November 29, 2019

The Honorable Richard Neal
Chair
U.S. House Committee on Ways & Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
U.S. House Committee on Ways & Means
1139 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady,

Planned Parenthood Federation of America (Planned Parenthood) is pleased to submit these comments regarding improving care delivery and health outcomes in underserved communities. Planned Parenthood is the nation's leading provider and advocate of high-quality, affordable sexual and reproductive health care, as well as the nation's largest provider of sex education. With more than 600 health centers across the country, Planned Parenthood provides affordable birth control, lifesaving cancer screenings, testing and treatments for sexually transmitted infections, and other essential care to 2.4 million patients every year. Planned Parenthood health centers also provide abortion services and ensure that women have accurate information about all of their reproductive health care options. Nearly 75 percent of Planned Parenthood patients have incomes at or below 150 percent of the federal poverty level and face barriers to accessing reliable and affordable health care.

Planned Parenthood welcomes the opportunity to respond to your request for information and highlight the unique issues faced by underserved patients, including people of color and patients in rural communities, and to underscore the importance of centering sexual and reproductive health care in the types of broad health care reform efforts being contemplated by your committee. People of reproductive age face unique health care needs, as do the providers who serve them. For underserved people of reproductive age, many of the barriers to access to care can be made more acute by conflicting and often politically-motivated regulations and restrictions.

Planned Parenthood will always support increased access to services for underserved patients, and must therefore reiterate our strong opposition to the Trump Administration's gag rule, which fundamentally undermines the Title X program, a critical access point for underserved patients to attain lifesaving care and treatment. In an already deeply inequitable health care system, Title X has long been a program in service of reproductive health parity. In August 2019, Planned Parenthood and other providers were forced out of the Title X program when portions of the gag rule were permitted to take effect. We urge Members of Congress to reject the Administration's reckless and politically charged efforts to undermine patient care, access, and services, as a critical first step towards addressing the many barriers to care faced by underserved patients.

A. What are the main health care related factors that influence patient outcomes in underserved communities? Are there additional systems or factors outside of the health care industry that influence health outcomes in these communities?

Barriers to sexual and reproductive health care services can be uniquely exacerbated by unnecessary and overly burdensome political intrusions, necessitating systematic solutions which ensure patients can control their reproductive and sexual health decisions.

People in rural areas face unique barriers to sexual and reproductive health care.

For many people in rural communities, health care provider shortages,[1] coupled with unique geographic concerns, can necessitate long trips to obtain care, or result in patients forgoing care due to transportation insecurity or conflicting priorities, including work or family responsibilities. As a result, people in rural communities receive fewer recommended preventive services, including behavioral health or cancer screenings.

People of color face unique barriers to sexual and reproductive health care access.

Due to intersecting systems of racism, sexism, xenophobia, classism, and other structural barriers, patients of color face disproportionate obstacles to care, and as a result disparities in health outcomes. Intersecting injustices result in decreased access to care, and poorer health outcomes.

Women of color in underserved areas, for example, are at high risk for negative sexual and reproductive health outcomes due to poverty, geographic and social isolation, and limited access to care. These deeply entrenched injustices significantly impact patients' abilities to attain high quality health care. Some examples of these disparities include a disproportionate burden of human immunodeficiency virus (HIV) diagnoses for Black women, who account for 67 percent of all new HIV diagnoses among women in the South;[2] higher rates of human papilloma

[1] *Health Disparities in Rural Women,* American College of Obstetrics and Gynecology, Committee on Health Care for Underserved Women, Committee Opinion No. 586, found at https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Disparities-in-Rural-Women. (2014)
[2] *HIV in the Southern United States*, Centers for Disease Control and Prevention Issue Brief, found at https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf. (2019)

virus (HPV) among Black and Latina women; and higher rates of cervical cancer for women of color than white women.[3]

B. ***Are there two or three institutional, policy, or programmatic efforts needed to strengthen patient safety and care quality in health systems that provide care to underserved populations?***

The Trump administration's gag rule has tremendously undermined Title X, the nation's only federal program specifically focused on sexual and reproductive health care. For women of color, LGBTQ patients, and patients in rural areas, Title X has long been a critical access point for preventive health care services.

The gag rule, designed to undermine patients' ability to access Planned Parenthood for routine care such as birth control, cancer screenings, STI testing and treatment, well-woman exams, and screening and referral for substance use disorder, has an outsized impact on patients in rural communities that have long relied on the Title X program, including those who until recently depended on the more than half of Planned Parenthood health centers which serve rural and underserved communities.[4] Research has shown that losing access to Planned Parenthood jeopardizes access to contraception and other reproductive health care and undermines the family planning safety net in rural areas.[5]

The gag rule will also have an outsized impact on access for women of color, many of whom rely on Title X health centers for lifesaving preventive care. Of the four million Title X patients served in 2016, 21 percent identified as Black or African American and 32 percent identified as Hispanic or Latino. Planned Parenthood health centers have historically served approximately 40 percent of the patients receiving care through Title X. Other Title X providers would be unable to fill the gap left by Planned Parenthood and other grantees without increasing their caseload capacity by an average of 70 percent.[6] Given the many other barriers impacting the provision of care in underserved communities, it is a near certainty that these needs will not be met.

C. ***Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in delivery?***

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[3] *HPV-Associated Cervical Cancer Rates by Race and Ethnicity*, Centers for Disease Control and Prevention, found at https://www.cdc.gov/cancer/hpv/statistics/cervical.htm. (2019)

[4] Kinsey Haastedt, *Federally Qualified Health Centers: Vital Sources of Care, No Substitute for the Family Planning Safety Net,* Guttmacher Policy Review Vol. 20, found at https://www.guttmacher.org/gpr/2017/05/federally-qualified-health-centers-vital-sources-care-no-substitute-family-planning. (2017)

[5] Kinsey Haastedt, *Beyond the Rhetoric: the Real World Impact of Attacks on Planned Parenthood and Title X,* Guttmacher Policy Review Vol. 20, found at https://www.guttmacher.org/gpr/2017/08/beyond-rhetoric-real-world-impact-attacks-planned-parenthood-and-title-x. (2017)

[6] Jennifer Frost and Mia Zolna, *Response to Inquiry Concerning the Impact on Other Safety-Net Family Planning Providers of "Defunding" Planned Parenthood*, Guttmacher Institute, found at https://www.guttmacher.org/article/2017/06/guttmacher-murray-memo-june-2017. (2017)

The opioid epidemic has had a tremendous impact on people in underserved communities. Although there are higher rates of death by overdose for rural women than for women in urban areas, rates of death by overdose are higher in urban than rural areas for men.[7] Notably, pregnant women in rural areas are at increased risk for opioid use disorders due to an increased reliance on prescription pain relievers.[8] Title X providers have been a critical resource in addressing the opioid epidemic in both urban and rural communities, given that until recently participating providers were required to adhere to the guidelines for Quality Family Planning, which include screening for substance use and appropriate referrals.[9] Restoring the integrity of Title X will increase access to lifesaving substance abuse screenings and referrals for patients in underserved communities.

People who are underserved in their physical health care needs often face similar barriers to accessing behavioral health care. Transportation, childcare, and work responsibilities may prevent people living in rural and underserved urban areas from physically accessing a behavioral health provider, and relatively low reimbursement rates, especially in the Medicaid program, push behavioral health providers to accept few or no insurance plan. Allowing patients to access providers through telemedicine services would assist with some of these barriers, as would coverage and reimbursement parity for behavioral health services in commercial and public insurance programs. Planned Parenthood providers are trusted community providers who have a vital role to play in providing and/or referring for behavioral health care. Providers screen for anxiety and depression, and many have strong referral networks to connect patients with the care they need. In addition, for many Planned Parenthood patients, sexual and reproductive health care is the only source of preventive care they may receive in a year. For others, sexual and reproductive health care is their main point of entry to the health care system. For these and other patients, sexual and reproductive health care providers, and particularly safety net providers, are uniquely situated to connect patients with necessary behavioral health services. However, with the loss of federal Title X funds as a result of implementation of the unethical gag rule, Planned Parenthood and other safety net providers are further challenged in our ability to serve uninsured and underinsured patients, limiting our ability to expand services and enhance care coordination for the exact patients who need this care most.

D. ***What successful models show demonstrable, positive impact on health outcomes in rural or underserved communities?***

Technology is changing how we live and access health care—offering us safe, efficient, and convenient services through telehealth. Telehealth saves patients time and money and allows

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[7] Holly Hedegard, et. al., *Urban-Rural Differences in Drug Overdose Death Rates, by Sex, Age, and Types of Drugs Involved*, National Center for Health Statistics Data Brief Vol. 345, found at https://www.cdc.gov/nchs/products/databriefs/db345.htm. (2019)

[8] *Report to Congress on Medicaid and CHIP,* Medicaid and CHIP Payment and Access Commission, found at https://www.macpac.gov/wp-content/uploads/2017/06/June-2017-Report-to-Congress-on-Medicaid-and-CHIP.pdf. (2017)

[9] Loretta Galvin, et al., *Providing Quality Family Planning Services: Recommendations of CDC and U.S. Office of Population Affairs*, 64 Morbidity and Mortality Weekly Report 4, found at https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf. (2014)

them to receive care they might otherwise go without due to some of the aforementioned barriers, and improves patient outcomes and satisfaction.

Telehealth is an important tool to address access barriers that contribute to health disparities, particularly for communities with provider shortages. About half of U.S. counties, home to more than 10 million women, do not have even one OB/GYN provider.[10] With limited access to care, women in rural communities experience higher rates of obesity, suicide, and cervical cancer and are less likely to receive preventive screenings for breast and cervical cancer.[11] Moreover, people of color make up a disproportionate share of underserved people,[12] facing additional barriers and burdens of racism in the health care system.

Sexual and reproductive health services can be delivered via telehealth without any reduction in quality or safety. Indeed, many health care organizations agree there are a number of sexual and reproductive health care services that are medically appropriate to deliver via telehealth, as well as in person. At Planned Parenthood, we provide the same high-quality care to our patients online as we do in our health centers. Our online health care offerings leverage privacy-protected, secure telehealth technology to provide a range of sexual and reproductive health services.

Planned Parenthood applauds the House Ways and Means Committee for exploring opportunities to expand and improve access for underserved people. We are happy to serve as a partner in this important work, and strongly urge Members to begin by restoring the integrity of the Title X family planning program. Should you have any questions about these comments specifically or other any matters, please do not hesitate to contact me. We look forward to continuing to work with you and your colleagues as this important work moves forward.

Respectfully,

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[10] William Rayburn, *The Obstetrician-Gynecologist Workforce in the United States: Facts, Figures and Implications*, American College of Obstetricians and Gynecologists 4 (2017).
[11] Ibid.
[12] Ibid.