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Family Planning Advocates
of New York State

Joint Legislative Budget Hearing
Health and Medicaid

Family Planning Advocates of New York State

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Family Planning Advocates of New York State ("FPA") represents the state's family planning provider network in New York. Our provider members include the state's Planned Parenthood affiliates, hospital and county based health systems and community health centers that collectively represent an integral part of New York's health care safety net for uninsured and underinsured women and men. Often the entry-point into the health care system for primary and preventive care, family planning centers provide critical health services such as well-woman exams, 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

The Family Planning Grant pays for a range of services that are designed to offer a comprehensive approach to reducing the incidence of unintended pregnancy. In addition to direct medical care, the grant enables providers to develop programs tailored to the needs of their communities, conduct outreach to high-risk populations, and provide education to community members and counseling to patients. Many of the services are designed to improve population health, as contemplated in the State's health improvement plan, and are otherwise unreimburseable. Grant-funded family planning providers are located in rural, suburban and urban regions of the state and serve more than 340,000 patients yearly at 182 sites.

Restoration of funding lines for the Family Planning Grant to 2012-13 funding levels

	2012-13 Enacted NYS Budget	2013-14 Enacted NYS Budget	2014-15 Executive Budget Proposal
Family Planning Grant	$25,101,000	$23,701,700	$22,369,000

FPA is asking the Legislature to restore funding for the family planning grant to 2012-2013 levels. The economic and social benefits of increased access to contraception and family planning services cannot be realized if funding is not sufficient. Investing in family planning is a strategic approach to addressing key public health goals and producing significant cost savings, helping to preserve scarce public funding. It is estimated that by helping women avoid unintended pregnancies and the births that would follow, the services provided at publically supported family planning centers in New York saved $459 million in public funds in 2010.[1] Frequently the gateway into the health care delivery system, family planning providers are a critical constituent of the fragile safety net. In 2010, more than six in 10 women obtaining care at a family planning center considered the center their usual source of care[2]. Moreover, for four in 10 women receiving care at family planning centers that specialize in the provision of contraceptive care, that center is their only source of health care.[3]

During these challenging fiscal times, family planning providers have sought to partner with the

[1] Guttmacher Institute, *Contraceptive Needs and Services*, 2010, New York: Guttmacher Institute, 2013, <http://www. guttmacher.org/pubs/win/contraceptive-needs-2010.pdf>, accessed July 15, 2013.
[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.
[3] Frost JJ, Gold RB and Bucek A, Specialized family planning clinics in the United States: Why women choose them and their role in meeting women's health care needs, *Women's Health Issues*, 2012, 22(6):e519–e525.

state to find solutions to addressing budget shortfalls without adversely impacting access to needed primary and preventive care services. As you know, in the 2013-14 enacted New York State budget, public health grant programs within the Department of Health received an across-the-board reduction. The Bureau of Maternal and Child Health, which oversees the Family Planning Grant and the Community Adolescent Pregnancy Prevention Grant, was successful in utilizing a variety of one-shot mechanisms to mitigate these reductions in an attempt to minimize the adverse impact on the delivery of critical reproductive health services and education programs. Despite these efforts, last year's budget cuts resulted in a loss of health care services and programing across the state. For example:

- In Western New York, a provider was forced to reduce a whole mobile health team which served the rural parts of Erie and Niagara counties as well the inner cities of Buffalo and Niagara Falls. This mobile team physically traveled into the areas of Western New York where individuals are most in need of reproductive health services such as breast and cervical cancer screening, contraception counseling and STI prevention. The mobile unit was the primary avenue of care for these individuals. Previously providing services five days a week, the mobile unit is now only functioning one day a week, supported solely through philanthropic giving.
- In Central New York and the Hudson Valley, providers were forced to eliminate a program that prepared inmates from New York State correctional facilities for reentry into the community. Our members had been providing contraception counseling and STI prevention education, as well as supplying contraception to women preparing to restart their lives after serving out their sentences. We cannot stress to you how important providing accurate information about birth control, infection prevention, and how to access reproductive health services once they return to their own communities is to this high-risk population.
- Due to the loss of operational support, a family planning provider has had to reduce Saturday clinics by half, opening only every other Saturday instead of every Saturday. This not only impacts the availability of these services in the community, but also adversely impacts current employees and the ability of the provider to retain trained staff.

The loss of these services has prevented the state from realizing the cost savings seen when family planning care is adequately funded. The combination of sustained and additional reductions is not justifiable. In order for New York State to realize the long-term cost savings of the Family Planning Grant program, and continue to make strides towards reducing unintended pregnancy, it must restore critical funding that has been cut.

FPA urges the Legislature to restore the funding of the Family Planning Grant to the 2012-13 levels.

Why Funding for Family Planning Services Continues to be Important

Some may try to argue that the implementation of the Affordable Care Act (ACA) reduces the need for grant programs – we strongly disagree. Although the ACA and New York's implementation of the law through its health exchange have greatly improved access to contraception for many women, it is still essential to fund family planning services. As seen in Massachusetts after implementation of its health reform law, there continued to be demand for

publicly funded family planning services from uninsured and insured patients.[4] Although the number of insured patients increased in the state, providers of publicly funded family planning services did not see a significant decrease in demand for their services. Young adults aged 20-29 with income levels between 101% and 250% of the federal poverty level – those at greatest risk for unintended pregnancy – were the most likely population to remain uninsured, and in New York is a high-risk population for unintended pregnancy.

The Family Planning Grant is not only about providing direct services. More importantly, it is critical funding that enables a multifaceted approach to addressing a key population health concern – unintended pregnancy. This funding directly supports operational costs that enable health centers to be open at night and on the weekends, funds innovative outreach and education efforts that target high-risk populations and allows for longer patient visits that provide education and counseling.

The loss of operational funding resulting from reductions to the Family Planning Grant will cripple an already-strained primary care system. It is for the following reasons that restoring funding for the Family Planning Grant is essential in ensuring that preventive family planning health care continues to be available:

- **There will be people who will experience gaps in coverage.** Eligible women can sign up for the family planning coverage and receive contraception in one day. A gap in coverage can result in an unintended pregnancy, and it is far more cost-effective to pay for contraception than an unintended pregnancy. Gaps in coverage frequently coincide with changes in life circumstances, such as becoming unemployed, divorced, finishing college, starting a new job or a change in residence. Coverage gaps also occur in the interim period between the date they sign up for health coverage and when it becomes effective. Many of these gaps in coverage occur in young adults, who are most likely to experience an unintended pregnancy.
- **Many people will remain uninsured because they are not eligible to receive coverage from the Exchange or Medicaid.** In New York, immigrants who are not eligible to obtain coverage through the Exchange or from Medicaid can still obtain coverage for family planning. This coverage allows women to prevent as well as plan and space pregnancy for better health outcomes for both women and children.
- **There will be people who will remain uninsured because they cannot afford coverage.** Although the ACA has increased access for many people, subsidies and tax credits are based on the proportion between the employee's salary and the cost of the plan; family size is not taken into account. The ACA recognized that not all individuals will be able to pay the costs and built in the ability for individuals to obtain waivers from the requirement to obtain coverage. The ability to access contraception will be important for the health and well-being of those who cannot afford to purchase comprehensive coverage.
- **There will be individuals who continue to have high deductibles or co-payments.** Title X requires that co-payments and deductibles for covered services be subsidized by

[4]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.

grant funding for individuals under 250% of the FPL. As we continue to see an increased utilization of high-deductible plans, continued grant funding will be critical.

- **Receiving reproductive health care from a family planning provider is reflective of how women actually access health care.** This practice is reflected in our state policies on access and payment. The free access policy, which allows women in the Medicaid program to access reproductive health services from any provider that accepts Medicaid, reflects the reality that many women prefer to seek reproductive health services from either a family planning health center or an OB/GYN practice. Similarly, New York insurance law allows women insured through private, commercial plans to obtain primary and preventive reproductive health services without a referral from their primary care provider. Adequate funding for family planning services ensures that all women are able to obtain these sensitive services in the manner which best meets their needs.
- **Employers with religious objections to contraception have sued the federal government and obtained injunctions that prevent their employees from obtaining coverage for contraception.** Many employees in New York are prevented from accessing contraceptive coverage because of their employers' religious objections to the use of contraception. Women who are employed at these places of business and who meet the financial eligibility requirements for New York's family planning program could find themselves unable to access this important health care without adequate program funding.

Lessons learned from health reform implementation in Massachusetts highlight the critical role safety net providers continue to play in ensuring access to primary and preventive health care services, and the continued need for grant funding to support the operational needs of these providers. As we see more individuals gain coverage, there will continue to be a portion that remains uninsured. Regardless of coverage, women turn to family planning providers for their reproductive health care needs. The Family Planning Grant and the Community Adolescent Pregnancy Prevention Grant play a pivotal role in the vitality of these safety net providers and are the source of grant funding for addressing a key population health initiative – the reduction of unintended pregnancy and incidence of sexually transmitted infections – as outlined in the state's Prevention Agenda. In order to achieve these important goals, we ask that the Legislature restore the funding of these grants to the 2012-13 levels.

Additional Requests

The Assembly has shown its long-standing support for women's health by including an additional $750,000 in funding for the family planning budget. For all of the reasons listed above, these funds have been, and will continue to be, vital to ensuring women have access to family planning care. Additionally, the Senate has, for the last two budget cycles, included $500,000 and $550,000 respectively for women's wellness programs. These funds support vital health services, but the process for distributing the grants has been time consuming and inefficient. We encourage the Senate to include this funding in this budget cycle, and to specifically dedicate it to the family planning program, which awards funding on a competitive, statewide basis in order to obtain the maximum benefit for New Yorkers.

We ask that the Assembly and Senate continue to support women's health with their traditional legislative additions.

Budget Provisions for Which FPA Supports Enactment

Nurse Practitioner Modernization Act—FPA has long supported modernizing New York law governing the practice of nurse practitioners. Nurse practitioners play a significant role in the family planning field and are providing health care services at many of the family planning health centers in New York State. FPA strongly supports removing unnecessary obstacles to the efficient provision of medical care and health center operation.

Nurse Practitioners are registered nurses who have received advanced education and training to become licensed to provide primary or specialty care. They are authorized to diagnose, treat and prescribe within their area of specialty. New York State licenses nurse practitioners to practice in the following specialty areas: Acute Care, Adult Health, College Health, Community Health, Family Health, Gerontology, Holistic Care, Neonatology, Obstetrics/Gynecology, Oncology, Pediatrics, Palliative Care, Perinatology, Psychiatry, School Health, and Women's Health. Many nurse practitioners also meet national certification standards, in addition to New York's rigorous licensing and training standards. This legislation does not expand a nurse practitioner's scope of practice and will not change existing licensing requirements that limit scope of practice to those areas for which a nurse practitioner has received training and licensing.

Currently, nurse practitioners must enter into a written collaborative practice agreement with a physician in order to practice. New York law limits physicians from entering into collaborative agreements with more than four nurse practitioners who are not on the same site as the physician. These requirements create costly administrative burdens for health care providers and create roadblocks to meeting community needs for access to primary health care providers. This can lead to provider shortfalls, especially in rural areas.

Ending the collaborative agreement requirement for experienced nurse practitioners will not pose a risk to patients. Eighteen states[5] have already eliminated this requirement without any evidence of patient harm. Family planning providers and the nurse practitioners who provide care at family planning centers already have established referral patterns with other providers in their communities; these referral arrangements will continue to exist after passage of this bill. New York has experience in lifting collaborative practice requirements; in 2010, the Legislature eliminated the requirement that midwives enter into written collaborative practice agreements in order to practice, without any harm to patients. Ending collaborative practice agreements has also been recommended by the Institute of Medicine in a report that focused on the future of nursing as health care delivery evolves to serve a growing number of patients.

Nurse practitioners play a significant role in the family planning field and are providing health care services at many of the family planning health centers in New York State. This proposal also creates an interim solution that will allow experienced nurse practitioners to enter into a collaborative agreement for a six-month time frame when another nurse practitioner loses their collaborative practice agreement through no fault of their own. FPA strongly supports passage of this provision in the final budget.

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[5] AL, AZ, CO, HI, ID, IA, ME. MD, MT, MT, ND, NH, NM, OR, RI, UT, VT, WA, WY.

Ending the Across-the-Board 2% Reduction—As safety net providers, family planning health centers serve a high proportion of Medicaid patients. Ending the across-the-board reduction in Medicaid payments will help to alleviate the budget stresses providers are facing. ***FPA urges the legislature to include this reduction in the final enacted budget.***

Basic Health Program—FPA was pleased to see that the Executive Budget contained language to enact a Basic Health Program (BHP). We believe the addition of a Basic Health Program is in alignment with New York's strong legacy of increasing access to affordable health care coverage. Despite the great success of the new Marketplace and a reduction in premiums in the individual market of more than 50%, many low-income residents are likely to still find these plans difficult to afford. A BHP with no premium and low cost sharing has the potential to significantly increase the number of insured New Yorkers. Furthermore, reports by the Urban Institute and the Community Service Society have predicted that a BHP will also result in substantial savings to the state budget. ***FPA supports passage of this provision with two caveats: first, the BHP must cover a comprehensive range of reproductive health services, including abortion, and second, if there are plans that do not provide comprehensive coverage there must be a system that ensures enrollees have access to the comprehensive range of services.***

Budget Concerns

FPA supports the principle of protecting patients from unexpected medical bills; however, the out-of-network provisions affecting hospitals and health care providers are confusing and in need of changes to reflect the manner in which health care is actually delivered. FPA is not opposed to enactment of out-of-network protections for patients, but the proposed language needs to be clarified to ensure that appropriate and accurate information is conveyed to patients. Briefly, we request that the provisions applying to hospitals be clarified to specify that the requirements are applicable to general hospitals, and that the provisions that apply to health care providers apply only to those who bill discretely for their services. FPA will be happy to share specific language change suggestions with members of the Legislature.

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We thank you for your time and look forward to working with the Legislature in shaping the 2014-2015 budget.