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Testimony of Planned Parenthood of Southern New England
in support of Senate Bill 1 *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic*
March 17, 2021

Senator Daugherty Abrams, Representative Steinberg, and honorable members of the Public Health Committees, my name is Gretchen Raffa, Senior Director of Public Policy, Advocacy and Organizing at Planned Parenthood of Southern New England (PPSNE) testifying in support of Senate Bill 1 *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic*. As the state's largest provider of family planning and sexual and reproductive health care to nearly 62,000 patients last year at 14 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 if you have health insurance.

Health equity is at the center of Planned Parenthood's mission. Our vision of health equity includes a world where sexual and reproductive rights are basic human rights, where access to health care doesn't depend on who you are or where you live, and where every person has the opportunity to choose their own path to a healthy and meaningful life. We know people's sexual and reproductive health care can't wait—especially during a public health crisis. As our state's health care system was impacted by the emergence of the COVID-19 pandemic, patients in Connecticut were often left with the difficult decision to potentially defer care and treatment. PPSNE has continued to provide telehealth and in-person visits for time-sensitive, essential health services in order to prevent delays and setbacks in care that could impact a person's long-term health for years to come.

We still facing an unprecedented health crisis that has laid bare the vast health disparities in our country, including its disproportionate impact on Black, Indigenous, and other people of color. We know our patients are forced to confront the intersection of these devastating crises – the disproportionate impact of this pandemic, pervasive, systemic racism that leads to racial health disparities and life-threatening health outcomes, economic insecurity, gender inequity, and more. Racism has a public health impact – racism IS a public health crisis.

This pandemic has sent a message loud and clear: people need more access to health care, not less. Reliable access to affordable, comprehensive health care is a human right. Any barrier to care is dangerous and harmful. We know systemic racism presents barriers to health care, whether it's the inability to afford health insurance, lack of access to preventive care or early childhood care, and implicit bias in our health care system where all too often the concerns of patients of color are disrespected and dismissed. To address these problems, we must recognize the impact of racism on public health.

We fully support this bill and would like to highlight the sections of this bill that would directly address and work towards improving the health of women of color. We commend the committee for specifically focusing on pregnancy and postpartum care and maternal mortality and morbidity, including the importance of doula care to improve maternal and child health outcomes.

Section 6 & 7: As health care experts, Planned Parenthood knows racism is a public health crisis. Public health is built on the principle of protecting and improving the health of people and their communities. The country's underinvestment in Black and Latino/a/x communities has led to less access to health care and dramatic health care disparities which have only been amplified during the pandemic. Economic inequality,

structural racism, and public health failures have translated to exponentially higher rates of infection and death from COVID-19 in the Black, Indigenous and Latino/a/x communities.

S.B. 1 is an opportunity for our state to lead the pursuit for racial justice with action. We stand with the Connecticut Campaign to Address Racism as a Public Health Crisis and ask that the following recommendations also be considered in this bill:

- The name of the commission be changed to be reflective of its work i.e. "The Connecticut Commission on Racial Impact and Reconciliation."
- A commitment to 2 members of the proposed commission be persons of color, residing in a major city of Connecticut with an annual income of less than $65,000 creating a total of 12 commission members.
- Expand racial/ethnic data collection to expose disparities in communities.
- A review and reform of the legislative process to improve public accessibility and set in place mechanism to determine the impact of proposed legislation on race.
- Training for OLR and OFA to create racial and ethnic impact assessments.
- Establishing a clear racial equity approach in policies set forth by the executive branch.

Deeply entrenched systemic racism in health care has made it harder for Black women, who are 50% more likely to be uninsured than non-elderly, non-Hispanic white women, to access the quality, unbiased health care services and social support they need to lead healthy lives. These inequities often result in delayed or missed diagnoses, higher rates of STDs/STIs, and increased breast cancer and maternal mortality rates for Black women. This must change.

More than half of Planned Parenthood patients identify as people of color and the majority identify as women. We are the primary source of health care for many of our patients. Recognizing that our patients are often shut out of the health care system, Planned Parenthood or their reproductive health care provider is their entry way into the system. We provide essential sexual and reproductive health care services – including annual exams and lifesaving cervical and breast cancer screenings, which disproportionately impact people of color.

Section 9: Breast health

Both COVID-19 and breast cancer outcomes make clear structural racism's role in increasing barriers to health care for people of color. While breast cancer is one of the most common forms of cancer affecting women of any age, race, or ethnicity, Black women and Latinas face more barriers to getting care and are more likely to be diagnosed at later stages when cancer is less treatable. White women have the highest overall incidence of breast cancer in the U.S., yet — because of structural racism within the health care system, which creates barriers to accessing breast cancer screenings and treatment — Black women die at higher rates. Breast cancer screenings can also be cost-prohibitive to people with low incomes, and for those living in a rural or otherwise medically underserved communities. Those struggling to make ends meet, or who are uninsured, might not be able to afford to get a preventive screening, treatment, or counseling. The costs of taking unpaid time off work, securing childcare, and paying for transportation can also be barriers to care that are too overwhelming to overcome.

Section 10: Defining doula

PPSNE is a proud member of the Doulas for Connecticut coalition led by doulas from across the state. S.B. 1 is significant to doulas in our state as title protection is crucial and provides stronger identity and credibility and prevents misrepresentation of the profession. A doula is a non-medical professional trained in childbirth who provides emotional, physical, and informational support to a person who is expecting, is experiencing labor, or has recently given birth. A doula's purpose is to help people have safe, memorable, and empowering birthing experiences. We respectfully recommend the following: Lines 204-207 reflect a "doula" means a trained, nonmedical professional who provides physical, emotional, and informational support to a pregnant person

before, during, and after birth, in person or virtually. We commend the efforts of the study to determine whether the Department of Public Health should establish a state certification process by which a person can be certified as a state doula to ensure no doula be barred from this process.

Section 11: Training in implicit bias

Research also suggests women of color experience discrimination from their maternal care providers, and their birthing outcomes, particularly among Black women, correlate to their experience of racism. [i] Training providers in offering care that is culturally competent and free of implicit bias is an urgent need in our state especially for those who provide direct care to women who are pregnant or in the postpartum period.

Section 12: Maternal mortality and morbidity

United States has the highest rate of pregnancy- or childbirth-related deaths in the developed world and is also one of only 13 countries in the world where the rate of maternal mortality is now worse than it was 25 years ago.[ii] Approximately 700 women die each year in the United States during and after pregnancy.[iii] Most pregnancy-related deaths are considered preventable. Racial disparities in pregnancy-related deaths show that across all income and education levels, Black women in the U.S. are at higher risk for poor outcomes than white women. Black women are three to four times as likely to die from pregnancy-related causes as their white counterparts, according to the C.D.C. Doulas and the care they provide are one way to improve these outcomes. This is a racial justice issue. Studying racial inequities in maternal mortality and severe maternal morbidity in the state is an important step in reducing these inequities in maternal health.

PPSNE has long fought for a person's right to control their reproductive lives which includes planning their family, having a healthy pregnancy, giving birth to a healthy child and raising their family in safe and healthy environments. We will continue to fight for policies that protect the rights of all people to ensure our patients and communities have what they need to live healthy and self-determined lives. No one's health should be compromised, or health care access denied because of who they are, where they live or their income.

Thank you for raising S.B. 1 bill which will help to address health disparities in our state. While COVID-19 ravages communities of color, it is essential we take every step possible including policy solutions that promote racial and health equity. These solutions for health equity need to consider the social, political, and historical context of race and ethnicity in this country. We urge the Committee and legislature to pass S.B. 1 and take another important step in addressing health inequities and making maternal health a priority in our state. Thank you for your time and consideration of this important legislation.

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[i] Attanasio, Laura MS; Kozhimannil, Katy B. PhD, MPA Patient-reported Communication Quality and Perceived Discrimination in Maternity Care, Medical Care: October 2015 - Volume 53 - Issue 10 - p 863-871 doi: 10.1097/MLR.0000000000000411

[ii] "Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," The Lancet. Only data for 1990, 2000 and 2015 was made available in the journal.

[iii] Center for Disease Control and Prevention. Pregnancy-Related Deaths. Retrieved from: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm