that leads with compassion and puts everyone's health, safety, and real-life needs first. As we navigate pandemic recovery, access to sexual and reproductive health care services will help individuals be healthy and thrive. The only way these services will remain available to all is to maintain our state's longstanding investment in this program. Now more than ever, New Yorkers are counting on bold leadership from our state, one that reflects our shared vision for health, equity and justice for all. *PPESA strongly supports funding for the Family Planning Grant contained in the proposed Executive Budget, and respectfully requests a legislative increase of \$1,000,000 to maintain vital access to services in communities across the state.*

Telehealth Coverage and Access

The COVID-19 pandemic has accelerated widespread adoption and utilization of telehealth - forever changing the way we access care. Much of this growth was possible because of federal and state actions that loosened policies that had limited widespread adoption. Despite these important steps, access to care is far from universal. Both urban and rural communities alike face barriers to reliable and affordable internet, and devices to enable virtual connections to health care providers.

New York must pursue policies and investments that break down these barriers, and ensure providers have the ability to sustainably deliver patient-centered virtual care to all who need it. Failure to do so will deepen existing inequities, disproportionately impacting communities who have for far too long faced systemic barriers to care that have threatened their health and well-being.

While we are supportive of the proposal in the Executive Budget to simplify the definition of originating site, we must go further in enacting measures that value adoption, support utilization and enable innovation, to ensure broader access to and coverage of telehealth services. We call upon the legislature and executive to advance statute changes that will:

³ Claire Ewing-Nelson, Fact Sheet: "All of the Jobs Lost in December Were Women's Jobs," *National Women's Law Center* (January 2021), <https://nwlrc.org/wp-content/uploads/2021/01/December-Jobs-Day.pdf>.

⁴ Laura D. Lindberg et al., *Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences*, (Guttmacher Institute, June 2020), <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>.

⁵ Jennifer J. Frost, *Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995-2010*, (Guttmacher Institute, May 2013), <https://www.guttmacher.org/report/us-womens-use-sexual-and-reproductive-health-services-trends-sources-care-and-factors>.

- **Ensure true payment parity:** To be a sustainable vehicle for access, telehealth services must be reimbursed at the same rate as they would be if service was delivered in-person for Medicaid Fee-for-Service (FFS), Medicaid Managed Care (MMC) and commercial insurance. The infrastructure and supports that enable successful telehealth access also support the delivery of services onsite. To advance patient centered access to care, both virtual and in-person modalities need to be valued and invested in.
- **Expand coverage of telehealth modalities:** Our payment and regulatory framework must be modernized to incorporate innovative mechanisms for the delivery of high-quality, clinically appropriate, patient centered care. We should follow the lead of other states like California and modify the existing definition of “store and forward technology” to enable reimbursement for innovative virtual modalities that increase timely access to care.

We also support efforts in the Executive Budget to make broadband access more affordable; however, affordability is not the only challenge facing New Yorkers. Limitations of the existing broadband infrastructure impede telehealth delivery. It is vital that we have a true understanding of broadband accessibility throughout New York, and a comprehensive plan to address identified gaps. Further we support investment in programs that address technology barriers related to devices and support the evolution and adoption of technologies that facilitate language access within telehealth platforms for all New Yorkers.

Adolescent Pregnancy Prevention Funding

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.⁶

Research underscores the positive impact that comprehensive sex education (CSE) has on the health and wellbeing of our youth, including but not limited to lower rates of unintended teen pregnancy, sexually transmitted infection, sexual violence, and bullying, among other positive impacts.⁷ 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 saw a reduction in FY18 of approximately \$2 million. This program must remain funded at the current level - \$8,505,000 - to ensure these valuable educational services are maintained across the state.*

Further, it is time for New York pass legislation that will require all publicly funded schools to teach age-appropriate, medically accurate comprehensive sexuality education in grades K-12 (S.2584). All young people deserve an inclusive education that provides them with the knowledge and skills necessary to make healthy and informed decisions about their bodies. Without a standard, statewide requirement, inequities in the information and skills young people acquire will persist. This is unacceptable. We must require sex education that meets the needs of all our young people.

⁶ “The CAPP and PREP Initiatives,” Act for Youth, Accessed February 24, 2021. http://actforyouth.net/sexual_health/community/capp/

⁷ Eva S. Goldfarb, Ph.D. and Lisa D. Lieberman, Ph.D., “Three Decades of Research: The Case for Comprehensive Sex Education,” *Journal of Adolescent Health* 68, Issue 1, (January 2021): 13-27, <https://doi.org/10.1016/j.jadohealth.2020.07.036>.

Addressing Maternal Mortality

Over the past few years, the legislature and executive have taken decisive action to implement needed policy and state funding to address the deeply concerning rate of maternal mortality that is disproportionately impacting womxn of color in our state. It is imperative that we continue to build upon this work and implement meaningful efforts to address the systemic causes of the glaring inequities within our maternal health system. To that end we recommend:

- **Continued investment in ACOG District II's Safe Motherhood Initiative (SMI).** Historically, this funding has been established through a legislative add-on of **\$250,000** to support collaboration between ACOG and obstetric teams across the state to develop and implement standardize approaches for managing obstetric emergencies associated with maternal mortality and morbidity.
- **Extending Medicaid coverage from 60-days to 1-year post pregnancy.** According to the CDC, 1 in 3 pregnancy-related deaths occur between one-week and one-year post-pregnancy.⁸ Medicaid covers roughly half of all births in New York,⁹ meaning for many, affordable health care coverage dissipates before the threat of maternal mortality does. One in three womxn experience a disruption in insurance coverage before, during, or after pregnancy, and nearly 60 percent of these disruptions include a period of being uninsured.¹⁰ By extending eligibility for Medicaid to 12 months post-pregnancy, New York can help guarantee continuous coverage while people are still at risk of pregnancy-related complications and death, improving health outcomes for womxn and families. This policy is endorsed by more than 275 national and statewide organizations, including Black Mamas Matter Alliance, the American College of Obstetricians and Gynecologists, and March of Dimes and is recognized as a leading national and state strategy for addressing maternal mortality.¹¹ We urge passage of A.307-a this legislative session.

Preserve the Vision and Promise of the State's Medicaid Program

For decades, our state has been a national leader in building a robust Medicaid program to meet the needs in our communities, enabling access to coverage and care for millions of low-income New Yorkers. Between March and November of 2020, more than 700,000 new enrollees turned to Medicaid for coverage during the economic downturn associated with the COVID-19 pandemic.¹² 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. *This is not the time to make significant shifts in how care is delivered, nor is it the time to burden providers with any reductions in reimbursement, which ultimately have a disproportionate impact on smaller providers that predominately serve low-income, uninsured and underinsured New Yorkers.* Further, we remain

⁸ Emily E. Petersen, MD et al., *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention*, 13 States, 2013–2017, *Morbidity and Mortality Weekly Report* 68 (May 2019): 423–429, <http://dx.doi.org/10.15585/mmwr.mm6818e1>.

⁹ See "Table A-2. Number of Births, by Payer, by State, 2018," in Fact Sheet: "Medicaid's Role in Financing Maternity Care," *Medicaid and CHIP Payment and Access Commission* (January 2020), <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>.

¹⁰ Jamie R. Daw, Katy Backes Kozhimannil, and Lindsay K. Admon, "High Rates Of Perinatal Insurance Churn Persist After The ACA," *Health Affairs Blog*, September 16, 2019, [10.1377/hblog20190913.387157](https://doi.org/10.1377/hblog20190913.387157).

¹¹ Joan Alkter, "Coalition Calls on Secretary Azar to Use Medicaid Waiver Authority to Promote Health Equity," *Say Ahhh! Health Policy Blog*, July 23, 2020, <https://ccf.georgetown.edu/2020/07/23/broad-coalition-calls-on-secretary-azar-to-use-his-medicaid-waiver-authority-to-promote-health-equity-rather-than-perpetuate-structural-racism/>.

¹² "Medicaid Steps Up in Response to the Economic Consequences of the COVID-19 Pandemic," *Medicaid Matters New York* (February 2021), Prepared by Mark King, <https://medicaidmattersny.org/2020-enrollment-data-demonstrates-importance-of-medicaid/>.

concerned by the pending transition of the pharmacy benefit from Medicaid Managed Care to fee-for-service Medicaid, and the disproportionate impact it will have on safety-net Diagnostic and Treatment Centers participating in the 340B program. *We urge the legislature to delay implementation of this proposal, so that impacted providers can continue to work with the state to identify a solution that meets the needs of all parties.*

Improving Access to and Affordability of Coverage

In the past year, the Governor helped expand access to health coverage by extending open enrollment and automatically renewing enrollment for many. *We support the Executive Budget proposal to eliminate monthly premiums within the Essential Plan, promoting coverage for an additional 100,000 eligible New Yorkers.* At the same time, the proposed budget fails to expand eligibility to immigrants who are excluded from coverage due to their immigration status. While the Governor did expand Emergency Medicaid to include testing and treatment for COVID-19, this emergency measure does not address the fact that undocumented New Yorkers remain unable to access comprehensive health coverage. PPESA stands with the Coverage4All campaign in calling for policies that will ensure affordable coverage for all New Yorkers, regardless of immigration status. As a stop-gap measure, New York should allocate \$13 million to create a temporary state-funded Essential Plan for New Yorkers with incomes up to 200% of the federal poverty level who have had COVID-19 and are excluded from health coverage due to their immigration status (A.1585/S.2549). As the state raises new revenue, a portion of new funds should be dedicated to ensuring all low-income undocumented New Yorkers are eligible for the Essential Plan (A.880/S.1572).

Restore Article VI Public Health Matching Funds to New York City

PPESA stands in solidarity with organizations uplifting the harmful impact the proposed rate reduction to Article VI matching funds could have on non-profit service providers in New York City. This is the second cut in three years, the first bringing the rate from 36% to 20% and now proposing a 10% rate in the FY22 Executive Budget. These funds support a broad range of services that are relied on by communities of color, womxn, children, people with disabilities, people with housing needs, immigrants, among many others. *We encourage the legislature to include language that would fully restore funding for New York City's Article VI program in your respective one-house budget documents.*

The Call for Budget Justice

It has been said that a budget is an expression of one's vision and values. Yet for years, we have seen our state budget balanced on the backs of the most vulnerable, and those who provide critical services to them. As the state sets forth on the path to economic recovery, it cannot be business as usual. New York is 44th in the nation in tax fairness.¹³ It is time to enact policies that raise revenue through increased taxes on those with the greatest income and wealth. Further, we must ensure those funds are invested in the communities that have been disproportionately impacted by COVID and decades of economic and racial injustice. This will bring us closer to a vision of equality for all New Yorkers. Planned Parenthood Empire State Acts supports the *Invest in Our New York Act*, and urges advancement of this package of bills during the 2021 legislative session.

¹³ Strong Economy for All, "Budget Justice 2021" Slideshow Presentation, Slide 14, <https://strongforall.org/campaigns/budget-justice-2021/>.