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Testimony:

LD 2214, “An Act to Make Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2024 and June 30, 2025”

Joint Standing Committee on Appropriations and Financial Affairs
Joint Standing Committee on Health and Human Services
February 26, 2024

Senator Rotundo, Representative Sachs and members of the Joint Standing Committee on Appropriations and Financial Affairs, Senator Baldacci, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, my name is George Hill. I am President and CEO of Maine Family Planning. I live in Brunswick. I am here today to present testimony on the supplemental budget to ask you to consider adding language contained in LD 1478, “An Act to Improve Women’s Health and Economic Security by Funding Family Planning Services” as well as funding to remove exclusions in MaineCare based on immigration status and allow all Mainers who are income-eligible to get the care they need.

For 50 years, Maine Family Planning (MFP), an independent, private not-for-profit, has served as the State of Maine’s statewide grantee for federal Title X funds and for State funds allocated to support the provision of clinical sexual and reproductive health (SRH) services. As the statewide grantee, MFP provides SRH 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, 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 62 individual sites.

Before the current legislative session ends, MFP will add a 63rd site to its network when it takes possession of a 36-foot mobile medical unit. The unit, previously owned by a sister Title X grantee in Western PA, is being given to Maine at no cost and in perfect working order. MFP is in the process of developing partnerships with an array of healthcare providers and will deploy the unit to meet the needs of individuals who are unhoused,

experiencing substance use disorder and who, for a range of reasons, will not seek care in traditional bricks and mortar settings.

In Calendar Year 2023, Maine's statewide network of providers served 32,006 unduplicated individuals for such SRH 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 the patients served by Maine's family planning network live at 250 percent of poverty or below and for 60 percent of the 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 62 sites funded or operated by MFP, only Planned Parenthood of Northern New England (PPNNE) and MFP 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 Human Services.

PPNNE and MFP's commitment to the proposition that abortion should not be siloed and is indeed part of the full range of SRH 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 SRH 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 SRH 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.

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, combined with increasingly aggressive conservative activism in courts and legislatures across the country, compels us to request that the state consider increasing financial support in the amount of \$3,390,000 per year specifically for Maine's statewide network of family planning providers. This would

offset the increasing cost of providing health care while sustaining the high level of safety net health care provided. We urge you to consider adding the language from LD 1478 establishing this funding to your final version of the supplemental budget.

Furthermore, I urge you to close the MaineCare coverage gap for adult immigrants. A person who has had their green card for less than five years, is seeking asylum, is undocumented or whose status is uncertain and lacks insurance coverage, may face significant barriers to comprehensive contraceptive counseling, sexually transmitted infection or STI tests and treatment, or cancer screenings. Every person should have access to the education and tools they need to determine if and when to become pregnant. Ensuring these and other essential health services to all Mainers, regardless of immigration status, is part of a strong and effective public health system. We cannot achieve health equity as long as we maintain categories of deserving and undeserving of care based only on a person's immigration status.

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