



Planned Parenthood of Southern New England

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Testimony of Planned Parenthood of Southern New England

in support of Department of Public Health Family Planning Funding

H.B. No. 5005 An Act Adjusting the State Budget for the Biennium Ending June 30, 2021

February 21, 2020

Senator Osten, Representative Walker and honorable members of the Appropriations Committee, my name is Gretchen Raffa, Director of Public Policy & Advocacy at Planned Parenthood of Southern New England (PPSNE) testifying in strong support of family planning funding allocated in the Department of Public Health in *H.B. 5005 An Act Adjusting the State Budget for the Biennium Ending June 30, 2021*. As the state's largest provider of family planning and sexual and reproductive health care to over 68,000 patients every year at 16 health centers across the state, Planned Parenthood believes all people should have access to quality, affordable health care — regardless of who you are, where you live, your income or whether you have health insurance.

We are gratified to see the demonstrated commitment from Governor Lamont, his administration and our elected leaders to support \$1.2 million in funding for continued access to preventive reproductive health care for the people of Connecticut who already struggle to get the care they need. We thank the Governor for prioritizing this in your budget.

In August 2019, PPSNE—along with every other Planned Parenthood affiliate in the United States—was forced out of the federal Title X Family Planning programⁱ, after having served as the Connecticut grantee since the program's inception nearly 50 years ago. PPSNE received \$2.1 million a year in federal Title X before ending participating as of July 15, 2019.

Established in 1970, the Title X Family Planning program, administered by the U.S. Department of Health and Human Services, Office of Population Affairs (OPA), is the only federal program dedicated solely to supporting the delivery of family planning and related preventive health care. Title X provides sexual and reproductive health care to people with low incomes, including those who couldn't otherwise afford health care services on their own. The basic primary and preventive health care services provided by Title X include: wellness exams, lifesaving cervical and breast cancer screenings, birth control, contraception education, testing and treatment for sexually transmitted diseases (STDs) and HIV testing. Title X income eligibility guidelines classify patients whose income is under 250% of Federal Poverty Level (FPL) (\$31,225) as eligible for reduced-fee services which allows us to provide services on a sliding fee schedule. Patients whose income is under 100% of FPL are eligible for free services. The Title X program has received bipartisan support from Congress since its inception until now.

The Trump-Pence Administration implemented a [new set of rules](#), known as the domestic “Gag Rule”, on Title Xⁱⁱ providers that would have prohibited PPSNE from providing high quality, medically accurate care to patients. The “Gag Rule” disregards patients' wishes and medical professionals' knowledge and undermines the patient-provider relationship. The “Gag Rule” prohibits anyone receiving Title X funds from telling patients how and where to access abortion; essentially, it forces health care providers to lie and mislead patients about their care. This harmful, medically unethical practice eliminates the guarantee that pregnant patients receive factual and nondirective counseling on all their legal health care options. This rule demands health care facilities providing abortions institute unnecessary and exorbitantly cost-prohibitive “physical separation” requirements.

This rule includes language specifically designed to block patients from coming to Planned Parenthood. Planned Parenthood health centers serve 41 percent of the 4 million patients who receive care through Title X health centers every year across this country and more than 41,000 patients at PPSNE. However, the rule does not solely impact Planned Parenthood. The rule impacts any health care provider who participates in the Title X program: from community health centers like Fair Haven Community Health Center, who used to be a sub grantee of ours for Title X, to hospitals. It is also clear that the administration is trying to replace well-established clinical practices, ethical guidelines, and the provider-patient relationship with political ideology.

Major provider associations including the [American Medical Association](#)ⁱⁱⁱ, [American Nurses Association](#)^{iv}, [National Association of Community Health Centers](#)^v, [American Academy of Pediatrics](#)^{vi}, [ACOG](#)^{vii}, [the National Medical Association](#)^{viii}, the [National Hispanic Medical Association](#)^{ix}, and more oppose the rule because it destroys the patient-provider relationship, intrudes in a provider's practice, and undermines quality patient care.

Title X offers preventive health care to those who are most in need, and it has significant results. The public investment in family planning programs and providers not only helps people avoid unintended pregnancy it gives people more control over if and when they have children and allows them to have more control over their lives — including their health, careers, and economic security. Title X has undoubtedly saved lives with early detection of cancer through Pap tests and breast exams, and helps people screen for sexual transmitted disease (STDs) and HIV and avert a host of other health issues. In 2016, Connecticut women who obtained publicly supported contraceptives care and supplies from Title X providers were able to postpone or avoid 7,420 unintended pregnancies and 2,510 abortions.^x The investment of each public dollar in family planning saves \$7.09 within a year.^{xi}

Planned Parenthood plays an indispensable role in providing family planning care in Connecticut. In 2018, PPSNE served 41,096 Title X patients at 11 health centers in Connecticut, accounting for 88% of those served by Title X in the state.

- 86% patients identified as women; 14% identified as men
- 64% were at or below 150% of the federal poverty level (\$18,735)
- 54% of patients identify as people of color – 23% are Black or African American and 23% are Latino/a/x

Planned Parenthood health centers are often the only places that provide uninsured people or people with low incomes the reproductive care they need including a full range of FDA approved contraceptive methods, including IUDs and the birth control shot, and more. Community health centers themselves have stated there is no way they could fill the gap. Although proponents of defunding Planned Parenthood argue that other providers—namely health departments and federally qualified health centers (FQHCs)—would easily be able to fill the overwhelming hole torn in the safety net, evidence suggests otherwise.^{xii}

PPSNE is not planning to close any centers or make significant changes to its sliding fee scale in the short term. However, in the long term, we will need to replace Title X funds if we are to maintain our current level of service to patients who are uninsured or covered by Medicaid. By including \$1.2 million in the DPH budget for family planning services at PPSNE our state will continue its strong commitment to protecting and improving access to women's health care and family planning—and ensure all people have access to preventive care they need--lowering long-term health costs and improving the health and wellbeing of our citizens.

Health care is a human right and PPSNE will fight to ensure every person has access to the high-quality health care services they deserve. We are concerned about the continued inequity in access to health care for residents of our state and barriers they face to health care coverage, the Gag Rule has placed another barrier on our most vulnerable communities. The Title X program fights health care inequity by serving populations that have historically faced significant barriers to care, including people of color, people of low income, LGBTQ+ people, immigrants and people living in rural areas. Without the Title X program, many patients will lose access to health care.

Providing health care is meaningless if people cannot access it. The sexual and reproductive health care that Planned Parenthood health centers provide is not “political”; it has been politicized — and not by us. We will continue to fight for policies that protect the rights of all people to ensure our patients and our communities have what they need to live healthy and self-determined lives. We would also like to encourage the committee to consider enhancing the funding level to \$2.1 million that was lost in Title X funds. We committed to continuing to work with the administration and the General Assembly to put patients over politics and protect access to sexual and reproductive health care and we thank the Lamont Administration for investing in preventive health care for those most in need in our state.

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- ⁱ <https://www.plannedparenthood.org/about-us/newsroom/press-releases/trump-administration-gag-rule-forces-planned-parenthood-out-of-title-x-national-program-for-birth-control-2>
- ⁱⁱ <https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/statutes-and-regulations/index.html>
- ⁱⁱⁱ <https://www.ama-assn.org/press-center/ama-statements/ama-statement-title-x-gag-rule-and-funding-restrictions>
- ^{iv} <https://www.acog.org/About-ACOG/News-Room/Statements/2019/Final-Title-X-Regulation-Disregards-Expert-Opinion-and-Evidence-Based-Practices>
- ^v <http://www.nachc.org/nachc-statement-regarding-new-rules-for-title-x-family-planning-program/>
- ^{vi} <https://www.acog.org/About-ACOG/News-Room/Statements/2019/Final-Title-X-Regulation-Disregards-Expert-Opinion-and-Evidence-Based-Practices>
- ^{vii} <https://www.acog.org/About-ACOG/News-Room/Statements/2019/Final-Title-X-Regulation-Disregards-Expert-Opinion-and-Evidence-Based-Practices>
- ^{viii} <https://www.nmanet.org/news/439803/Trumps-Unethical-and-Dangerous-Gag-Rule-Puts-Health-Care-for-800000-African-Americans-at-Risk.htm>
- ^{ix} <https://www.nhmamd.org/government-affairs/nhma-policy-statements/>
- ^x <https://data.guttmacher.org/states/table?state=CT&topics=92+93+94+96+97+98+114+113&dataset=data>
- ^{xi} <https://www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US>
- ^{xii} <http://healthaffairs.org/blog/2015/09/02/planned-parenthood-community-health-centers-and-womens-health-getting-the-facts-right/>