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Family Planning Advocates of New York State

Joint Legislative Budget Hearing on Health and Medicaid
Family Planning Advocates of New York State
January 25, 2016
Testimony of Kim Atkins, Board Chair, Family Planning Advocates of New York State

Thank you for the opportunity to provide testimony on the Governor's FY 2016-17 budget proposal. My name is Kim Atkins and I am the Board Chair of Family Planning Advocates of New York State, as well as the CEO of Planned Parenthood Mohawk Hudson.

Family Planning Advocates of New York State (FPA), represents New York's family planning provider network. Our provider members include the state's nine Planned Parenthood affiliates, hospital-based, county-based and freestanding family planning centers that collectively represent an integral part of New York's health care safety net for the uninsured and underinsured. Family planning centers provide vital primary and preventive care services such as: family planning care and counseling, contraception, pregnancy testing, prenatal and postpartum care, health education, abortion, treatment and counseling for sexually transmitted infections, HIV testing and prevention counseling, as well as breast and cervical cancer screenings from funds that include the state's Family Planning Grant, Medicaid and private insurance.

FAMILY PLANNING PROVIDERS: CONNECTORS TO CARE AND COVERAGE

Family planning providers are key partners in building healthy and economically stable communities. Through the delivery of a robust array of health and educational services, these providers are a natural, and relied upon access point to health care and coverage.

Family planning programs are instrumental in the prevention of unintended pregnancy and reduction in sexually transmitted infections (STIs) – which can have wide-ranging and adverse consequences for individuals, families and communities. Decades of research and investment by state and federal governments speak to the broad health and fiscal benefits family planning programs deliver. It is estimated that in 2010, services provided at family planning agencies saved $13.6 billion nationally, or $7.09 for every public dollar spent.[1]

Of great value to the health care delivery system is the role that family planning providers play as an entry-point to care for low-income, uninsured and underinsured individuals. In 2010, more than 6 in 10 women obtaining care at a family planning center considered the center their usual source of care.[2] For 4 in 10 women, it was their only source of care.[3] In New York, more than 86% of patients receiving care at family planning grant funded agencies have incomes below 200% of the federal poverty level, with nearly two-thirds

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[1] Frost JJ, Sonfield A, Zolna MR and Finer LB, Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program, *The Milbank Quarterly*, 2014, doi: 10.1111/1468-0009.12080, <http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1468-0009.12080/>, accessed Sept. 15, 2015.
[2] Frost JJ, U.S. Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995–2010, New York: Guttmacher Institute, 2013, < https://www.guttmacher.org/pubs/sources-of-care-2013.pdf> accessed Sept. 15, 2015.
[3] Ibid

being below 100% – $24,250 for a family of four or $11,770 for an individual.[4] In 2014, family planning grantees in New York served 308,190 clients for a total of 518,211 visits.[5] Nearly half of these were continuing clients, while the remainder was new patients seeking services, illustrating the value of family planning providers as sources of initial and ongoing of care.[6]

Family planning providers are more than just important access points to care – they are strongly woven into the fabric of the state's safety net – and integral to connecting uninsured individual to health coverage. Reproductive health care is often a driver to access health services, and absent other conditions, may be the only care a woman receives in a given year. The ability to engage these individuals in their health care, and to connect them to health coverage, makes family planning providers an essential partner in the new health care delivery environment.

Despite a continual decline in unintended pregnancy, New York remains one of three states with the highest unintended pregnancy rates in the nation.[7] In the absence of publicly funded family planning services, the rate of unintended pregnancy and abortion in New York would be 32% higher.[8] Furthermore, New York ranks 6th in the nation for primary and secondary syphilis and 13th in chlamydial infections.[9] In order to actualize the public health and economic benefits of family planning, the State should seize all opportunities to strategically invest and strengthen the infrastructure of this critical safety net provider. By re-doubling efforts to advance access to family planning services, we can improve the health of our communities, better positioning individuals to explore and achieve their educational, economic, and family aspirations.

It is in this spirit, that we offer the following comments and specific requests relating to the proposed 2016-17 Executive Budget.

FUNDING FOR THE FAMILY PLANNING GRANT

Request: Increase the appropriation for the Family Planning Grant by $2.4 million for a total of $26,101,700 in funding for 2016-17. This increase in funding includes the $750,000 the Assembly has added in the last several budget cycles, and $1.65 million, adjusted for inflation, which was reduced in the 2013-14 enacted budget.

A combination of state and federal funds, the Family Planning Grant enables providers to deliver high-quality, culturally sensitive family planning services and other preventive health care to low-income, under-insured and uninsured individuals who may otherwise lack access to care. These grant dollars make it possible for services to be provided through a sliding fee scale, ensuring care is accessible and affordable to all. Continued public investment into these agencies is critical to their ability to deliver these relied upon services – especially in communities at high risk for negative reproductive health outcomes – and to engage those that typically do not connect with the health care system outside of reproductive health care services.

While the Affordable Care Act and New York's implementation of the law through its health exchange have greatly improved access to health coverage for many family planning providers remain important access

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[4] Data from the Department of Health, Bureau of Women, Infant and Adolescent Health. New York State Family Planning Program Overview of Client Characteristics from 2011 to 2014. Obtained Sept. 15, 2015.

[5] Ibid

[6] Ibid

[7] Kost K et al., Estimates of contraceptive failure from the 2002 National Survey of Family Growth, *Contraception*, 2008, 77 (1):10-21

[8] The Guttmacher Institute. Title X Makes a Difference, New York Infographic, <https://www.guttmacher.org/media/infographics/Title-X-State.html>,accessed Jan 24, 2016.

[9] Centers for Disease Control and Prevention. New York 2015 – State Health Profile, <http://www.cdc.gov/nchhstp/stateprofiles/pdf/New_York_profile.pdf> accessed Jan. 18, 2016.

points in the communities they serve. As seen in Massachusetts after implementation of its health reform law in 2006, publically funded family planning agencies continued to be utilized by both insured and uninsured patients.[10] Although the number of insured patients increased in the state, publicly funded family planning providers did not see a significant decrease in demand for their services.

It is estimated that 8.7% of New Yorkers remain uninsured.[11] For some, affordable coverage will remain out of reach. Thus, many uninsured individuals of reproductive-age will continue to rely heavily on the services of the state's family planning provider network. Additionally, individuals that remain uninsured today are harder to reach, largely comprised of disenfranchised and immigrant communities. As referenced above, family planning providers may be the only practitioner an individual may see in a given year, and as such, are critical to connecting individuals to care who may otherwise remain on the periphery of the health system.

For those eligible for Medicaid or new coverage options through the health exchange, family planning providers remain a valuable connector to health care coverage. Between April 2014 and April 2015, New York Title X grantees assisted 86,146 consumers in contemplating their insurance options, which resulted in 52,485 individuals enrolling in health coverage.[12] Family planning providers occupy a position of trust within their communities which allows them to both engage these populations in health care and assist them in enrolling in health care coverage.

It is important to recognize that even in the wake of the ACA, and increasing rates of coverage, there are still medically underserved communities which will continue to rely on safety net providers like family planning agencies. To achieve health equity in high need communities – those characterized by high rates of poverty, increased health risks and a shortage of primary care providers – robust health access points must be maintained.[13] Family planning providers through the federal Title X program and community health centers largely comprise this critically needed health network.[14] There is a continued need for focused efforts to reduce unintended pregnancy among communities challenged by health disparities. State and federal grant funds are key to delivering a multifaceted approach aimed at deconstructing health disparities and barriers to care.

Bolstered grant funding would enable providers in priority areas to utilize creative, community-specific strategies to enhance access to care and coverage. During times of scarce or reduced funding, innovative outreach programs are typically the first to be cut. Unfortunately, this has a real impact on connecting the highest-need populations to care. Greater funding through the Family Planning Grant would enable providers to deploy innovative strategies to best meet community need. Targeted outreach and education strategies are critical for connecting low and non-utilizing Medicaid populations to primary and preventive services and are in alignment with current state initiatives.

The cost-savings achieved through publicly funded family planning services are simply undeniable. In 2013,

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[10] Carter M, Desilets K, Gavin L, Moskosky S, Clark S, Trends in uninsured clients visiting health centers funded by the Title X family planning program—Massachusetts, 2005-2012, *Morbidity and Mortality Weekly Report*, Jan. 24, 2014/63(03);59-62.

[11] Kaiser Family Foundation. State Health Facts: Health Insurance Coverage of the Total Population,<http://kff.org/other/state-indicator/total-population/?state=NY>, accessed Jan. 21, 2016.

[12] Data from the Office of Population Affairs. The Impact of Title X Outreach and Enrollment Activities 2014-2015. Obtained Sept. 2, 2015.

[13] Rosenbaum, S, Wood S, Turning Back the Clock on Women's Health in Medically Underserved Communities, *Women's Health Issues*, 2015, 25-6 (2015): 601-603

[14] Ibid

over 1.2 million women in New York were in need of publicly supported contraceptive services and supplies.[15] It is estimated that by assisting clients in avoiding unintended pregnancies, reproductive cancers and STIs, New York's publicly funded family planning centers saved $605.8 million in public funds in 2010.[16] The return on investment for family planning is significant and will help achieve a physically and economically healthier New York.

As the state continues to implement innovative approaches to improving health and reducing costs, doubling down on effective programs like family planning is a strategic investment in the future health and economic stability of the state. Restoration of funding to levels before the 5% across the board reduction to public health programs realized in the 2013-14 enacted budget, would position the state to deliver on broader public health goals of engaging individuals in their health care and enrolling them into health coverage.

We ask that the Legislature allocate an additional $2.4 million in funding for the family planning grant program to bolster the ability of grantees to continue to provide critical health services and connect individuals to coverage.

COST OF LIVING ADJUSTMENTS FOR PUBLIC HEALTH GRANT PROGRAMS

Request: Restore Cost of Living Adjustment funding for public health grants in the Department of Health to the 2015-16 appropriated amount of $28,546,000.

The Cost of Living Adjustment (COLA) for public health grants contained in prior enacted budgets has been a critical source of funding for our members. Like many non-profit service providers, the increasing cost of providing high-quality professional services has challenged their ability to competitively recruit and retain staff. Failure to provide minimal cost of living adjustments can often lead to staff turnover, especially in light of rising health coverage costs borne by both the employer and their employees. Turnover and an inability to offer market competitive salaries can quickly render a provider unable to fully meet the needs of those they serve – inhibiting access to primary and preventive health and education services. Unfortunately, the challenges do not end there. Even if an agency is able to fill a direct service position, time and resources are needed to adequately train new staff, which delays the return of the agency to full capacity and increases costs. Persistent turnover can have a financially devastating impact on a non-profit agency and significantly curtail access to needed primary and preventive services.

Through both the Family Planning Grant and the Comprehensive Adolescent Pregnancy Prevention (CAPPS) grant program, our members have access to vital COLA funding that enables them to offset minor salary increases to direct-service staff. The Executive Budget proposes a $2.3 million reduction in this funding. Should this reduction be applied equally across all noted programs, providers could see an approximate 8% reduction in their COLA funds, by our accounting. This loss of funding is deeply concerning – especially as our members strive to be competitive and engage in the transformation efforts underway in Delivery System Reform Incentive Payment Program (DSRIP) and the State Health Innovation Plan (SHIP). With resources already scarce, further reductions in existing funding will impede the ability non-profit safety-net providers to transform and thrive in the new structuring of health care delivery. Unfortunately, this will be to the detriment of the health and well-being of our communities and public health goals of the state.

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[15] Guttmacher Institute. State Facts on Publicly Funded Family Planning Services: New York. <http://www.guttmacher.org/statecenter/family-planning/pdf/NY.pdf>, accessed Sept. 15, 2015.

[16] Frost JJ, Sonfield A, Zolna MR and Finer LB, Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program, *The Milbank Quarterly*, 2014, doi: 10.1111/1468-0009.12080, <http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1468-0009.12080/>, accessed Sept. 15, 2015.

We urge the legislature to restore the COLA funding to the funding level contained within the 2015-16 enacted budget of $28,546,000.

TRANSFORMATION FUNDING FOR SAFETY NET COMMUNITY HEALTH CARE PROVIDERS

As we collectively move towards a high-quality, coordinated health care delivery system that appropriately emphasizes the adage of the right care being delivered at the right time and location, ensuring access to vital services within communities across the state is imperative. Community health care providers – like family planning agencies – are essential partners in these efforts to transform the health care delivery system. While this sentiment has been echoed by the state, it has not been sufficiently reinforced through necessary funding to enable these providers to engage and evolve alongside hospital systems. This can be corrected, by making funds available to community health care providers in the 2016-17 budget to support their ongoing participation in the transformation efforts underway.

Request A: Ensure that the $195 million Health Care Facility Transformation capital funding is available to all types of providers and allocate 25% for distribution to community health care providers including family planning, behavioral health and home health agencies and Federally Qualified Health Centers (FQHCs).

The proposal within the Executive Budget to restructure the Health Care Facility Transformation Program funding, making $195 million available to health care providers for facility transformation, should be seized as an opportunity to invest in community health care providers. Many of these providers are small agencies with lean operating budgets that have been challenged by years of stagnant or reduced funding pools and increased costs of operation. Engagement in DSRIP, SHIP and the transition to value based payment, necessitates resources not currently present within these agencies or flowing from Performing Provider System lead agencies or state designated funding streams that support capital or working capital needs. The State's dependence on the community-based health care provider network for the successful transformation of the delivery system must be matched with reasonable investment in the network to support their ability to participate in important reform initiatives.

In concert with other community health providers, we recommend that a minimum of 25% of the $195 million be allocated to community health care providers including family planning, behavioral health and home health agencies and FQHCs. This amount reflects the goal of DSRIP to reduce avoidable hospitalizations by 25%.

Request B: Creation of an "Essential Provider Pool" specifically for community health care providers funded at $88.5 million. This funding would mirror the $355 million Essential Provider Pool open to hospitals in last year's budget.

The 2015-16 enacted budget contained an appropriation of $355 million for an "Essential Health Care Provider Fund" to "support debt retirement and capital projects or non-capital projects that facilitate health care transformation, including mergers, consolidation, acquisition or other significant corporate restructuring activities intended to create a financially sustainable system of care that promotes a patient-centered model of health care delivery." This funding was not accessible to community health care providers, despite their engagement in efforts reflective of the goals of the funding.

In concert with other community health care providers, FPA asks the legislature to establish a new funding pool in the amount of $88.5 million entitled the "Essential Community Health Care Provider Fund." This funding should be solely available to community health care providers including family planning, behavioral health and home health agencies and FQHCs. The purpose of this funding would be in direct alignment with the funding pool in last year's budget – to support the capital and working capital needs of these providers. This funding is essential to the ability of these providers to successfully engage and transform the delivery of care in communities around the state.

FUNDING FOR THE COMPREHENSIVE ADOLESCENT PREGNANCY PREVENTION GRANT

FPA applauds the renewed funding for the CAPP grant program in the Executive Budget, ensuring young people across the state will continue to have access to this important programming.
The CAPP grant program is the only state-wide prevention initiative utilizing evidence based programing to address key *Prevention Agenda* goals of reducing incidence of adolescent pregnancy and transmission of STIs and engaging young people in preventive health care.

Teen pregnancy and birth can have a myriad of long-term adverse impacts on the health and well-being of young people. Research has long demonstrated that pregnancy at an early age can disrupt educational attainment, hindering young peoples' abilities to actualize their education and economic potential. Further, it is estimated that in 2010, New York spent $337 million on costs related to teen childbearing.[17] Over nearly two decades the teen pregnancy rate has declined by 46%.[18] Since 2008 alone, there has been an 11% reduction.[19] Despite this positive trend, stark racial and ethnic disparities persist, underscoring the critical need for evidence-based programing tailored to the needs of diverse communities across the state.

MINIMUM WAGE

It is undeniable that wage stagnation is adversely impacting the health and well-being of our communities. Families are struggling to meet the costs of basic, everyday needs – adequate and healthy food, shelter, health care and education to name a few. Women are disproportionally impacted by the failure of the minimum wage to keep pace with inflation. In New York, more than half of minimum-wage workers are women, exacerbating the wage gap.[20] Increasing the minimum wage to $15 will help pull families out of poverty, strengthen the state's economy and give way to a brighter and healthier future for so many.

This important policy must be balanced with the reality that many non-profit health and human services agencies – which provide critical support and care to individuals and families in need – have also faced years of stagnant or declining funding. *Fundamental to the true success of raising the minimum wage is increased funding through state human services contracts and Medicaid reimbursement rates, to support the ability of these non-profit providers to phase in increases in wages. Failure to do so threatens the sustainability of vital non-profit service providers, and the strides the state has made towards ensuring access to necessary services remains prevalent in communities across the state.*

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[17] The National Campaign to Prevent Teen Pregnancy. New York State Data,< http://thenationalcampaign.org/data/state/new-york.> accessed Jan. 15, 2016.
[18] Ibid
[19] Ibid
[20] National Women's Law Center. Women and the Minimum Wage, State-by-State, <http://nwlc.org/resources/women-and-minimum-wage-state-state/> accessed Jan. 22, 2016

STATEWIDE EFFORT TO INCREASE SCREENING AND EDUCATION AROUND BREAST AND PROSTATE CANCER

FPA applauds the Governor's funding commitment for a statewide plan to increase the state's breast cancer screening rate by 10% over the next 5 years. Early detection is critical, and it is a role family planning providers have long played in their delivery of care. In fact, in 2014, Family Planning Grant sites conducted 95,841 clinical breast exams.[21] Through the provision of clinical breast exams, our members have helped women in detecting breast changes and connecting women to care for imaging. We welcome the vision and resulting actions of breaking down barriers to screening, whether it be through providing time off for screening, increasing access points and hours of operation to best fit the needs of all women, or peer outreach efforts. Through existing and new partnerships, resources and initiatives, we can successfully combat this persistent and pervasive disease.

ENHANCING COVERAGE AND ACCESSIBILITY OF LONG ACTING REVERSIBLE CONTRACEPTIVES

In their recent webinar on the Medicaid proposals contained within the 2016-17 Executive Budget, the Department of Health indicated that the state would realize $6 million in savings through various efforts to enhance coverage and accessibility to long-acting reversible contraceptives (LARCs). FPA applauds actions to increase access to these highly-effective methods of contraception which have proven to be successful tools in curbing unintended pregnancy.

Publicly funded family planning centers in Colorado with privately funded LARC programs showed a dramatic return on investment with a rapid decline in births among young, low-income women.[22] Within these initiatives LARC use among 15-24 year olds increased from 5% to 19%, while abortion rates fell from 34% to 19%.[23]

In New York, the Family Planning Grant enables providers to stock a wide variety of effective contraceptive methods including more costly methods like LARCs. In the past three years, the percentage of women leaving grant funded family planning agencies on a highly effective LARC method increased from 12.4% to 18.3% - an improvement of nearly 48%.[24] This underscores the importance of affordable access for both providers and patients to these highly effective methods.

It is important to note that a LARC method may not be the most appropriate or desired method for every woman, and thus, it remains critical that the state investigate and address barriers that impact access to the broad range of contraceptive methods. That being said, state policies that break down financial and operational barriers to the stocking and provision of LARCs is in alignment with the state's public health goals, and is a welcome focus. We look forward to working with the state to further understand the intended initiatives, and to identify other opportunities to address accessibility barriers to the full range of contraceptive methods.

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We thank you for your time and look forward to working with the Legislature in shaping the 2016-17 budget.

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[21] Data provided via electronic communication from the New York State Department of Health, Bureau of Women, Infant and Adolescent Health. Obtained Jan. 2016.

[22] Ricketts S, Klingler G and Schwalberg R, Game Change in Colorado: Widespread Use of Long-Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low-Income Women, *Perspectives on Sexual and Reproductive Health*, 2014, 46(3): 125-132.

[23] Ibid

[24] Data from the New York State Department of Health, Bureau of Women, Infant and Adolescent Health. New York State Family Planning Program, Promoting Access to Effective Contraception by Agency Type, January 2013 to June 2015. Obtained Oct. 30, 2015.