

Pre-Budget Hearings Testimony
Presented by: Beth LeGere, Director of Public Affairs
Planned Parenthood Mohawk Hudson
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Good Evening. I am Beth LeGere, the Director of Public Affairs from Planned Parenthood Mohawk Hudson. We are one of 12 Planned Parenthood Affiliates in New York State. As such we are part of the state's network of safety-net healthcare providers who serve the ever-increasing number of uninsured and underinsured New Yorkers. Our affiliate offers a broad range of reproductive health services including Annual OB/GYN Exams; family planning counseling and care; pregnancy testing & counseling; pre-natal care; emergency contraception; colposcopy, cryosurgery, & LEEP; endometrial biopsy; abortion care; male services and mid-life services; LGBT education and outreach; STI testing and treatment – including HIV testing, Sexual Assault Support Services, and WIC – the Women, Infant and Children program.

I am here today to report that unforeseen federal changes to New York's Medicaid waiver programs and years of under funding of family planning programs now seriously threaten New York State's publicly funded family planning program and family planning centers throughout the state. The challenges our health centers are facing today are growing exponentially and new federal rules severely limit the services that can be provided under the Medicaid waivers.

Planned Parenthood Mohawk Hudson has 12 health centers located in 12 counties including: Essex, Fulton, Hamilton, Herkimer, Madison, Montgomery, Oneida, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

We are the largest geographical Planned Parenthood in New York State.

Family planning centers are important partners in improving health outcomes of low-income women and in reducing health care disparities. We know our patients, they are our neighbors. We know their lifestyles and their families, and the communities in which they live and are therefore best situated to meet their family planning needs. Family planning is cost-effective preventive health care and family planning health centers are eager to be more effective partners in reaching under served communities. Our current infrastructure is failing and without additional investment, family planning providers fear that we will be out of business and unable to be an integral partner in New York State's goals of patient centered health care.

Challenges of Safety Net Providers:

Family planning health centers are on the front lines of health care for low-income women and families. Out of the nearly 23,000 family planning patients we serve annually, over 62% live under 150% of the federal poverty level and nearly 70% of our patients are self-pay, no charge or are enrolled in Medicaid.

Among the underserved are immigrants, refugees and New Americans. There is a growing recognition that it is essential to address challenges facing immigrant women to help decrease health care disparities. Cultural and language barriers to health care services remain huge obstacles for many refugees, immigrants and New Americans.

Reproductive health care services are an especially sensitive area; making access in the face of these barriers even more difficult.

Family planning health care centers in New York State are working to reduce language and cultural barriers. Language assistance options, such as interpreters and language phone lines as well as translated documents are essential to offering cultural and linguistically comprehensive health care services, but are costly. Our affiliate so far in 2007 has spent nearly \$4,000 in interpreters and language lines, a \$1,400 increase over 2006.

New York's Medicaid waivers were supposed to ease some of the costs associated with providing services and increase the number of patients we were able to serve. But unforeseen administrative costs and changes on the federal level have resulted in these programs aiding in the spiraling debt our affiliate faces rather than alleviating financial barriers and meeting reproductive health care needs of women.

Health care staff spend a significant amount of time enrolling patients into the federal Medicaid waiver programs, allowing patients who want to prevent an unintended pregnancy to obtain timely services. Unfortunately, our affiliate does not receive reimbursement for this additional staff time. Planned Parenthood Mohawk Hudson spends an additional 3 training hours per staff person – such as clinicians, nursing staff, front desk staff and counselors. Now new federal identification and citizenship documentation rules have significantly increased administrative expenses associated with

enrolling patients into the family planning waiver programs. An increasing number of clients are unable to produce the documentation necessary to enroll in Medicaid and the family planning benefit program.

Cost of Health Care Services

Medical inflation rates in health care have soared. Planned Parenthood Mohawk Hudson has seen increases in contraceptive costs, lab tests and employee health insurance:

- Contraceptives cost more. For instance, pill packs that once cost under \$2.00 are now \$3.00 and nearing \$4.00 per cycle.
- Emergency Contraception, Plan B, cost \$4.09 prior to May 21, 2007 and is now \$7.85.
- Due to cost, PPMH no longer offers the Patch and Seasonale, two very popular forms of contraception.
- **Contraceptive Choice:** Choosing a contraceptive method to best fit one's lifestyle is strongly correlated with compliance. Yet low income women do not have a choice because newer methods of contraception are too expensive for health centers to offer.
- Cost of providing health insurance for our staff is also increasing. Our health insurance costs have risen in double digits over the last several years.

These increases directly impact the patients we serve.

PPMH offers:

- **Rapid HIV Testing:** Health care centers need access to rapid HIV testing for their clients. Getting people to agree to be tested and receive their results is the

cornerstone of the fight against the spread and treatment of AIDS. Health care centers need to be able to provide rapid HIV testing so willing patients can be tested and receive results immediately. The cost of providing this test is prohibitive to many safety net providers. PPMH offers Rapid HIV Testing, however it is costly, and we receive minimal reimbursement if any at all, depending on the patient's insurance. Family planning health centers can be effective partners with the State in our shared goal of having more people tested, maintaining people's negative status, and counseling people who test positive from engaging in risky behavior.

- **The thin-prep Pap smear:** This gold standard cancer screening test is too expensive for many affiliates to offer its patients; however PPMH does.
- **Turnover rates:** Despite the need for mid-level practitioners, many affiliates cannot offer competitive salaries to attract trained health care providers. PPMH has had a much higher medical turnover rate than ever before.

In addition the onerous federal rules attached to the Medicaid waivers have forced us to hire additional staff in our billing departments, an especially expensive endeavor since administrative costs are non-reimbursable.

There are enormous savings that come from preventing complications of untreated STIs, or from the early detection of breast and cervical cancer. When women are able to plan and space pregnancies, health outcomes are better and costs are lower. New York's

statewide view of health care is transitioning to preventive patient centered care. Family planning health centers provide a model for this type of care, rooted in prevention.

As you plan the upcoming budget we ask that you recognize that it is more important than ever to increase New York State's support for family planning services.

Thank you for this opportunity to provide testimony today.