



## **Testimony in support of LD 811**

### ***An Act To Protect the Reproductive Rights and Freedoms of Maine People***

Senator Claxton, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, my name is Nicole Clegg and I serve as the Senior Vice President of Public Affairs at Planned Parenthood of Northern New England, and I am here to submit testimony in support of LD 811.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care to more than 14,000 people in Maine at four health centers located in Biddeford, Portland, Sanford, and Topsham. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, abortion care as well as a variety of primary care services. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$4 million 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 get 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.

Over time, the type of health care provided by Maine's family planning providers has evolved to respond to the needs of our patients and LD 811 is intended to address this reality. Our care has expanded far beyond the current MaineCare payment structure, specifically to address the social determinants of health for our patients. This legislation addresses this gap for family planning providers by establishing an equity payment in recognition of the breadth and complexity of care MaineCare patients now receive in these settings and ensures that providers are adequately reimbursed for the services they provide.

Sexual and reproductive health care providers play a unique role in the state's health care system. First, we sit on the frontlines. We see all regardless of ability to pay and are an integral part of the state's safety net. We provide time sensitive care, seeing patients within one to two

days because much of our care begins with addressing an acute need – a patient needs access to birth control, felt a lump in their breast, is experiencing painful periods, is at risk on an unintended pregnancy.

Unlike other primary care providers, our patient base is largely people in their 20's and 30's who prefer to seek care from a family planning provider. These encounters are typically the first point of care and in most cases the only point of access to the healthcare system. Because of the unique relationship we have with our patient population, patients are much more likely to disclose mental health issues, safety and intimate partner violence and substance use.

Our unique value when it comes to opioid misuse and substance use disorders, as well as mental health disorders and social determinants of health, is firmly rooted in the deep level of trust patients place in us and the high level of honesty people give us as a trusted sexual and reproductive health provider. We are in an incomparable position to screen and educate patients, their families, and our local communities about behavioral health and the importance of both prevention and treatment. It's this trusting relationship that has led to an expansion of care to meet the needs of our patients more directly. The reality is that, today, a patient walking through our doors receives far more than a prescription to birth control or a Pap test and the state's MaineCare system has not caught up to this shift.

We have broadened our care to include social determinants of health. Social determinants of health include but are not limited to mental health, substance use, tobacco use, safety, and access to basic needs. Internal studies show that 66% of our patients need access to some level of social agency support or mental health care services. And they trust us to help them access such services with respect and confidentiality and a lack of judgment. Over half of our patients say they are as willing to discuss social determinants of health needs with us as with a primary care provider. Indeed, women say they are more likely to be open and honest with a reproductive health provider than with a general practitioner (61 percent versus 36 percent, respectively).

In response, we have established a Behavioral Health Department to help patients with these needs, which includes a fulltime licensed clinical therapist at our Portland health center who is directly available to all our patients to discuss mental health and substance use. A few examples of how we have changed our practice include:

- Screening, Brief intervention, and Referral to Treatment (SBIRT), an evidence-based practice used to identify, reduce, and prevent problematic use, abuse and dependence on alcohol and narcotics.

- Prescribing Narcan as standard practice for those with opiate use disorder or friends or relatives with opiate use disorder.
- Screening for depression routinely.
- Discussing safety and healthy partner relationships to identify and plan if intimate partner violence is shared.
- Counseling and referrals for housing and food security.

Despite the quality and breadth of care provided, current MaineCare reimbursement is limited, and the establishment of an equity payment would ensure that MaineCare enrollees continue to receive the care they need, and providers are appropriately compensated. LD 811 acknowledges this benefit to the MaineCare system, the improved health of enrollees and the cost absorbed by family planning providers.

It's also cost effective. Medicaid provides an enhanced federal match for family planning related services of 9 to 1, which means a modest state investment can yield large improvements in community health. Investments in family planning and social determinants of health yields savings ranging from \$4 to \$7 dollars per dollar invested.

Finally, we fully support the work of this committee and the Department of Health and Human Services to comprehensively address MaineCare rates. As demonstrated in the MaineCare rate analysis to date, family planning providers have been undervalued and require more, not less, investment as we move to a health care system that is person-centered and equity-focused. We do not see this proposal as impacting that work as LD 811 seeks to address a gap in the system. For these reasons, we support 811, and urge the committee to vote "Ought to Pass."