



Post Office Box 587
Augusta, ME 04332-0587

t: 207.622.7524

f: 207.622.0836

Testimony in Support:

LD 2212, "An Act Making Supplemental 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, 2026 And June 30, 2027"

February 17, 2026

Senator Rotundo, Representative Gattine, members of the Joint Standing Committee on Appropriations and Financial Affairs, Senator Ingwerson, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Laura Harper. I'm a Senior Associate at Moose Ridge Associates, I live in Hallowell and I'm here today on behalf of my client, Maine Family Planning or MFP.

For 50 years, 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 19 sites in some of the state's most rural communities—including Calais, Rumford, and Ft. Kent as well as one mobile medical unit that allows us to better serve patients who are less able to visit our brick and mortar sites. MFP also manages subcontracts with a host of community-based providers, including: Planned Parenthood of Northern New England with four health centers in Southern Maine; 32 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 63 individual sites.

In Calendar Year 2025, Maine's statewide network of providers served 29,216 unduplicated individuals for such SRH 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. 69 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.

We are thrilled to testify in support of the Governor's proposed supplemental budget. Page 56 of Part A includes desperately needed funding for our statewide sexual and reproductive health care system. This \$2,249,459 initiative replaces Federal Medicaid dollars MFP and Planned Parenthood have been operating without since July 1, 2025, when HR 1 excluded certain abortion providers from Medicaid reimbursement for non-abortion services. We applaud Governor Mills' steadfast commitment to maintaining access to the full range of sexual and reproductive health care services our network has been proud to provide for over 50 years. Without this funding, MFP would be

forced to begin shutting down close to a dozen clinics in Maine's most remote communities by year's end. We strongly urge the committee to support this initiative.

Sadly, this initiative doesn't provide long-lasting financial security to our 63 clinic system. It is time-limited and assumes that lawmakers in Washington won't use the same tactics again once HR 1 expires June 30th, 2026. We urge you to amend this initiative to prepare for future defunds and add language allowing MaineCare dollars to replace Federal funding for the life-saving services we provide our patients.

While this proposed budget sets right what politicians in DC have sought to destroy, additional opportunities are available to you to further protect and sustain access to comprehensive sexual and reproductive services for years to come. Last session, thanks to the efforts of both of your committees, we received a total of \$6 million in one-time funding for family planning services. These state dollars are ensuring our close to 30,000 patients continue to receive cancer screenings, STI testing and treatment, contraceptive services, and other life-saving care. Through fundraising, efficiency upgrades, and the initiative on page 56, we feel confident this combined funding can sustain our services for the remainder of this biennium. However, we strongly urge you to consider amending last year's initiative to a \$5 million annual appropriation. By adding family planning funding to the baseline of Maine's budget, you are investing in Mainers' access to planning their families, their futures, and a healthier state as a whole. Something this intrinsic to a person's ability to decide when to start a family, enter and stay in the workforce, and continue to care for themselves and their loved ones, shouldn't be allowed to expire in our state budget.

Additionally, we would be remiss to not mention another important source of Federal funding, Title X. As of writing this testimony, the program is still operational and MFP anticipates a slightly reduced award of \$1.7 million for the current fiscal year. However, on a weekly basis we learn of potential threats to the funding that would make it unsustainable for us to accept, such as gagging our providers when discussing a full range of options at the request of our patients, or its elimination entirely. We urge you to consider adding language to LD 2212 to allow for Maine to respond with state funds should these embattled Federal dollars become co-opted by political rhetoric or simply disappear.

Before concluding our testimony, we also wish to express our strong support for two initiatives on pages 53 and 54 of Part A. These create two new positions in Maine's CDC for STI and HIV investigation, surveillance and prevention, a Health Program Manager and a Public Health Educator III. Since the HIV outbreak in Penobscot County in 2023, MFP has been on the ground supporting patients through testing, discussing treatment options and sharing prevention strategies. We are doing our best to prevent this cluster from spreading. There have been 36 confirmed cases since October of 2023, where Maine typically sees 1-2 new cases of HIV every year. Thanks to the long-standing trust between MFP and the impacted communities, primarily people experiencing homelessness and people who use drugs, MFP's staff on its mobile medical unit has been able to administer Pre-exposure Prophylaxis (known as PrEP) medication to prevent HIV infection, administer over 100 HIV tests, and work closely with Maine CDC and other safety net care providers to connect patients to treatment resources. According to the Federal CDC, Maine Family Planning's Mobile Medical Unit is currently running the largest long-acting injectable PrEP program for folks who inject drugs that is in the setting of an HIV outbreak. By investing in these two, new positions, Maine will be more adequately able to prevent future outbreaks and should they erupt, keep them even more contained.

In closing, this supplemental budget affords you the chance to protect and preserve our state health system's most embattled services. We urge you to support not only the initiatives we've described but to add additional language to ensure that for years to come, no Mainer is forced to forgo life-saving screenings, testing, treatments or services for their sexual and reproductive health.

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