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Testimony in support:

Biennial Budget CHANGE PACKAGE to LD 258, "An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing 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

May 17, 2023

Senator Rotundo, Representative Sachs and members of the Joint Standing Committee on Appropriations and Financial Affairs, 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 the Change Package and 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."

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 (SRH) services. In its role as grantee of federal and state funds, Maine Family Planning 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 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 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 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 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 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.

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 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. This would offset the increasing cost of providing health care while sustaining the high level of safety net health care services each organization provides. We urge you to consider adding the language from LD 1478 establishing this funding to your final version of the Change Package.

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