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Testimony in support

LD 811, “An Act To Compensate Sexual and Reproductive Health Care Providers Fairly for Comprehensive Primary Care Delivery” Joint Standing Committee on Health and Human Services

March 25, 2022

Senator Claxton, Representative Meyer, and esteemed members of the Health and Human Services Committee, thank you for the opportunity to speak before you today.

My name is Melissa Gray and I am a Regional Clinic Manager at Maine Family Planning, which provides comprehensive sexual and reproductive health care at 18 health centers statewide, via telehealth, and in alternative settings. I am testifying in support of LD 811 as amended.

Maine Family Planning is aware that the State is currently following its process for MaineCare rate system improvements and we look forward to continuing our work with the administration to fix long standing payment inequities for sexual and reproductive health care providers. What LD 811 puts forth is an action the State can take now to ensure fair and sustainable funding for family planning agencies while we await more long-term solutions.

Maine’s sexual and reproductive healthcare providers play a unique and critical role in preventive health care and community wellness. In addition to providing expert contraceptive care, cancer screenings, and STI and UTI testing and treatment, our compassionate and non-judgemental staff offer screenings, support, education, and referrals around a wide range of issues, including tobacco use, substance use, behavioral health, access to basic needs, and intimate partner violence. They regularly connect patients with the local network of health, social, economic, and community service providers. By addressing these social determinants of health in a compassionate and low-barrier environment, family planning providers improve patient outcomes and reduce future health care spending.

We deliver this care to a distinct population – generally young, generally healthy, and often “unseen” by the conventional health system. Many of our patients don’t have a relationship with a primary care provider. We are the first point of care, and often the only point of access, for many young, low-income, and vulnerable Mainers. We see all patients regardless of ability to pay.

As you have heard/will hear today, this type of wellness care can be life-changing and even life-saving.

Despite all this, the MaineCare reimbursement remains narrowly focused on traditional family planning services, failing to reflect our role as trusted community providers. That’s why Maine Family Planning supports the supplemental payment model proposed in LD 811, which would compensate for the shortfall, increase equity, and ensure our continued ability to meet demand for our services. We already know



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reimbursing Federally Qualified Health Centers (FQHCs) specifically for their provision of these types of services works to increase equity and improve safety-net providers' ability to offer meaningful wrap-around care.

As demonstrated in the MaineCare rate analysis, sexual and reproductive health care has been undervalued and requires sustainable public investment as we strive for equity-focused health care. LD 811 takes a step in that direction, recognizing the critical role of family planning providers in the larger quest for community well-being. I urge the Committee to vote Ought to Pass as Amended on LD 811 and I welcome any questions.