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Testimony neither for nor against:
**LD 258 "An Act Making Unified Appropriations and Allocations from the
General Fund and Other Funds for the Expenditures of
State Government and Changing Certain Provisions of the Law
Necessary to the Proper Operations of State Government for the Fiscal
Years Ending June 30, 2023, June 30, 2024 and June 30, 2025"**

**Joint Standing Committee on Appropriations and Financial Affairs
and
Joint Standing Committee on Health and Human Services
February 22, 2023**

Good afternoon, Senator Rotundo, Representative Sachs, Senator Baldacci, Representative Meyer and members of the Joint Standing Committee on Appropriations and Financial Affairs, and the Joint Standing Committee on Health and Human Services. My name is Laura Harper. I am a Senior Associate at Moose Ridge Associates and I live in Hallowell. I'm here today on behalf of my client, Maine Family Planning as well as Planned Parenthood of Northern New England.

For most of the last 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 and 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 8 school-based health centers. Altogether, Maine's sexual and reproductive health care network consists of 60 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 options counseling.

Among the 60 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 we provide.

Planned Parenthood of Northern New England and Maine Family Planning's commitment to making abortion care accessible has come at a heavy price on the federal level. In 2019, 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 reserves—set aside by Maine Family Planning on its part for just such a rainy day--were used. No clinics closed; no staff were laid off; no patient went without services.

The instability of our federal funding source—as evidenced by the Trump Gag Rule *and* by an effort to reinstate the Gag Rule through a case now being litigated in the 6th Circuit Court of Appeals--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 leaves us with no choice but to request that the Legislature increase financial support in the amount of \$2 million 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 sustain the high level of care each provide. Adding urgency to this request, is that over the same 10-year period, Maine Family Planning's costs increased by \$800,000, including salary and benefits, communications, information technology and facility rental and operating expenses. PPNNE's costs increased by nearly \$2 million in the same timeframe. In fact, PPNNE has had to fundraise a minimum of \$800,000 to \$2 million a year to compensate for the lack of federal and state funding. These raised funds are used to cover the costs of uncompensated care provided to patients.

We look forward to sharing with you more information about what we do, how we do it and why we are bringing this request before you. Please prioritize this critical funding during your budget deliberations.

Thank you.