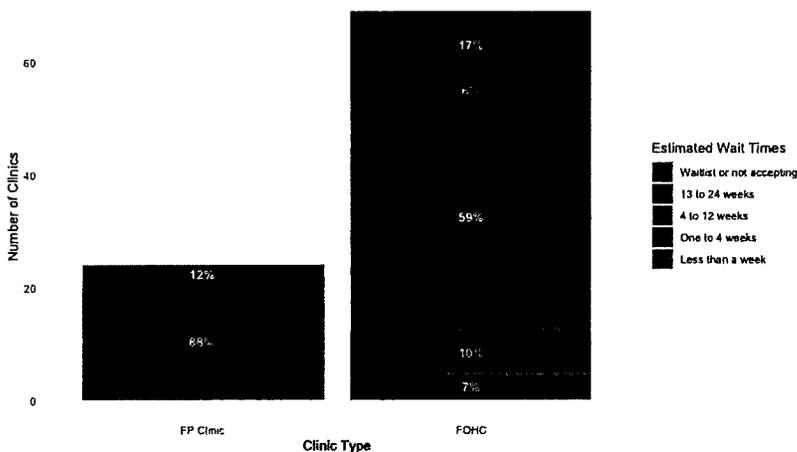


Senator Ingwersen, Representative Meyer, and Members of the Committee on Health and Human Services,

My name is Brianna Keefe-Oates, I am a reproductive epidemiologist, and most of my research focuses on understanding the impacts of policies on reproductive healthcare and health outcomes. I am the principal investigator of a funded study to understand the impacts of federal funding changes on access to contraceptive care throughout the United States, a study in collaboration with Maine Family Planning and several other partners. This study is in progress, but we have some initial results from data that we have collected on appointment availability which is relevant to the hearing today. More details on the study are in the written testimony (below).

As a part of this study, we used what we call a 'mystery shopper methodology' and called a total of 93 Federally Qualified Health Centers(FQHCs) and family planning clinics in Maine. We called as if we were patients, and asked how quickly we could get an appointment as a new patient who wanted to access contraceptive care. We asked about contraception because that is the focus of our study, but these findings could also apply to general availability of appointments for many sexual and reproductive health services at these clinics.

Figure 1. Estimated Wait Times for a New Patient Contraception Appointment in Maine  
Percentage wait time by clinic type



In Maine, we found that family planning clinics are able to rapidly see patients for these important, time sensitive appointments, while FQHCs will take longer, because they simply already have so many established patients they are already seeing for a range of services.

Among family planning clinics, 88% were able to see a new patient within a week, and all family planning clinics could see a new patient within 12 weeks. This is compared to 7% of FQHCs seeing a patient within a week, 17% seeing a patient within 4 weeks, and 76% seeing a patient within 12 weeks. Now to be

clear, FQHCs serve a very important service to the community, also offer SRH services, and many FQHCs are part of the family planning network. But these data illustrate that many FQHCs are also already at or near capacity. For patients who don't have primary care at an FQHC already, perhaps they recently lost insurance, or are still waiting to find a primary care provider, or don't have an primary care clinic nearby and who need time-sensitive care such as birth control or an STI test, they can't wait weeks to months. If family planning clinics were to close, we would likely see an even more enormous strain on primary care providers writ large, and we would likely see patients unable to access this critical care.

We also compared access to appointments at clinics in rural and urban areas, and found that rural clinics could generally see patients slightly faster. It's important to remember that we only called clinics that exist, there are many rural areas where clinics do not exist, and in those areas people have to travel to urban clinics. These findings highlight the importance of family planning clinics in rural areas: if they were to close, urban clinics would likely face even greater burdens and we would see even more extended wait times for all patients.

As I finish today, I want to highlight that in this study we were experiencing what patients often experience in Maine: challenges booking an appointment for time-sensitive healthcare. I can imagine the relief, after being told an appointment could take months at some clinics, to find a family planning clinic that can schedule within a week. It is crucial to be able to access these appointments quickly, and as we see from these data, family planning clinics are uniquely positioned to provide this service.