

**Testimony of Planned Parenthood Empire State Acts  
Before the Joint Legislative Budget Hearing on Health and Medicaid  
February 5, 2019**

Thank you for the opportunity to provide testimony today. My name is Robin Chappelle Golston; I am the President and CEO of Planned Parenthood Empire State Acts. We proudly represent the 9 Planned Parenthood affiliates who provide primary and preventive sexual and reproductive health care services to more than 186,000 New Yorkers each year.

For the past century, Planned Parenthood has transformed access to reproductive and sexual healthcare, empowering millions to make informed health decisions, forever changing the way they live, love, learn and work. Delivering on the mission of providing quality, confidential and inclusive health care to all has made Planned Parenthood a trusted provider in communities across the state. For many, Planned Parenthood serves as a primary provider of care – and for some, their only provider. The health and educational services provided by New York's 58 Planned Parenthood health centers serve as a bedrock for fostering healthy relationships, pregnancies, and families.

We are truly in challenging times. It seems daily we witness unrelenting and unprecedented federal attacks on our basic and most fundamental rights. These policies and actions are damaging the fabric of our communities, threatening the health and well-being of far too many, and taking us farther from a vision of equality for all. New York, however, is responding and swiftly. After nearly 12 years of political obstructionism, we have finally protected access to abortion care in New York. THANK YOU. We have also protected and expanded access to affordable contraception, by passing the Comprehensive Contraception Coverage Act. THANK YOU. It has been said that a budget is an expression of one's vision and values. This budget is yet another opportunity for our state to stand up and apart from a concerning federal landscape and to advance initiatives that support the ability of New Yorkers to access the care, education, and services they need.

It is in this spirit that we offer the following comments and specific requests relating to the proposed 2019-20 Executive Budget.

**FAMILY PLANNING GRANT FUNDING**

*Funding Request: Increase the appropriation for the Family Planning Grant by \$2,000,000 for a total of \$33,401,700 in funding for FY2020. This increase in funding addresses years of stagnant and reduced funding streams for safety-net family planning providers.*

Fundamental to the quest for equality is the ability to control one's own body. Our futures can be shaped – either positively or negatively – by our ability to access affordable, quality reproductive health care and information. Research underscores the central role access to contraception plays in improving the health outcomes, economic security and overall well-being of individuals – especially

women. The public health value of investing in family planning is irrefutable. It is estimated that in 2010, services provided at publicly-funded family planning agencies saved taxpayers \$13.6 billion nationally, or \$7.09 for every public dollar spent.<sup>1</sup> Robust family planning programs are a sign of a government that puts sound policy before politics, and New York stands as a strong example.

For decades, the state has wisely invested in the Family Planning Grant, an essential program that supports the delivery of high-quality, patient-centered, preventive reproductive and sexual health care for low-income, uninsured and underinsured individuals who may otherwise lack access to care. Core services provided include:

- ✓ wellness exams
- ✓ cervical and breast cancer screenings
- ✓ birth control
- ✓ contraception education
- ✓ testing and treatment for sexually transmitted diseases (STDs) and HIV testing

Grant funds enable the services to be provided on a sliding-fee scale, so that cost may never be a barrier to one's ability to obtain care. For many patients, family planning providers are an entry-point into the health care system. Grant dollars afford critical infrastructure support that enables health centers to enroll patients into coverage, conduct outreach and engagement in communities in need of care, provide interpretation services and extend health center hours to best meet patient need. In 2017, 301,128 individuals received family planning grant services from 48 agencies operating 173 sites. All 58 Planned Parenthood health centers in the state receive Family Planning Grant funds. Other subgrantees include federally qualified health centers, hospitals, and freestanding family planning clinics.

Through the delivery of a robust array of health and educational services, these providers are a natural and relied-upon access point to health care and coverage. That is especially true for marginalized New Yorkers, who for a variety of reasons may only see a family planning provider in a given year. It is estimated that more than 6 in 10 women obtaining care at a publicly-funded family planning center considered the center their usual source of care, and for 4 in 10 it is their only source of care.<sup>2</sup> In New York, two-thirds (67%) of patients receiving care at family planning grant-funded agencies have incomes at or below 100% of the federal poverty level - \$25,100 for a family of four or \$12,140 for an individual.<sup>3,4</sup>

New York's ranks in the top third for unintended pregnancy.<sup>5</sup> Our maternal mortality rate - especially among women of color - is unacceptably high. We can and should do more to ensure

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<sup>1</sup> Frost, J. J., Sonfield, A., Zolna, M. R., & Finer, L. B. (2014). Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. *Milbank Quarterly*, 92(4), 696-749. doi:10.1111/1468-0009.12080

<sup>2</sup> Ibid

<sup>3</sup> New York State Department of Health. Bureau of Women, Infant and Adolescent Health: Family Planning Provider Day Slides. November 2018.

<sup>4</sup> 2018 Poverty Guidelines. (2018, January 31). Retrieved from <https://familiesusa.org/product/federal-poverty-guidelines>

<sup>5</sup> Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002. (2016, March 21). Retrieved from <https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002>

that every New Yorker has the tools they need to determine their own reproductive future, and family planning services play an indispensable role in that effort.

New York's commitment to the Family Planning Grant has been reaffirmed annually in the state's budget process; however, despite the rising costs of delivering care, this funding has remained flat since it received a 5% reduction in 2013. Last year, the Cost of Living Adjustment (COLA) for public health grants was eliminated. This funding supported the ability of these safety-net providers to attract and retain highly-qualified staff in the face of provider shortages, stiff competition and rising rates of compensation and benefits. In short, grantees are expected year after year to meet the real need for this care that exists in communities across the state, with less funds.

These challenges are exacerbated by the threats being waged against reproductive health care at the federal level - particularly those directed towards the Title X program. For nearly 50 years, Title X has provided birth control and other preventive health care to millions of low-income people who couldn't otherwise afford health care services on their own. Title X funds comprise approximately 19% of New York's Family Planning Grant, and those funds are at risk. On June 1<sup>st</sup>, the administration published a proposed gag rule that will fundamentally undermine this critical program. In short, the proposed gag rule would:

- Impose new rules designed to make it impossible for Planned Parenthood to participate in the Title X program. In New York, Planned Parenthood serves 52% of all Title X patients.
- Prohibit doctors, nurses, hospitals, and community health centers from being able to refer their patients for safe, legal abortion.
- Remove the guarantee that all pregnant patients receiving care at a Title X funded health center receive factual, neutral and nondirective information on their pregnancy options. Under the proposed rule providers could deny patients information on abortion - even when the patient directly requests it.
- Delete the requirement that contraception provided by the program be medically approved, and no longer directs providers to ensure women have access to the full range of birth control methods.

This rule would devastate women's health - potentially preventing millions of people from getting the health care they need. Further, the proposed rule clearly violates medical ethics and the tenet of informed consent and has garnered widespread opposition by the medical community and public health experts. In July, Governor Cuomo condemned the proposed rule and clarified that New York would not participate in an unethical Title X program. We look forward to working with him and the legislature to fight this proposal to ensure these critical services remain secure and available in all communities around the state.

While we await impending federal action on Title X, *we respectfully request that the Legislature advance in their houses a \$2 million dollar add to the Family Planning Grant.* This infusion of funds mitigates the years of flat funding and the painful loss of the COLA. This sound investment will aid in our collective vision of healthier communities and individuals who can exercise reproductive

autonomy, enabling them to explore and achieve their educational, economic, and family aspirations.

### **Adolescent Pregnancy Prevention Funding**

*Funding Request: Maintain funding for the Comprehensive Adolescent Pregnancy Prevention program (CAPP) at the Executive Budget level of \$8,505,000.*

The Comprehensive Adolescent Pregnancy Prevention program (CAPP) is one of the few grant programs focused solely on preventing unintended pregnancy in teens. The grant is multidimensional, connecting youth to the care and education that they need to lead healthy lives. The program emphasizes comprehensive, evidence-based, age-appropriate sexuality education, social and emotional development—including healthy relationships—and decreasing disparities in health outcomes for all New York adolescents.<sup>6</sup> In 2017, 48 CAPP grantees provided services to 25,634 youth across the state.<sup>7</sup>

Sex education is critical to improving young people's health outcomes and teaching skills about healthy relationships. Comprehensive Sexuality Education (CSE) is medically accurate, age, developmentally and culturally-appropriate education that addresses the physical, mental and social aspects of human sexuality. In this #MeToo era, when issues of consent, sexual harassment, and sexual assault have come out of the shadows and when sexually transmitted infection (STI) rates are rising, we need programs and policies that prepare our young people for healthy lives and relationships. Research underscores that comprehensive sex education (CSE) accomplishes these goals, as it lowers rates of unintended teen pregnancy, STI infection, sexual violence, and bullying, among other positive impacts on the health and wellbeing of our youth.<sup>8</sup> Investing in our youth is investing in our future, which is why effective programs like CAPP are so critical.

*In the FY2018 enacted budget, funding for the CAPP program was reduced by approximately \$2 million. It is critical that moving forward this program receive no further reductions to ensure that these valuable educational services in communities are maintained across the state.*

It is also worth noting, that contained in the Education, Labor and Family Assistance budget bill, is language that would establish a healthy relationships education program within the health education provided to students in grades 6-12. In 2017, one of every 10 students reported confronting sexual violence in the past year - an experience more common among females (15%) than males. Youth who identified as gay, lesbian or bisexual were significantly more likely to report sexual violence in the past year (22%).<sup>9</sup> The pervasive existence of sexual harassment and violence in our society is undeniable. *Every effort should be made to advance initiatives that eradicate all*

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<sup>6</sup> The CAPP and PREP Initiatives. (n.d.). Retrieved February 09, 2018, from [http://actforyouth.net/sexual\\_health/community/capp/](http://actforyouth.net/sexual_health/community/capp/)

<sup>7</sup> New York State Department of Health. Email correspondence, February 1, 2019.

<sup>8</sup> Comprehensive Sex Education: Research and Results. (n.d.). Retrieved February 1, 2019, from <http://www.futureofsexed.org/youthhealthrights.html>

<sup>9</sup> Witwer E, Jones R and Lindberg L, *Sexual Behavior and Contraceptive and Condom Use Among U.S. High School Students, 2013–2017*, New York: Guttmacher Institute, 2018.

*forms of sexual violence and harassment, and that includes preventive measures that facilitate a solid foundation for healthy relationships, consent, and respect.*

While we see this program as an important first step, more can and should be done. We look forward to working with the legislature and executive to advance age-appropriate, medically accurate comprehensive sexuality education for grades K-12 in all New York schools. All young people deserve the knowledge, skills, information and resources necessary to make healthy and informed decisions about their bodies. This is foundational education for our youth, and it should be regarded as such.

### **Addressing Maternal Mortality**

The rise in maternal mortality and morbidity in the United States, especially for women of color, is unacceptably high. Despite our progressive policies surrounding access to women's health care, New York State currently ranks 30<sup>th</sup> out of 50 states in its maternal death rate.<sup>10</sup> Black women are 3 to 4 times more likely to be impacted compared to white women; in New York City, that rate hurtles to 12 times.<sup>11,12</sup> Many of these deaths and serious complications are preventable, and we must do everything in our power to keep them from happening.

The Executive Budget appropriates eight million dollars over the next two years to fund initiatives aimed at curbing these unacceptable rates of maternal mortality and morbidity and the disparities that are far too prevalent. Included in this effort is the establishment of a Maternal Mortality Review Board. The Board would be composed of multidisciplinary clinical experts, who would assess maternal deaths to look for causal factors, preventability, and opportunities for intervention in future cases.<sup>13</sup> The ultimate goal of the board would be to develop strategies that can be implemented to prevent maternal deaths across the state. Other states have taken this necessary step, nearly thirty according to the American College of Obstetricians and Gynecologists (ACOG).<sup>14</sup> Efforts last year to advance legislation that established a review board reflective of CDC recommendations on structure and confidentiality, failed to advance. Women are dying. We must act.

*We urge the legislature to advance both the funding and policy language that establishes a Maternal Mortality and Morbidity review board that is aligned with best practices.*

### **Insurance Coverage for Medically Necessary Abortions**

We commend the inclusion of language in the Health and Mental Hygiene budget bill that clarifies the requirement of insurers to cover medically necessary abortions. Abortion is health care. One in

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<sup>10</sup>Kacica, M., MD, MPH. (n.d.). Reducing Maternal Mortality & Morbidity Surveillance & Action. Lecture presented at 2018 New York Maternal Mortality Summit. Retrieved from [https://nyam.org/media/filer\\_public/f4/57/f4571d2e-26e6-482f-8387-00f9268c963c/marilyn\\_kacica\\_slides.pdf](https://nyam.org/media/filer_public/f4/57/f4571d2e-26e6-482f-8387-00f9268c963c/marilyn_kacica_slides.pdf).

<sup>11</sup> Ibid

<sup>12</sup> New York City, Department of Health. (n.d.). Retrieved from <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report.pdf>

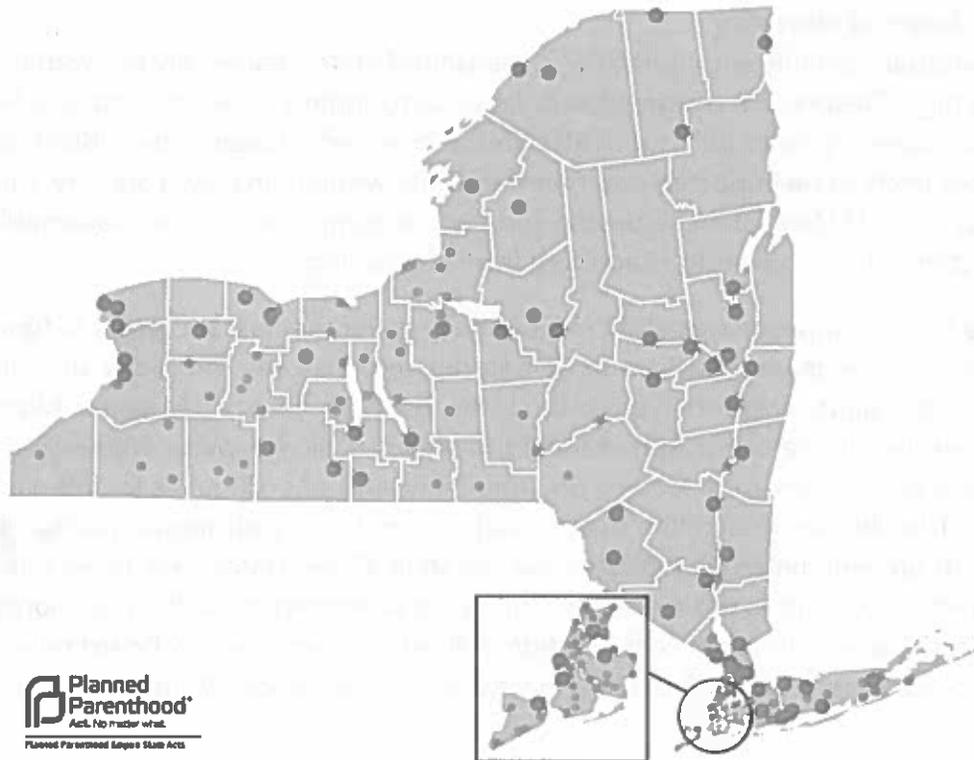
<sup>13</sup> Enhancing New York's Maternal Mortality Review Process: Invest in New York Mothers [Letter]. (2018, January). American College of Obstetricians and Gynecologists District II, Albany, New York.

<sup>14</sup> Maternal Mortality. (n.d.). Retrieved from <https://www.acog.org/About-ACOG/ACOG-Departments/Government-Relations-and-Outreach/Federal-Legislative-Activities/Maternal-Mortality?IsMobileSet=false>

four women will access abortion care by the age of 45.<sup>15</sup> New York is one of 4 states to require this coverage and research indicates that absent government-imposed barriers to abortion coverage, nearly 90% of employer sponsored plans cover abortion nationally.<sup>16</sup> *We fully support the inclusion of this provision in the enacted budget.*

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*We thank you for your time today and look forward to working with the Legislature in shaping the SFY 2020 budget.*



*Family Planning Grant Funded Health Centers as of 2018.*

*Pink: Planned Parenthood Health Centers, Blue: Federally Qualified Health Centers, Hospitals and Free-standing Health Centers*

<sup>15</sup> Induced Abortion in the United States. (2018, January 31). Retrieved from <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

<sup>16</sup> The Guttmacher Institute. Memo on Private Insurance Coverage of Abortion. January 2011. Retrieved from: <https://www.guttmacher.org/article/2011/01/memo-private-insurance-coverage-abortion>