

**Testimony of Planned Parenthood of Southern New England
Governor's Proposed 2022-2023 Budget for Health Agencies**

***H.B. No. 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023,
and Making Appropriations Therefor***
March 2, 2021

Senator Osten, Representative Walker and honorable members of the Appropriations Committee, my name is Amanda Skinner, President and CEO of Planned Parenthood of Southern New England (PPSNE) testifying on *House Bill 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor*. 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.

The family planning funding allocated in the Community Health Services line of the Department of Public Health budget has been essential to help cover the cost of preventive health care for people who are uninsured. Historically PPSNE has had a mix of both federal and state funding to ensure every patient receives the care they need. These grants help support the cost of care for our self-pay patients on a sliding fee scale based on their income and family size. Our sliding fee scale ensures those individuals who lack access to private or public insurance can access the preventive health care they need. We do not turn patients away for inability to pay because we know our patients need affordable health care now.

We came before the committee last session to thank Governor Lamont and our elected leaders for supporting \$1.2 million in additional funding for family planning services. Unfortunately, that budget adjustment was never passed due to COVID-19 abruptly ending session. We again respectfully request an additional \$2.1 million for family planning services to make up for the loss of federal funding when PPSNE was forced out of the Title X program. This increase in funding will ensure continued access to preventive reproductive health care for the people of Connecticut who already struggle to get the care they need. Despite the loss of federal funding, we have continued to provide those services at no or low cost to qualified patients.

Planned Parenthood plays an indispensable role in providing family planning care in Connecticut. In 2018, Planned Parenthood of Southern New England 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
- 54% of patients identify as people of color – 23% are Black or African American and 23% are Latino/a/x

The COVID-19 pandemic has added more financial stress on the organization on top of what we were already facing from the loss of Title X. Last year, we made dramatic reduction of expenses, implemented pay cuts, furloughed over half our staff and temporarily closed nine health centers in April- ultimately closing the Danielson and Old Saybrook health centers permanently - due to the financial hardship. We have been successful in fundraising efforts to meet the immediate need but fundraising for ongoing health care operations expenses is an unsustainable business model for the long term.

For background, 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 program¹, 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. In the past, PPSNE provided Title X funding for two delegate agencies—Cornell Scott-Hill Health Center and Fair Haven Community Health Center—operating 5 sites.

Federal Landscape

As we await federal action, we urge the state to step in with an increase in state funding for essential preventive sexual and reproductive health services.

- The U.S. Supreme Court announced it will review three cases challenging the Trump administration’s Title X gag rule: All three cases would be heard together by the Court with oral arguments not scheduled until next fall.
- President Biden recently issued a Presidential Memorandum directing the U.S. Department of Health and Human Services (HHS) to begin the process of reviewing the Trump administration’s harmful changes to the Title X program. This directive reflects an important first step in starting the process to rescind the Title X domestic gag rule.
- Currently the Title X gag rule remains in place. Even when the domestic gag rule has been formally lifted, there may still be roadblocks to providing funding to grantees forced out of the program, as HHS will need to engage in necessary process around awarding grants, and the current grants do not expire until 2022.

History of Title X program

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 healthcare. Title X provides affordable birth control 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) 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.

Domestic “Gag Rule”

The Trump-Pence Administration implemented a new set of rules, known as the domestic “Gag Rule” on Title X 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 Have Community Health Center to hospitals. It was also clear that the previous administration was 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](#)ⁱⁱ, [American Nurses Association](#)ⁱⁱⁱ, [National Association of Community Health Centers](#)^{iv}, American Academy of Pediatrics, [ACOG](#)^v, [the National Medical Association](#)^{vi}, the [National Hispanic Medical Association](#)^{vii}, and more oppose the rule because it destroys the patient-provider relationship, intrudes in a provider’s practice, and undermines quality patient care.

The domestic “gag rule” slashed the Title X national family planning network’s patient capacity in half which has harmed patients who are most in need of preventive health care.^{viii} Title X was effective, 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.^{ix} The investment of each public dollar in family planning saves \$7.09 within a year.^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.^{xi}

COVID-19 and Health Equity

During COVID-19, one thing has becoming very clear: health equity is at the center of this pandemic. Communities of color and low-income communities are disproportionately impacted by health disparities, such as higher than average rates of asthma, heart disease, or diabetes, are more vulnerable to COVID-19. These are the same communities that PPSNE serves. Reproductive health providers and health centers like PPSNE are often the primary care providers for women of reproductive age, people of color, young people, those who are uninsured, and people with low incomes. PPSNE health centers are doing all they can to meet patients’ needs in ways that protect their health and the health of the communities we serve including implementing telehealth services last year. Planned Parenthood will continue to respond as needed to this unprecedented time.

PPSNE needs to replace the lost Title X funds if we are to maintain our current level of service to patients who are uninsured or covered by Medicaid. By increasing the DPH budget for family planning services by \$2.1 million our state will continue its strong commitment to protecting and improving access to women’s health care—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. All people need and deserve equal access to comprehensive health care, including sexual and reproductive health care. This health care can’t wait, especially during a global pandemic.

Federal Landscape

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Trump administration's Title X gag rule: All three cases would be heard together by the Court with oral arguments not scheduled until next fall. In the meantime, President Biden recently issued a Presidential Memorandum directing the U.S. Department of Health and Human Services (HHS) to begin the process of reviewing the Trump administration's harmful changes to the Title X program. This directive reflects an important first step in starting the process to rescind the Title X domestic gag rule. Currently the Title X gag rule remains in place. Even when the domestic gag rule has been formally lifted, there may still be roadblocks to providing funding to grantees forced out of the program, as HHS will need to engage in necessary process around awarding grants, and the current grants do not expire until 2022.

Health care is a human right and we will fight to ensure every person has access to the high-quality health care services they deserve including the over 41,000 people who were covered by the Title X program in the past. 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 Title X program addressed 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.

Providing health care is meaningless if people cannot access it. Planned Parenthood 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 are committed to continuing to work with the administration and the General Assembly to protect access to essential sexual and reproductive health care. We thank the Appropriations Committee for considering this important investment of \$2.1 million in preventive health care for those most in need in our state. Thank you for your time and consideration.

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.ama-assn.org/press-center/ama-statements/ama-statement-title-x-gag-rule-and-funding-restrictions>

ⁱⁱⁱ <https://www.nursingworld.org/news/news-releases/2018/ANA-condemns-title-x-funding-cuts--proposed-by-the-trump-administration/>

^{iv} <http://www.nachc.org/nachc-statement-regarding-new-rules-for-title-x-family-planning-program/>

^v <https://www.acog.org/About-ACOG/News-Room/Statements/2019/Final-Title-X-Regulation-Disregards-Expert-Opinion-and-Evidence-Based-Practices>

^{vi} <https://www.nmanet.org/news/439803/Trumps-Unethical-and-Dangerous-Gag-Rule-Puts-Health-Care-for-800000-African-Americans-at-Risk.htm>

^{vii} https://www.nhmamd.org/index.php?option=com_content&view=article&id=126:2019-nhma-policy-statements&catid=20:site-content

^{viii} <https://www.guttmacher.org/article/2020/02/trump-administrations-domestic-gag-rule-has-slashed-title-x-networks-capacity-half>

^{ix} <https://data.guttmacher.org/states/table?state=CT&topics=92+93+94+96+97+98+114+113&dataset=data>

^x <https://www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US>

^{xi} <http://healthaffairs.org/blog/2015/09/02/planned-parenthood-community-health-centers-and-womens-health-getting-the-facts-right/>