Planned Parenthood
Act. No matter what.

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Planned Parenthood Empire State Acts

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 FY2024 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 individuals each year.

In June of 2022, the Supreme Court ended our federal constitutional right to abortion, stripping millions of their reproductive freedom. This draconian action has left in its wake chaos, confusion, and devastating hardship, leaving one third of people with the capacity for pregnancy living in states where abortion is now banned or severely restricted. Since the Dobbs decision, at least 66 clinics in this country have stopped providing abortion care, and 26 have shut down entirely.[1] Those in need of abortion living in states that have banned or severely restricted this essential care face significant access barriers - such as the need to travel hundreds of miles or pay hundreds of dollars out-of-pocket - that for many pushes care out of reach. The consequences of being denied care are well documented and far reaching[2], and fall hardest on those who are already struggling under the weight of systems and policies that perpetuate racial and economic injustice. [3]

While we contend with the devastating impact of losing Roe, we must also grapple with the reality that the right to abortion has never ensured access. Roe created a vital floor – affirming a basic fundamental right to bodily autonomy and self-determination, but for far too many it was a hollow promise. Decades of tenacious efforts by anti-abortion policy makers led to the enactment of over 1330 abortion restrictions since the landmark decision in 1973.[4] Restrictions that deterred, delayed and denied many from exercising that constitutional right. Restrictions built upon and operating within our country's legacy of racism and discrimination, and thus disproportionately impact Black, Latino, Indigenous and other people of color, young people, disabled people, and low-income people. Even in states – like New York - where the right to abortion was protected – individuals face challenges accessing the care they need and have a right to obtain. And the threats to access are unrelenting. Anti-abortion advocates and politicians continue to call for a nationwide ban on abortion, despite widespread opposition. A lawsuit in federal court in Texas could result in a devastating nationwide ban on one of the two medications used in medication abortion — even in states where abortion is protected. Medication abortion is a method of abortion used for more than half of all abortions in the U.S. and study after study has found this method to be an exceedingly safe and effective way to end a pregnancy.

New York has a proud legacy of forging ahead when others are trying to take us backwards. We legalized abortion three years prior to the decision in Roe, and in the wake of that action have continued to advance critical measures that further protect and advance access to care. In this pivotal moment in the fight for reproductive freedom we must continue to respond in bold and innovative ways, building a system of policies and care that is anchored in equity – where everyone who needs an abortion can truly access it. While a proactive policy environment is important, it is no longer enough on its own, there must be a significant financial investment in access to care.

It is through that framework that we urge the legislature and Executive to center and the following in the FY24 Enacted budget.

Request: Ensure Medicaid Reimbursement Increases for Key Reproductive and Sexual Health Care Services.

If we are to be a true access state, New York must ensure providers are adequately reimbursed for the care they provide. A decade of stagnant Medicaid reimbursement and eroding inflation factors mean providers are significantly under reimbursed compared to what it costs them to deliver care today. Other access states, like California, Oregon and Illinois have all recently increased reimbursement for reproductive and sexual health care services – either through a rate increase or supplemental payments on key abortion and reproductive health care services. Rate increases for these services will strengthen the ability of providers to increase access to sexual and reproductive health care services across the state. Providers have not seen a meaningful rate increase since 2012, and lose hundreds of dollars every time they provide abortion care to a patient with Medicaid.

We understand that the Governor's proposed budget includes increased Medicaid funding for sexual and reproductive health care services. However, at this time, the Executive and the Division of Budget have not articulated how this funding will impact reimbursement rates to providers and which specific services will see an increase. *We underscore that a holistic investment in all abortion and family planning services is needed to help ensure that New York's sexual and reproductive health care providers can meet this crucial moment.* Increasing Medicaid reimbursement will provide much needed sustained funding, as providers invest in their infrastructure to grow capacity to meet the need for care in their communities. *Therefore, we are requesting that the Enacted Budget include increased reimbursement for medication abortion, procedural abortion and family planning services.*

Medication Abortion. Since the approval of mifepristone, one of the drugs used in medication abortion, in 2001, medication abortion has grown to account for over 54% of abortions nationally. In New York, over 60% of the abortions provided by Planned Parenthood affiliates are medication abortions—and we anticipate that this number will continue to grow.

The New York State Medicaid program currently reimburses diagnostic and treatment centers ("D&TCs") for medication abortion (MAB) using an evaluation and management ("E/M") visit, as well as the medication, which is reimbursed at cost, and any ancillary services rendered, such as ultrasounds, separately. Providers are currently reimbursed $170.71 in the Downstate region and $143.06 in the Upstate region for the E/M codes associated with MAB. Ultrasounds are reimbursed at $118.75 in the Downstate region and $99.51 in Upstate.

Over the past several years, many states have raised Medicaid rates for abortion services, recognizing the need for intentional investment in the face of sustained attacks on abortion access. As a result, New York's reimbursement levels are out of alignment with other access states. For example, Illinois, California, Connecticut, and Vermont all reimburse MAB services[5] at the following rates:

MAB Medicaid Reimbursement[6]	
Illinois	$558 *(estimated rate based on a recently announced 20% rate increase)*[7],[8]
California	$536.00[9]
Connecticut	$469.55[10]
Vermont	$543.00[11]

Moreover, the current reimbursement rates are insufficient to cover provider costs. The average cost of an office visit for a MAB across several affiliates operating in Upstate was $371.35 and the average cost of an ultrasound was $159.67– hundreds of dollars below the current level of reimbursement paid to providers by the Medicaid program.

As providers continue to face significant challenges in delivering care–both as a result of rising costs and because of continued attacks on abortion access–an investment in Medicaid rates for MAB are necessary to ensure that providers can continue to deliver this essential health care service. *As a result, we are requesting that the Legislature act to ensure a rate increase for MAB to no less than $550 is included in the FY24 Enacted Budget.*

Procedural Abortion. Rate increases are similarly needed to ensure that providers are being adequately reimbursed for procedural abortion services. The New York State Medicaid program currently reimburses D&TCs $708.04 for in-clinic abortion care in the Downstate region and $593.36 in the Upstate region. These rates are far below the levels of reimbursement provided by other access states and fail to make providers whole for the costs associated with delivering this care.

Similar to medication abortion, access states that have recently moved to increase reimbursement to support increased access to procedural abortion care. For example, Illinois currently reimburses $660 for a first trimester abortion and $1600 for a second trimester–both of which were recently increased by 20%, bringing reimbursement up to approximately $792 for first trimester abortions and $1920 for second trimester abortions. Similarly, in Oregon, with the facility fee, reimbursement for procedural abortion is more than $1000.

In order to ensure that providers are adequately reimbursed for this essential health care service, we are requesting that the Enacted Budget increase rates for first trimester abortion care to no less than $1,000 and second trimester abortion care to no less than $1,300.

Family Planning Services. As discussed, the New York Medicaid program's reimbursement of family planning services has remained static, despite significant increases in the cost of delivering care during that period.

California is a strong example of a state that has made significant investments in the delivery of family planning through their Medicaid Program.[12] California's Medicaid program reimburses long-acting reversible contraception ("LARC"), Depo-provera, emergency contraception and sterilization services at a significantly higher rate than New York. For example, California pays in excess of $2,000 for IUDs and over $800 for insertion, while New York reimburses providers at cost for the IUD and between approximately $250 and $300 for insertion.

Rate increases for these services will strengthen the ability of providers to increase access to SRH services across the state, while requiring a relatively small increase in State expenditures as family planning services receive 90% federal financial participation.

PPESA is requesting that the FY24 Budget include a 30% increase in reimbursement for all family planning services in order to reflect the rising costs of delivering care.

Request: Ensure $25M in Grant Funding for Abortion Providers and $1M to for Abortion Funds to Increase Access.

Prior to the Governor's commitment to invest $35m in access and security funding for abortion providers this past summer, there had been no intentional investment in abortion access. This reality coupled with insufficient Medicaid reimbursement and rising costs of delivering care, has throttled the ability of providers to grow their capacity to meet present need, and invest in their infrastructure to enhance their delivery of care. As we face the mounting pressures of access to abortion care drastically dwindling across the country, continued grant investment is paramount to addressing the challenges of uncompensated care, provider training and capacity, facility and equipment enhancements, enhanced security, and the need for practical support to ensure access to care for all. Unfortunately, the stark reality of millions losing access to abortion care is not just a crisis of today, but will be a crisis we are facing for years to come.

The FY24 Budget must include the $25 million dollar investment proposed by the Governor to continue these critical grant funds. We believe that this funding should allow the utmost flexibility to providers to utilize the funds in ways that assure they can meet the moment and adjust to a drastically shifting national landscape. This funding should also be used to support abortion access work within the Department of Health to effectively advance the State's vision of expanding access to care for all who need it. Further, we ask that the Legislature include an additional $1 million to be directed to organizations addressing the practical support needs of people seeking abortion care in New York.

Request: Continue the $1 Million Legislative Add for the Family Planning Grant.

The Family Planning Grant facilitates access to a range of critical primary preventative and reproductive health care services, such as affordable birth control, testing and treatment for sexually transmitted diseases, and counseling that is essential to reproductive health. This grant is an essential component to addressing the financial barriers to accessing care across New York.

In 2022, the legislature took action to provide an additional $1 million to the Family Planning Grant, a continuation of its longstanding commitment to the program. We are deeply grateful for this important investment in supporting providers to meet the needs of uninsured and underinsured New Yorkers. However, it is vital the legislature renews this investment in order to keep this program funded at FY23 levels. *We respectfully request the legislature once again include an additional $1 million appropriation to the Family Planning Grant.*

Additional Budget Considerations

We also request that the Legislature consider the following in the Enacted Budget:

- **Access to Medication Abortion on College Campuses.** The Executive Budget includes a requirement for all SUNY and CUNY colleges to offer on campus or make referrals to community providers for medication abortion services. PPESA believes that this proposal will increase access to this essential health care service. However, in order to ensure that this proposal is meaningfully implemented, we encourage the Legislature to ensure that funding is provided to SUNY and CUNY campuses and to include standards to make certain that, if schools choose to refer to community providers, these referrals are done in a way that supports students and ensures access.
- **Temporary Permits for Out-of-State Medical Professionals.** The Executive Budget includes a proposal that would allow "high need" medical professionals licensed in another state to gain temporary permits to practice while their application for New York State licensure is considered. PPESA supports this proposal and has advanced a similar proposal that would allow for provisional licensure of reproductive health care providers that are licensed in another state and are seeking licensure in New York. Given that a number of states have limited or banned abortion and patients are traveling to access states, like New York, to receive care, we ask that the Legislature support this proposal and include language that would ensure reproductive health care providers are able to take advantage of this process.
- **DOH Oversight of the Medical Professions.** The Executive Budget proposes to transfer oversight of medical professionals from the State Education Department to DOH. PPESA supports this proposal, as we believe that DOH is better positioned to oversee licensure of health care professionals.

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Please contact Georgana Hanson, Interim President and CEO of PPESA (georgana.hanson@ppesacts.org) or Kristen Dart, Vice President of Political Affairs (kristen.dart@ppesacts.org) with any questions about this testimony.

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[1] Kirstein, M, & Guttmacher Institute. (2022, October 6). *100 Days Post-Roe: At Least 66 Clinics Across 15 US States Have Stopped Offering Care.* Guttmacher Institute. Retrieved February 17, 2023, from https://www.guttmacher.org/2022/10/100-days-post-roe-least-66-clinics-across-15-us-states-have-stopped-offering-abortion-care

[2] *The harms of denying a woman a wanted abortion - ANSIRH.* (n.d.). Retrieved February 17, 2023, from https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf

[3] Fuentes, L., & Guttmacher Institute. (2023, January 25). *Inequity in US abortion rights and access: The end of roe is deepening existing divides.* Guttmacher Institute. Retrieved February 17, 2023, from https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides

[4] Nash, E., & Guttmacher Institute. (2023, February 8). *State policy trends 2021: The Worst Year for abortion rights in almost half a century.* Guttmacher Institute. Retrieved February 17, 2023, from https://www.guttmacher.org/article/2021/12/state-policy-trends-2021-worst-year-abortion-rights-almost-half-century#:~:text=Abortion%20Bans%20and%20Restrictions,in%20the%20past%20decade%20alone.

[5] We note that these states all reimburse MAB using a bundled payment that includes the provider visit and any ancillary services, such as an ultrasound.

[6] Please note, listed are publicly available rates that may slightly vary from the exact rates issued to providers.

[7] Illinois Department of Healthcare and Family Services. (Updated August 25, 2022). *Practitioner Fee Schedule.* Retrieved February 17, 2023, from https://www2.illinois.gov/hfs/SiteCollectionDocuments/08252022PractitionerFeeScheduleEffective07012022Final.pdf

[8] Office of Governor JB Pritzker. (August 4, 2022). *Gov. Pritzker Announces Medicaid Reimbursement Increases and Expanded Title X Funds for Reproductive Health Care Providers.* Retrieved February 17, 2023, from https://www2.illinois.gov/hfs/SiteCollectionDocuments/GovernorPritzkerAnnouncesMedicaidReimbursementIncreasesForReproductiveHealthCareProviders.pdf

[9] California Department of Health Care Services. Medi-Cal Providers. (February 15, 2023). *Medi-Cal Rates Information.* Retrieved February 17, 2023, from https://files.medi-cal.ca.gov/Rates/rates_information.aspx?num=25&first=L6905&last=V2300

[10] Connecticut Department of Social Services. *Provider Fee Schedule.* Retrieved February 17, 2023, from https://www.ctdssmap.com/CTPortal/Provider/Provider-Fee-Schedule-Download

[11] Vermont Medicaid Portal. (Updated 2023, February 10). *Fee Schedule – HCPCS Codes*. Retrieved February 17, 2023, from http://www.vtmedicaid.com/#/feeSchedule/hcpcs

[12] Durham, D. State of California-Health and Human Services Agency: Department of Health Care Services. (2022, June 23) *All Plan Letter 22-011* Retrieved February 17, 2023, from https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-011.pdf