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Testimony of Planned Parenthood of Southern New England
in support of raised H.B. 6662 *An Act Declaring Racism as a Public Health Crisis and Establish the Commission on Racial Equity in Public Health*
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Senator Osten, Representative Walker, and honorable members of the Appropriations Committees, my name is Gretchen Raffa, Senior Director of Public Policy, Advocacy and Organizing at Planned Parenthood of Southern New England (PPSNE) testifying in strong support of raised House Bill 6662 *An Act Declaring Racism as a Public Health Crisis and Establish the Commission on Racial Equity in Public Health.* As the state's largest provider of family planning and sexual and reproductive health care to nearly 62,000 patients last year at 14 health centers across the state, Planned Parenthood believes all people should have access to quality, affordable health care — regardless of who you are, where you live, your income or if you have health insurance.

Health equity is at the center of Planned Parenthood's mission. Our vision of health equity includes a world where sexual and reproductive rights are basic human rights, where access to health care doesn't depend on who you are or where you live, and where every person has the opportunity to choose their own path to a healthy and meaningful life. We know people's sexual and reproductive health care can't wait—especially during a public health crisis. PPSNE has continued to provide telehealth and in-person visits for time-sensitive, essential health services in order to prevent delays and setbacks in care that could impact a person's long-term health for years to come.

The COVID-19 pandemic has continued to spotlight vast inequity in our health system as Black, Indigenous, and people of color face a greater risk of contracting coronavirus and dying from the disease. We know our patients are forced to confront the intersection of these devastating crises – the disproportionate impact of this pandemic, pervasive, systemic racism that leads to racial health disparities and life-threatening health outcomes, economic insecurity, gender inequity, and more.

This pandemic has sent a message loud and clear: people need more access to health care, not less. Reliable access to affordable, comprehensive health care is a human right. Any barrier to care is dangerous and harmful. We know systemic racism presents barriers to health care, whether it's the inability to afford health insurance, lack of access to preventive care or early childhood care, and implicit bias in our health care system where all too often the concerns of patients of color are disrespected and dismissed. To address these problems, we must recognize the impact of racism on public health.

As health care experts, Planned Parenthood knows racism is a public health crisis. Public health is built on the principle of protecting and improving the health of people and their communities. More than half of Planned Parenthood patients identify as people of color and the majority identify as women. We are the primary source of health care for many of our patients — many are shut out of our state's health care system. We provide essential sexual and reproductive health care services – including annual exams and lifesaving cervical and breast cancer screenings, which disproportionately impact people of color.

The country's underinvestment in Black and Latino/a/x communities has led to less access to health care and dramatic health care disparities which have only been amplified during the pandemic. Economic inequality, structural racism, and public health failures have translated to exponentially higher rates of infection and death from COVID-19 in the Black, Indigenous and Latino/a/x communities. Deeply entrenched systemic racism in health

care has made it harder for Black women — who are 50% more likely to be uninsured than non-elderly, non-Hispanic white women — to access the quality, unbiased health care services and social support they need to lead healthy lives. These inequities often result in delayed or missed diagnoses, higher rates of STDs/STIs and chronic health conditions, and increased breast cancer and maternal mortality rates for Black women. This must change.

Both COVID-19 and breast cancer outcomes make clear structural racism's role in increasing barriers to health care for people of color. While breast cancer is one of the most common forms of cancer affecting women of any age, race, or ethnicity, Black women and Latinas face more barriers to getting care and are more likely to be diagnosed at later stages when cancer is less treatable. White women have the highest overall incidence of breast cancer in the U.S., yet — because of structural racism within the health care system, which creates barriers to accessing breast cancer screenings and treatment — Black women die at higher rates. Breast cancer screenings can also be cost-prohibitive to people with low incomes and for those living in a rural or otherwise medically underserved communities. Those who suffer economic inequity in our state or lack health insurance might not be able to afford to get a preventive screening, treatment, or counseling. The costs of taking unpaid time off work, securing childcare, and transportation can also be barriers to care that are too overwhelming to overcome.

Research also suggests women of color experience discrimination from their maternal care providers, and their birthing outcomes, particularly among Black women, correlate to their experience of racism. [i] Training providers in offering care that is culturally competent and free of implicit bias is an urgent need in our state, especially for those who provide direct care to pregnant women or those in the postpartum period. The U.S. has the highest rate of pregnancy- or childbirth-related deaths in the developed world and is also one of only 13 countries in the world where the rate of maternal mortality is now worse than it was 25 years ago.[ii] Approximately 700 women die each year in the United States during and after pregnancy,[iii] and most pregnancy-related deaths are considered preventable. Racial disparities in pregnancy-related deaths show that across all income and education levels, Black women in the U.S. are at higher risk for poor outcomes than white women. Black women are three to four times as likely to die from pregnancy-related causes as their white counterparts, according to the C.D.C. This is a racial justice issue. Studying racial inequities in maternal mortality and severe maternal morbidity in the state is an important step in reducing these inequities in maternal health — and addressing racial disparities in health care.

We respectfully recommend the bill include staffing to create racial impact assessments on proposed policies. This will enable the Connecticut General Assembly to evaluate the potential for policies to promote equity or have a disparate impact.

PPSNE has long fought for a person's right to control their reproductive lives which includes planning their family, having a healthy pregnancy, giving birth to a healthy child and raising their family in safe and healthy environments. We will continue to fight for policies that protect the rights of all people to ensure our patients and communities have what they need to live healthy and self-determined lives.

Thank you for raising H.B. 6662 which will help to address racial health disparities in our state. While COVID-19 ravages communities of color, it is essential we take every step possible including policy solutions that promote racial and health equity. These solutions for health equity need to consider the social, political, and historical context of race and ethnicity in this country. We urge the Committee and legislature to pass H.B. 6662 and take another important step in addressing health inequities in our state. Thank you for your time and consideration.

[i] Attanasio, Laura MS; Kozhimannil, Katy B. PhD, MPA Patient-reported Communication Quality and Perceived Discrimination in Maternity Care, Medical Care: October 2015 - Volume 53 - Issue 10 - p 863-871 doi: 10.1097/MLR.0000000000000411

[ii] "Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," The Lancet. Only data for 1990, 2000 and 2015 was made available in the journal.

[iii] Center for Disease Control and Prevention. Pregnancy-Related Deaths. Retrieved from: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm