

Testimony of Planned Parenthood of Southern New England
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Opposition to House Bill 6846 *An Act Implementing the Governor's Budget*
Recommendations for Human Services

Senator Moore, Representative Abercrombie and honorable members of the Human Services Committee, my name is Gretchen Raffa, from Planned Parenthood of Southern New England. As the state's largest provider of family planning and reproductive health care to over 65,000 patients every year, Planned Parenthood is compelled to testify, with great concern, and in opposition to a number of the cuts proposed to the State Medicaid program in *House Bill 6846 An Act Implementing the Governor's Budget Recommendations for Human Services*. These proposed cuts will likely impact our state's low income women of reproductive age and their families, many of them being our patients. The Medicaid program is essential source of health care for American women and has long recognized vital importance of family planning coverage. Family planning lowers maternal and infant morbidity, and is tied to reducing health disparities. Medicaid eligibility expansion has transformed how pregnancy-related care is paid for in this country, enabling low-income women to begin prenatal care as early in pregnancy as possible in order to improve their chances of having a healthy baby. As advocates for reproductive health and justice, we believe that all women have the right to control their own fertility and have the right to a healthy pregnancy and bear healthy babies.

- The cut to *HUSKY A* eligibility for adults, including pregnant women, with income above 138% of the federal poverty level, is just plain indefensible. Pregnancy is not a "qualifying event" for special enrollment in a qualified health plan under the Affordable Care Act, assuming women at that income level, even with federal subsidy, have the resources to enroll. As Planned Parenthood worked to enroll people in the ACA over the past year we have seen firsthand how costs of premiums have been barrier to uninsured people actually buying an insurance plan because it is too costly for their budget. And for those who finally have access to health care because of expanded Medicaid coverage, they are incredibly grateful and for some, now have health care coverage for the first time in their lives. The Governor's assumption that people simply can buy an "affordable" plan through Access Health CT is simply not a reality for many people who will lose coverage if these cuts to Medicaid are implemented. We all know how this story will end: women will forego necessary prenatal care, but at the appointed time, will need to present themselves at emergency rooms for labor and delivery, at both great expense and unnecessary personal health risk.
- Likewise, eliminating *Healthy Start*, a longstanding program that gets low income pregnant women quickly and efficiently covered in order to jump-start prenatal care, will only, ultimately, cost, not save, state dollars, and contribute to the unacceptable infant mortality rates we'd managed to improve in the past twenty years. Prenatal care is critical for a healthy pregnancy and the development of a healthy child. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.¹
- For other parents forced from *HUSKY*, experts estimate based on experiences in nearby states, like Rhode Island, that fewer than a third will enroll in the exchange because of cost. And the children of these families will likely lose coverage simply because their parents think that the entire family has been cut.
- The significant proposed cuts to Medicaid provider rates will have a direct impact on provider networks and access to care. Many medical providers, PPSNE included, already struggle with reimbursement rates that do not cover the cost of delivering most services. Many providers will no doubt consider abandoning their participation in the program altogether.
- Additional programs being sacrificed, like the *Teen Pregnancy Prevention Programs* and the *Fatherhood Initiative* provide important and support for otherwise un-noticed at-risk populations of young people, including young dads.
- The elimination of thirteen full time DSS employees and closing offices exacerbates all of the issues clients and providers have accessing information, following up on claims and otherwise communicating with this vital state agency.

Planned Parenthood of Southern New England has long fought for a woman's right to control her reproductive destiny which includes planning her family and raising her family in safe and healthy environments. We strongly oppose these cuts which will affect the ability of women to plan their families; to become pregnant, have a healthy pregnancy, and give birth to a healthy child.

This shouldn't even be a question. The Governor's budget proposal would leave thousands of low-income working parents and pregnant women without insurance- a reproductive injustice to tens of thousands of our states residents. This just isn't fair for Connecticut families who rely on Medicaid and simply put, is an unjust proposal. Surely, in one of our country's wealthiest states, there are both untapped resources and a moral pathway for doing better than this. We need to find other creative, impactful ways to solve this problem rather than depriving the most vulnerable residents' access to health care and critical programs that help reduce inequity and disparities in health care and health care access.

ⁱ U.S. Department of Health and Human Services, Health Resources and Services Administration Maternal and Child Health
<http://mchb.hrsa.gov/programs/womeninfants/prenatal.html>