

**Planned Parenthood Empire State Acts!**

**Joint Legislative Budget Hearing on Health and Medicaid  
Testimony of Robin Chappelle Golston, CEO and President, Planned Parenthood Empire State Acts!**

Good afternoon. My name is Robin Chappelle Golston, and I am the CEO of Planned Parenthood Empire State Acts! We are the newly incorporated statewide network formerly known as Family Planning Advocates of New York State.

*Planned Parenthood Empire State Acts!* (PPESA), represents the state's nine Planned Parenthood affiliates that collectively represent an integral part of New York's health care safety net for the uninsured and underinsured. These nine health centers served nearly 180,000 patients just in 2015.

Before I go any further, I must take a moment to reflect upon January 30 and the outpouring of support for Planned Parenthood from many of you and your colleagues. Nearly 2,000 New Yorkers came to Albany from across the state to show their support, and many of you stood with us in solidarity. The turnout and the energy were overwhelming. I know because that marked my first experience in this new role. And to those of you who were there, I cannot thank you enough. Despite the love and support that was expressed on that day, however, our fate now rests somewhat in your hands.

As many of you are well aware, this year has the potential to be filled with challenges for Planned Parenthood. House Speaker Paul Ryan and the President have repeatedly stated their intentions to defund Planned Parenthood, and it would seem that a complete dismantling of Planned Parenthood is their goal.

Although we are being targeted for one service that we provide, it is very important that you understand that Planned Parenthood provides an array of vital primary and preventive care services, including: family planning care and counseling, contraception, pregnancy testing, prenatal and postpartum care, health education, treatment and counseling for sexually transmitted infections, behavioral health screening, HIV testing and prevention counseling, drug therapy counseling and support for transgender individuals, as well as breast and cervical cancer screenings. We provide these services from funds that include the state's Family Planning Grant, Medicaid and private insurance.

We understand that Congressional action is imminent and, fortunately, defunding cannot happen all at once, as there are myriad federal funding streams that support Planned Parenthood services. Some of those funding streams directly contribute to certain state programs that appear in the state budget. Therefore, as you make decisions about the state budget, it is important to understand what sources of funding could be further depleted as a result of federal action.

**The Family Planning Grant.**

As noted by the New York State Health Department: "There is a link between unwanted pregnancies and many health and social problems including: inability to complete education, poverty and becoming dependent on the welfare system, poor health and mental health problems, neglect, abuse and family violence. These health and social problems affect not only pregnant women but also their children, partners, and families."

The grant pays for a range of services that are designed to offer a comprehensive approach to reducing the incidence of unintended pregnancy. These include direct medical care, community outreach, education, patient counseling, and programming that is designed to respond to the unique needs of a particular community. These services promote physically healthy and economically stable families.

It is through the support of the Family Planning Grant that Planned Parenthood is able to keep family planning services affordable and accessible for all New Yorkers. The grant allows our providers to charge patients based on a sliding fee scale. For the patient who is paying out of pocket, it is more than likely that the cost of the services provided was offset to some extent by the grant.

As reported just last month by the Guttmacher Institute, the rate of abortion in the United States is at its lowest point since 1973. Our efforts to improve access to contraception and education are paying off. In addition to a decline in abortion, the rate of unintended pregnancies has also declined. The Family Planning Grant has had a direct role in contributing to these statistics. With continued State support we hope to proceed with the important work of increasing access to family planning services.

The 2017-18 Executive budget provides a total of \$28,401,700 to support the Family Planning Grant through two separate appropriations – one within the Department of Health budget and a second within the Department of Financial Services budget. We hope that the Legislature will approve these funding streams and that we can count on your support for any additional funding that might be provided in the enacted budget.

As I mentioned earlier, some of the state programs are tied to federal funds. The Federal Title X grant program provides about a third of funding for the New York Family Planning Grant. Without the same level of grant funding, however, it is hard to ascertain whether Planned Parenthood would be able to offer the same level of services at reduced charges to patients.

### **Comprehensive Adolescent Pregnancy and Prevention Grant**

Many of you are familiar with the Comprehensive Adolescent Pregnancy and Prevention (CAPP) grant, which is the only statewide prevention initiative using evidence-based programming to address key *Prevention Agenda* goals. The *Prevention Agenda* goals involve: reducing the incidence of adolescent pregnancy; reducing the transmission of Sexually Transmitted Infections; and engaging young people in preventive health care.

Two examples of programs supported by the CAPP grant are *In Control* in Rochester and *The Connection* in Niagara Falls, both of which are organized by PPCWNY youth centers. The centers conduct evidence-based sex education programs for hundreds of youth, with supporting education for adults, and a variety of youth development activities. These two programs have engaged around 30,000 unique youth annually from neighborhoods identified as needing such interventions.

The 2017-18 Executive Budget proposes to consolidate 39 separate appropriations, which support essential public health programs, into four pools, and then proposes to reduce funding to each of those pools by 20 percent, leaving actual funding reductions to the discretion of the Division of Budget. The CAPP grant is one of the 39 programs that could be subject to this consolidation and put at risk of a funding reduction.

*We recommend that the 39 critical public health programs be restored and spared from any reductions in funding.*

For the last two decades, the teen pregnancy rate has declined by 46%. This work must be allowed to continue and to evolve as we address the racial and ethnic disparities in care and access that continue to persist.

The CAPP grant is also partially supported by federal grant dollars, and if federal action is taken against Planned Parenthood, those dollars could be further reduced, and our need for state support will increase even further.

### **Funding to Support the Increased Minimum Wage**

It is undeniable that wage stagnation is adversely impacting the health and well-being of our communities. Families are struggling to meet the costs of basic, everyday needs – adequate and healthy food, shelter, health care and education to name a few. Women are disproportionately impacted by the failure of the minimum wage to keep pace with inflation. In New York, more than half of minimum-wage workers are women, exacerbating the wage gap. Increasing the minimum wage to \$15 will help pull families out of poverty, strengthen the state's economy and give way to a brighter and healthier future for so many.

We applaud the work of the Legislature for acting on minimum wage two years ago and are pleased that the Executive budget contains necessary funding for the second year in a row to support increase wages via Medicaid to ensure our workforce is strong. We certainly hope it will be included in the final budget.

### **Cost of Living Adjustments for Public Health Programs**

The Executive Budget would defer for one year the cost of living adjustment for certain health and human services providers, including Planned Parenthood.

Planned Parenthoods are also employers who are facing their own challenges with respect to recruitment and retention. Their inability to offer market-competitive salaries leads to greater turnover and makes it difficult to meet the primary and preventive health needs of the patients they serve. The added stress on retention efforts would also make it difficult to respond to unmet need and the recent increase in demand for services. While the Executive budget helps to support the Medicaid expense of meeting the minimum wage mandate, the elimination of the cost of living adjustment seems counterintuitive to the broader mission of providing a decent wage to our most prized workforce.

*We strongly urge the Legislature to restore the COLA for 2017.*

The proposed elimination leaves these employers with fewer means to reward their employees and to remain competitive.

### **Pharmacy provisions**

The Executive Budget would place new limitations on the "prescriber prevails" policy under the state's Medicaid program. This important policy allows a provider the ultimate say on whether a drug will be covered for a Medicaid beneficiary. The Executive proposal would eliminate the prescriber authority over drugs that fall into two classes of drugs that are of concern to Planned Parenthoods. Planned Parenthood affiliates have become the preferred provider for numerous patients, including transgender individuals. Many transgender patients rely on very high cost drugs that are unique and specific to their hormonal needs. Removing "prescriber prevail" authority on those drugs could create additional complications for their therapy. As it is, many transgender patients struggle with the challenge of being allowed to obtain only 30 days of a particular drug at a time. Consistency is key with respect to the high level dosages of hormone therapy because of the dramatic side

effects that occur if even one day of medication is missed. In this instance, any delays created in prescription renewals could result in far greater complications for the patient.

Another example of where the Executive proposal is concerning to our providers is with respect to the impact this could have on patients who rely upon antiretroviral drugs, which are the standard of care for HIV treatment and prevention. Limiting access to HIV drugs seems in direct conflict with the *End the Epidemic Initiative*. The blueprint that the *Initiative* published does not directly mention antiretroviral regimens, but treatment is at the core of its mission. To limit availability of these drugs seems shortsighted and incongruous to the long-term goal.

We strongly urge the Legislature to reject these proposals and to uphold prescriber authority with respect to these highly specialized classes of drugs. If we are truly trying to change the paradigm with respect to the HIV/AIDS epidemic alone, this proposal is counter to that strategy.

### **Capital**

The Executive budget proposes \$500 million in capital support for essential health care providers. Of this amount, a minimum of \$30 million would be directed to community-based providers. Community health care providers, including Planned Parenthoods, are essential partners in health care transformation efforts across the state. Lead institutions in DSRIP have sought out Planned Parenthood as a vital community based provider, recognizing that uninsured and underinsured male, female and transgender patients trust and seek health care services from our providers.

As partners in the state's myriad Medicaid transformation efforts, our providers are evolving and growing in order to take on a greater role as partners under DSRIP. In order to be successful in this effort, however, our affiliates must upgrade their facilities and invest in new technology, which creates the need for capital. The successful integration of community-based providers is key to the state's healthcare transformation efforts. And that must be matched with reasonable state investment that supports their ability to participate.

### **Defunding**

Let me address the looming defunding threat from the federal government. Today, our federal funding remains in place, but all the powers that be in Washington are not only predicting, but promising that Planned Parenthood will be defunded. What does that mean? As you know, there has been a ban on federal funding of abortion services for many years with the enactment of the federal Hyde Amendment. New York State has, ever since, stepped up to ensure that Medicaid beneficiaries are able to exercise their constitutional right to reproductive choice by assuming responsibility for paying the federal share for medically necessary abortions. Accordingly, federal defunding has nothing to do with the abortion debate—but will deprive Planned Parenthoods of every source of federal support on which its preventive and primary care services rely.

Specifically, defunding at the federal level will preclude us from receiving federal Medicaid funding for all health care services. Beyond the Medicaid program, there are other federal programs that might be at risk, including: the Title X block grant, which is the grant program dedicated solely to family planning and reproductive health services for low-income and uninsured patients and which helps fund the New York Family Planning Grant; the Maternal and Child Health Services Block Grant, which also supports our family planning services; as well as other federal programs that support HIV funding. Beyond the harm done to the State's Planned Parenthoods, the real damage will be on the health care safety net in the State. In New York State it means that defunding

will hit hardest in those areas of the state where Planned Parenthood is the sole or one of the few healthcare providers for Medicaid beneficiaries, particularly in the State's underserved rural and inner city communities.

All of this puts us in a vulnerable position with respect to the timing of New York's budget process. We are fighting defunding in Washington and will continue to do so with every bit of resolve we have. If defunding occurs, New York State will be left with a hole in its health care safety net, affecting the most vulnerable New Yorkers on Medicaid. Furthermore, if the predictions are accurate, defunding could occur as early as late March or early spring.

We recognize that the timing of our potential federal defunding presents a serious challenge to your budgetary process, and we are eager to work with you to take the necessary steps to protect New Yorkers who currently receive health care services at Planned Parenthood locations. If you believe, as we do, that Planned Parenthood is a vital part of our state's safety net, then we would ask that you consider establishing a contingency fund, only to be used if Planned Parenthood is defunded at the federal level. Just as New York stepped up when the federal government declined to support Medicaid funding for abortion, we would urge New York to do the same to protect access to the full array of reproductive health, family planning, primary and preventive services that this reckless federal action threatens.

Right now the Executive Budget includes a contingency plan allowing for additional cuts in the event that other draconian reductions in federal funding occur. We recognize that we are not the only target. The Affordable Care Act offered insurance coverage to millions of Americans – including 2 million New Yorkers who could potentially lose access to Medicaid coverage. While the majority of the members in Congress ran on a platform committed to unraveling the work of the Affordable Care Act, it seems that as every day passes one thing is clear: as Cecile Richards put it, "You can't completely end a public health care system in America and not think about what the impact will be on the folks who have least access to care." But while the timing and extent of those other federal actions remain uncertain, we are, unfortunately, virtually certain that Congress and the President will attempt to deprive Planned Parenthood of federal support. Therefore, we respectfully request that the Legislature establish a contingency fund now in anticipation of federal actions that could only be accessed if and when Congress enacts a punitive and irresponsible prohibition on federal funding for Planned Parenthood.

I am so proud to have the opportunity to help support the dedicated staff and volunteers from across the State that have ensured that Planned Parenthood can remain the trusted source of primary care for thousands of New Yorkers. I hope that each of you takes that into consideration as we venture into the months ahead and I sincerely hope that we have your support.

