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**LD1478 An Act to Improve Women's Health and Economic Security by
Funding Family Planning Services**

Testimony of George A. Hill, President/CEO Maine Family Planning

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Senator Baldacci, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, my name is Laura Harper. I am a Senior Associate at Moose Ridge Associates. I live in Hallowell. I am here today to present testimony in support of this legislation on behalf of Maine Family Planning.

For 50 years, Maine Family Planning, an independent, private not-for-profit, has served as the State of Maine's statewide grantee for federal Title X funds and State funds allocated to support the provision of clinical sexual and reproductive health services. In its role as grantee of federal and state funds, Maine Family Planning provides sexual and reproductive health services in 18 sites in some of the state's most rural communities—including, for example, Calais, Machias, Rumford and Ft. Kent--and manages subcontracts with a host of community-based providers who serve geographic areas where we ourselves do not provide care, including: Planned Parenthood of Northern New England in Southern Maine; four Federally Qualified Health Centers with sites throughout the state; and with 8 school-based health centers. Altogether, Maine's sexual and reproductive health care network consists of 61 individual sites.

In Calendar Year 2022, Maine's statewide network of providers served 35,849 unduplicated individuals for such sexual and reproductive health services as: contraceptive care; screening, diagnosis and treatment of sexually transmitted infections; screening and treatment for cervical cancers; breast cancer screening and referral; intrauterine insemination;

vasectomy; pregnancy testing and comprehensive pregnancy options counseling. 72 percent of patients served by Maine's family planning network live at 250 percent of poverty or below. For 60 percent of patients the network serves, their visit for sexual and reproductive health care is the ONLY health care visit they will make in the course of a year.

Among the 61 sites funded or operated by Maine Family Planning, only Planned Parenthood of Northern New England and Maine Family Planning provide abortion care. No federal or state **grant** funds are used by either to support the abortion care either organization provides, a fact that has been proven *beyond the shadow of a doubt* by the regular audits conducted by our federal funding source, the US Department of Health and Social Services.

PPNNE and MFP's commitment to the proposition that abortion should not be ghettoized and is indeed part of the full range of sexual and reproductive health care services, has come at a heavy price on the federal level. In 2018, both organizations withdrew from the federal Title X/National Family Planning Program, at a cost of \$2 million per year, rather than comply with a Trump Administration rule requiring physical separation of abortion care from Title X-supported services and a prohibition on providing referrals or information about abortion care. To temporarily fill the funding gap, private funds were raised and irreplaceable financial reserves—set aside by MFP on its part for just such a rainy day--were used. No clinics closed; no staff were laid off; no patient went without services.

Federal funding through Title X of sexual and reproductive health care services has long been a target of social conservatives in Congress, which explains—in part--why the National Title X program has been flat funded for most of the last decade.

For different reasons, the State of Maine's support of sexual and reproductive health services has been stalled at \$978,000 annually for the last nine years. In the meantime, the cost of living and the cost of providing health care has risen exponentially. We pledge to our staff that they will be doing fulfilling, mission-driven work. We cannot ask them to

do that work at the expense of their personal welfare. As a result, we have raised salaries and increased fringe benefits while managing an array of other increasing expenses, including, but not limited to, increases in the cost of medical supplies, facilities, equipment, and information technology.

The instability of Maine's federal funding source was by no means limited to the 2018 Gag Rule, nor was it cured by the Biden Administration's disposal of the Gag Rule in 2021.

In the 6th Circuit Court of Appeals, a case known as *Ohio v. Becerra* argues that Title X programs in Ohio, and possibly nationwide, should continue to be subject to the Gag Rule. The Biden administration appears to be preparing to be forced into re-imposing some version of the Gag Rule.

Similarly, in the Fifth Circuit Court of Appeals, in *Deanda v Becerra*, a father argues that his three daughters should have to secure parental consent before receiving Title X services.

Both of these cases will likely be appealed to a Supreme Court whose recent majority opinions have not favored those who provide sexual and reproductive health care services.

The condition of the federal judiciary, combined with flat or declining funding by the State of Maine *and* by the US Department of Health and Human Services at the federal level over the last 10 years, compels us to request that the state of Maine consider increasing financial support in the amount of \$3,390,000 per year in the biennial budget specifically for Maine Family Planning and Planned Parenthood of Northern New England in order for the two organizations to help offset the increasing cost of providing health care while sustaining the high level of care each provide.

Thank you for your attention and I'm happy to answer any questions you may have.