Planned Parenthood Empire State Acts

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Testimony of Planned Parenthood Empire State Acts

Submitted to the Joint Legislative Budget Hearing on Health and Medicaid
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Planned Parenthood Empire State Acts (PPESA) values the opportunity to submit testimony on the proposed FY2023 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.

2022 is expected to be historically devastating for reproductive rights. This spring, the U.S. Supreme Court is set to upend nearly 50 years of precedent,[1] allowing states to further erode or eviscerate access to abortion for tens of millions. Since *Roe v. Wade* was decided in 1973, anti-abortion state legislators across the country have enacted 1,300 abortion restrictions[2] designed to keep abortion inaccessible. These policies include outright bans as well as laws to shut down clinics, restrict insurance coverage, and create obstacles for people seeking abortion care.

New York has long been a beacon of access. We are proud of our state's legacy, and of the efforts that have been made to protect and expand access to reproductive and sexual health care services. If *Roe v. Wade* falls, 26 states are likely or certain to ban abortion,[3] and New York will become more of an access state than it already is.

Yet the perpetual underinvestment in safety-net reproductive and sexual health services, and the providers who deliver them, raises legitimate concerns as to whether New York can meet the moment we are facing: a reality where access to essential reproductive health care services is challenged across the country, placing a greater strain on an already strained provider safety-net here in New York.

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. In 2016, it was estimated that roughly 1.2 million New Yorkers needed publicly-funded primary reproductive and sexual health care services.[4] This need is deepened by the fact that the COVID-19 pandemic has altered the economic and social realities of people's lives – especially those who were already facing systemic barriers to care. Due to the COVID-19 pandemic, 22% of people reported they changed their plans about when to have children and how many children to have.[5] For many, reproductive health care providers are an entry point into the health care system, and a primary source of care.[6]

For people facing poverty, socioeconomic stresses, the impacts of structural racism, and intersecting oppressions, the availability of care from publicly funded health centers is crucial for providing preventive sexual and reproductive services. Public funding for health centers is vital for timely, comprehensive care.[7] Research finds that low-income and uninsured immigrant women are more likely than U.S-born women to rely on publicly funded family planning centers, in part because our government bars many immigrants from health coverage.[8] In order to determine our future for ourselves, we all need access to sexual and reproductive health care. Planned Parenthood and other safety-net providers are proud to serve everyone who needs this care, but the state must step up to adequately fund these services and support the providers who deliver them.

Planned Parenthood Act. No matter what.

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Throughout the COVID pandemic, safety-net sexual and reproductive health care providers have consistently demonstrated tenacity and commitment to serve their patients.[9] To continue meeting the health needs of New Yorkers, providers require more state support.

Investments in Reproductive and Sexual Health Care Services and Providers

Request: Strengthen the investment in programs like the Family Planning Grant and other funding mechanisms to bolster access to care.

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. This funding enables safety-net providers to deliver high quality, affordable sexual reproductive health care to uninsured and underinsured individuals and offer services on a sliding fee scale, ensuring that cost is not a barrier to care. In 2020, 64% of family planning grant patients had an income at or below 100% of the federal poverty level ($17,420 for a family of two and $26,500 for a family of four).[10]

For the past two years, New York stepped up to defend access to care in the face of federal attacks on the Title X program. Because of state support, New York's family planning providers continued to receive needed funding to provide services to 237,265 patients in 2020.[11]

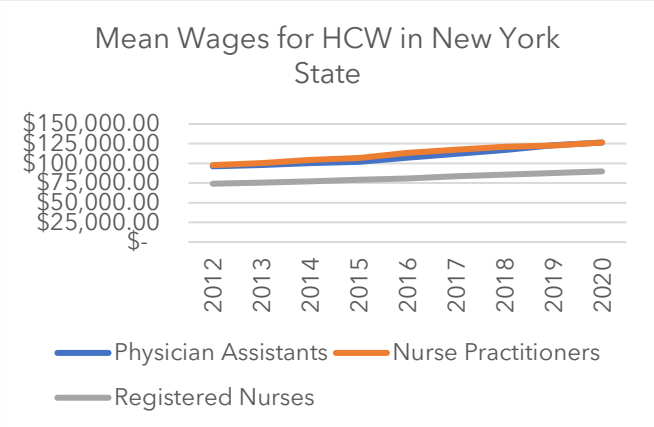
While we are deeply grateful for the state's investment which enabled continuation of services, it is critical to note that the Family Planning Grant has not seen an increase in 10 years, while costs of delivering care steadily rise each year. This fall, the state issued new Family Planning Grant awards in which some providers saw reductions in funding, further exacerbating the existing challenges of having operated for a decade with no funding increase to the program. Further, the elimination of public health grant Cost-of-Living Adjustments (COLAs) in the FY19 budget eliminated an important source of funding for organizations as they sought to recruit and retain staff.

We all want to live in a state that leads with compassion and puts everyone's health, safety, and 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 increase our established investment in this program. ***It is vital that the legislature continue its longstanding investment of nearly a million dollars in the Family Planning Grant, and work with the Executive, Division of Budget and Department of Health to assure that any federal funding that may come to the State through the Federal Title X program moving forward is utilized to provide a meaningful increase to awards to existing Family Planning Grantees.***

Further, we urge the Executive and Legislature to explore opportunities to ***allocate additional funding to safety-net reproductive and sexual health care providers to support infrastructure needs and staff recruitment and retention***. While the Executive Budget seeks to significantly invest in the health care provider workforce, these provisions are time limited, apply across the board to the health care system, and do not provide targeted relief to smaller safety-net systems, who find it increasingly challenging to compete with larger entities.

Like many small systems, safety-net reproductive and sexual health care providers are experiencing first-hand the challenges of a highly competitive market for health care workers (HCW). Years of stagnant funding and eroding inflationary factors have placed these providers and the patients they serve in a precarious position. As the costs of delivering care continuously increase, and community needs remain, health centers have been forced to do more with less. Difficulties attracting and retaining qualified staff limits access to care by increasing waiting times for appointments, which potentially delays or impedes care that can increase downstream costs, exacerbate existing health disparities, and negatively impact health outcomes.

Over the past decade, while funding has remained stagnant, the cost of salaries for Registered Nurses, Nurse Practitioners, and Physician Assistants have all seen significant increases in New York State.[12] We welcome the recognition present in the Executive Budget of the overall need to provide additional financial resources to support the health care workforce. However, the proposals do not holistically address the persistent challenges of rising costs of care delivery, especially for those smaller systems who are struggling to compete with larger entities that have significantly more resources and who also benefit from various provisions in the Executive Budget around workforce and infrastructure support.



Data source: U.S. Bureau of Labor Statistics, State Occupational Employment and Wage Statistics, https://www.bls.gov/oes/tables.htm.

In order to meet the need present today, and the need that will very likely grow with an evisceration of access to reproductive care in states across the country**, *we encourage the Legislature and Executive to consider additional investments in safety-net diagnostic and treatment centers to support infrastructure needs and their ability to recruit and retain staff, furthering access to primary and preventive care throughout New York.***

Strengthening Insurance Coverage for Abortion

Part R of HMH

Request: Ensure this provision is included in both the one-house budget bills and in the enacted budget.

PPESA applauds the inclusion of language in the Article VII Health and Mental Hygiene legislation that will strengthen access to insurance coverage for abortion by codifying that individual and group private insurers must provide coverage for abortion services without copayments, coinsurance, or annual deductibles, effective January 1, 2023.

For New Yorkers with private insurance governed by the state, the right to abortion coverage relies on 2017 state regulations, which require coverage of "medically necessary" abortions. However, for the purposes of private insurance, the Department of Financial Services narrowly defines "medically necessary" as abortions only in cases of "rape, incest or fetal malformation."[13]

Everyone needs the ability to make decisions about their health, lives, and futures. Imposing artificial distinctions based on the reason someone is seeking care creates barriers to care,

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stigmatizes people seeking abortions, and discriminates against patients based on how they became pregnant and why they are seeking abortion. Whether a person decides to end or continue a pregnancy, it is imperative that they have access to quality, affordable medical care. As a basic matter of equity, all New Yorkers should have access to affordable pregnancy related care, including abortion care. ***We encourage the legislature to include this important provision in their one-house budget bills and ensure its inclusion in the enacted budget.***

Extending Coverage 12-months Post-pregnancy

Part S of HMH

Request: Ensure the one-house budget bills and enacted budget expand Medicaid coverage from 60-days to one year post pregnancy, and that the coverage includes immigrant women.

The Executive Budget proposes working with the federal government to provide year-long Medicaid coverage for individuals post-pregnancy, rather than the current eligibility cutoff at 60 days. Considering 24 percent of pregnancy-related deaths occur between 43 and 365 days postpartum, a 60-day coverage period is inadequate, leaving some without affordable coverage during a medically vulnerable time of their lives.[14,15] According to the CDC, 1 in 3 pregnancy-related deaths occur between one-week and one-year post-pregnancy. In fact, people are more likely to die of pregnancy-related conditions in the weeks following birth than during pregnancy or delivery.[16]

In New York, 62% of those enrolled in Medicaid based on pregnancy eligibility maintain Medicaid coverage for 12 months after the end of their pregnancy.[17] However, the other 38% of people enrolled in Medicaid based on pregnancy eligibility either lose coverage or are forced to transition to another coverage option. **This is unacceptable.** In the past twenty years, the number of maternal mortalities has increased in our state.[18] Across the country, the risk of pregnancy-related death for Black women is more than three times[19] that of white women,[20] and in New York City, that rate hurtles to twelve times[21] – a glaring and disturbing disparity underscoring the role of racism[22] and implicit bias, as well as a lack of access to high quality health care.[23] Several studies have shown links between experiencing interpersonal racism and adverse birth outcomes, and the way in which the toxic stress of racism harms a person's health.[24,25,26] Structural racism has increased barriers to affordable health care, including timely prenatal care[27] and mental health care.[28]

Research finds that disruptions in health coverage are connected with health consequences,[29] and that extending coverage improves health outcomes.[30] One full year of insurance coverage is necessary to facilitate follow-up care, particularly for women with chronic health conditions and women experiencing perinatal depression. We strongly advocate for continuous Medicaid coverage for one-year post-pregnancy because it simplifies the pathway for this coverage and prevents people from churning between insurance coverage mechanisms. Ensuring 12 months of continuous Medicaid coverage post-pregnancy is a widely recognized policy for reducing maternal mortality, and 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; the National Birth Equity Collaborative; the Black Reproductive Justice Policy Agenda; and the NYS Expert Panel on Postpartum Care – the top recommendation of which was to ensure "all birthing people have seamless health insurance coverage without disruption or delay for one full year after giving birth."[31]

Recognizing the importance of this coverage, the American Rescue Plan Act of 2021 allows states to extend continuous, comprehensive health coverage to 1-year after the end of pregnancy. Beginning in April 2022, the federal government has created a streamlined process for states to extend their existing coverage options 1-year, rather than the current cutoff at 60 days. States across the country are already taking action.

In the past few months, among several other states, Illinois received CMS approval to expand full Medicaid coverage from 60 days to 12 months; Washington enacted a law to extend Medicaid postpartum coverage to 12 months; Massachusetts requested CMS approval to extend postpartum coverage to 12 months and authorize postpartum coverage for members not otherwise eligible due to immigration status; and New Jersey received approval for an 1115 waiver that extends post-pregnancy coverage.

While we were pleased to see the Executive Budget take steps to expand Medicaid coverage post-pregnancy, the proposed language unfortunately and intentionally excludes coverage for immigrant women. **Excluding immigrant women from the coverage expansion in the Medicaid for Pregnant Women program is unacceptable and takes us further from a vision of health equity**. Decades ago, New York led the legal fight to maintain Medicaid coverage for pregnant women in *Lewis v. Grinker*. And when the State ultimately lost its battle in the courts, the 2001 legislature stepped in to ensure that immigrant women maintain state-only funded coverage through 60 days post-partum. This legacy must be the foundation that we build upon to advance this vital post-pregnancy coverage to all in the program.

We urge the legislature to include language similar to S.1411A/A.307A in their one house budget bills with sufficient funding, to reflect a coverage expansion that includes all individuals currently eligible for the program, including immigrants.

Adolescent Pregnancy Prevention Funding

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.

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, social and emotional development—including healthy relationships—and decreasing disparities in health outcomes for all New York adolescents.[32] 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.[33] Investing in our youth is investing in our future, which is why effective programs like CAPP are so critical.

Strengthening Telehealth Coverage and Access

Part V of HMH

Evolving technology has changed the way patients can access health care, and the rapid expansion of telehealth during the COVID-19 crisis demonstrated the many benefits of remote access to care. For sexual and reproductive health services in particular, telehealth technologies

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can connect patients to providers to address what are often critical time-sensitive needs. New York must pursue policies and investments that break down barriers to care and ensure providers can sustainably deliver patient-centered care to all who need it both virtually and in-person. ***For this reason, PPESA supports the proposal to establish reimbursement parity between telehealth appointments and in-person appointments, effective immediately.***

Repeal the Medicaid Global Spending Cap

Part H of HMH

As a member of Medicaid Matters New York, PPESA supports the full repeal of the Medicaid global spending cap. Despite making positive structural changes, the proposed budget retains a spending cap. Historically, the global cap was put into place in 2011, set as an arbitrary limit imposed on New York's Medicaid program. Millions of New Yorkers are served by Medicaid, a program intended to facilitate access to care. Medicaid spending and Medicaid growth is not a problem – it is a program intended to support those who need it and enables access to care for the millions of New Yorkers it serves. As a result of the COVID pandemic, more than 820,000 people newly enrolled in Medicaid. Our state should be investing in the Medicaid program, giving New Yorkers a safety net that they can depend on when they need care. Consequently, PPESA supports the ultimate elimination of the Medicaid global cap, which has been used to justify cuts outside of the budget process to the Medicaid program.

Improving Affordability of and Access to Coverage

Request: The legislature should include $345M for #Coverage4All in the one house state budgets.

In New York, 154,000 low-income New Yorkers are denied access to affordable health insurance due to their immigration status. More than 8,200 New Yorkers died from COVID-19 because they lacked health insurance,[34] and the #Coverage4All campaign estimates that at least 2,050 of these individuals were undocumented. New York is behind other states—such as California, Minnesota, and Illinois—which are taking bold steps to invest in the health of their immigrant residents through the creation of state-funded programs. The NYS legislature must invest $345,000,000 to cover 46,000 immigrant New Yorkers so that everyone can seek the care they need when they need it.

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New York must meet this moment. As people manage their day-to-day lives in an ongoing pandemic, they must be able to rely on the fact they can continue to access publicly-funded, quality sexual and reproductive health services in their community.

A meaningful investment in provider's ability to deliver care, and policies that advance access is critical. Now more than ever, New Yorkers are counting on bold leadership from our state, reflecting our shared vision for health, equity and justice for all. We are proud to be in partnership with you as we tirelessly endeavor to make this vision a reality.

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