



Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Lisa Margulies, I serve as Vice President of Public Affairs for Maine at Planned Parenthood of Northern New England, and I am here to testify in support of LD 143.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care in approximately 10,000 visits per year in Maine at four health centers located in Biddeford, Portland, Sanford, and Topsham, in addition to online via telehealth. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, gender-affirming care, abortion care, as well as a variety of primary and behavioral health care services. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$1.2 million dollars in free and discounted care to our communities in Maine.

As a mission driven health care provider, we fundamentally believe everyone should be able to access affordable, high-quality sexual and reproductive health care in their communities, no matter where they live or how much money they make, and we advocate for policies that help make this vision a reality. All people deserve comprehensive reproductive health care, including abortion and gender-affirming care, free from shame, stigma, and intimidation.

Planned Parenthood of Northern New England is often the first and only health care provider a patient may see in a year due to the patient being uninsured or having a low income. We are committed to seeing all patients regardless of their ability to pay, and we are an integral part of the state's safety net. We provide time sensitive care, reserving appointments in the schedule each day for same-day appointments because much of our care begins with addressing an acute need— as a few examples, a patient's birth control prescription is about to expire, they felt a lump in their breast, they are experiencing painful periods, or they are worried they have an infection.

Patients also turn to us for primary care services, such as blood pressure checks, anemia testing, and screenings for cholesterol, diabetes, and thyroid. In addition, we screen patients for mental health, safety, and intimate partner violence, substance use disorders, and other social and mental determinants of health. Because of the unique relationship we have with our patient population, patients are much more likely to disclose these highly personal health issues to our staff. Patients have a deep level of trust in us because of the high-quality care we provide and the high level of honesty we offer as a sexual and reproductive health care provider.

Despite our vital role in ensuring the health of Mainers who are otherwise unable to access care, the reality is that ensuring our patients receive essential health care is getting harder for



us and our peers. Across the health care industry, the cost to deliver care has risen dramatically. Every provider, including us, is struggling with staffing shortages and the costs to rehire and train staff, stagnant reimbursement rates from insurance companies, and inflation. The COVID-19 pandemic only exacerbated these issues. As we've seen here in Maine with several recent hospital mergers and closures of labor and delivery units, it is difficult and more expensive to operate in rural areas. And unlike other health care providers, we and our partners must also devote time and resources to fighting political battles, especially right now as we contend with a hostile national political climate.

LD 143 would fund family planning services essential to the wellbeing of Mainers. These funds would not cover costs associated with abortion. Annual funding for family planning services is crucial to help us and the other family planning health centers across the state continue to offer sexual and reproductive health care services at a free or steeply discounted cost without regard to the whims of politicians in Washington.

The case for public funding family planning services is clear and unambiguous, with access to said services substantially improving the educational, economic, and overall well-being of both recipients and society as a whole:

- Reliable access to contraception is associated with not only substantial reductions in unplanned pregnancies and the high costs associated with those pregnancies, but also with significant increases in educational attainment and economic mobility for people who may become pregnant along with their children.ⁱ
- STI testing and treatment saves lives and stops the spread of disease via treatment including vaccination, education, and behavioral changes.
- Pregnancy testing allows people who may become pregnant to make informed decisions earlier and, if they choose to carry a pregnancy to term, to do so with greater success.
- Cervical and breast cancer screenings often catch those diseases at stages where treatment is still an option.

When viewed holistically, publicly funded family planning services represent an almost unparalleled level of return for the public dollar, saving \$4.83 in Medicaid expenditures for every dollar spent and a yearly total of \$12 billion dollars for federal and state governments.ⁱⁱ

Despite the clear evidence in support of publicly financed family planning, federal funding has been disappointingly unreliable over the past decade, with access to funds at times held hostage to extremist politics. In 2019, two of Maine's safety net providers for family planning services, Planned Parenthood of Northern New England and Maine Family Planning, were effectively forced to choose between accepting Federal Title X dollars and providing comprehensive reproductive health care for their patients. Simply put, this should not be a



choice that health care providers are forced to make. Health care decisions should not be dictated by politicians and instead should be made by patients in consultation with providers of their choice.

By passing LD 143, the legislature can help ensure that all Mainers, no matter where they live, what their income is, or whether they have insurance, have access to essential sexual and reproductive health care, no matter what. Funding for these services means Mainers can access affordable, patient centered, high quality health care when they need it.

¹ US Congress Joint Economic Committee, *The Economic Benefits of Birth Control and Access to Family Planning*, Updated February 2020, <https://www.jec.senate.gov/public/index.cfm/democrats/issue-briefs?id=9A407F24-26F8-4AFE-B2ED-1E3025F39FEB#:~:text=Women%20with%20access%20to%20contraception,their%20counterparts%20with%20restricted%20access>.

ⁱⁱ Data for 2016. Guttmacher Institute, *Publicly Supported Family Planning Services in the United States*, Oct 2019, <https://www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US>