

Chair Meyer and members of the Health and Human Services Committee,

My name is Garrett Fontaine. I am a family medicine physician serving patients in Augusta and Waterville, and I write today as a private citizen in strong support of LD 335, An Act to Protect Funding for Family Planning Services.

I currently serve in four roles: as family medicine residency faculty; as medical director of a college health clinic serving young adults ages 17 through their 20s; as medical director of a free clinic in Augusta that primarily cares for people experiencing homelessness; and as a contracted physician for a program serving migrant farm workers. These roles have allowed me to witness, from multiple vantage points, the extraordinary impact of Maine Family Planning. I hope that by sharing what I see in my clinical work, I can illustrate why sustained funding is essential.

Each Sunday, I care for patients at a free clinic located near downtown Augusta. Many of my patients are unhoused. In a recent community needs survey I conducted, the most commonly reported barriers to seeing a primary care provider were transportation and financial insecurity. Even when patients technically have a PCP lack of reliable transportation (especially if in another town) and uncertainty about their insurance status, often MaineCare, prevent them from accessing care.

Patients seek me out because the clinic is co-located with a warming and cooling shelter, and because I do not bill insurance. However, my services are limited. I rely on small grants and have minimal access to diagnostics, laboratory testing, or other infrastructure-dependent resources.

This is where Maine Family Planning's "Health on Wheels" mobile unit has become indispensable. By bringing services directly to trusted community location, such as the ME-RAP Access Center and LINC, they expand access in ways I simply cannot. Their team provides cancer screenings, annual wellness exams, comprehensive testing for HIV, hepatitis C, and other sexually transmitted infections, HIV pre-exposure prophylaxis, and treatment for common conditions such as lower extremity wounds.

Beyond the moral imperative to care for our most vulnerable neighbors, there is a clear fiscal case for this investment.

The majority of uninsured or underinsured patients I see rely on MaineCare. In an era of budget shortfalls, rising healthcare costs, and uncertain federal support, we must invest in preventive care that reduces long-term expenditures. Consider HIV. A 2019 analysis estimated the lifetime cost of HIV-related care to range from approximately \$420,000 to over \$1 million per person. Penobscot County has experienced an outbreak of 38 cases. If a similar outbreak occurred in Augusta, the lifetime costs to the state could easily exceed \$30–40 million. Maine Family Planning provides testing and highly effective preventive medications at a fraction of that cost. Cervical cancer offers another example. Routine screening is simple, quick, enables detection of pre-cancer and early cancer, and costs around \$50. By contrast, a 2021 analysis found that the median cost of cervical cancer treatment in the first year alone was over \$56,000 per patient, rising above \$100,000 when radiation therapy is required. With Maine's 2022 cervical cancer incidence rate at 6.3 per 100,000, early detection and prevention are not just lifesaving—they are

cost-saving. These figures reflect only two conditions. They do not account for the many other diseases prevented, detected early, or managed effectively through Maine Family Planning's services.

An annual investment of \$5 million in family planning services represents a responsible and strategic use of taxpayer dollars. It delivers high-quality preventive care, reduces long-term healthcare costs, and ensures that our most vulnerable residents are not left behind. I urge you to support LD 335 and protect this essential funding.

Respectfully,

Garrett Fontaine MD