

March 18, 2016

The Honorable Secretary Sylvia Matthews Burwell
US Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

RE: Protect Women's Access to Federally Supported Health Care

Dear Secretary Burwell:

As organizations committed to safeguarding and improving access to health care for all women, the undersigned urge the US Department of Health and Human Services (HHS) to take affirmative steps to protect peoples' access to care under federally-supported programs. We thank HHS for its sustained commitment to expanding access to affordable, high-quality health care for Americans through implementation of the Affordable Care Act. In service of this commitment, we urgently request that HHS prevent states from excluding qualified women's health providers from essential public health programs.

Every day, women in communities across the country seek high-quality sexual and reproductive health care services from local women's health providers they trust, and many leverage federally supported health programs to do so. Women's health providers form an essential component of our nation's health care delivery system, helping to prevent unintended pregnancy through contraception, reducing the health burden of sexually transmitted infections (STIs) and HIV through screening and diagnosis, and screening for cervical and other cancers. A significant proportion of women rely on publicly funded family planning and sexual health providers as their main or sole source of care. This is especially true for low-income women, young women, and women of color — groups that disproportionately rely on public health programs.¹ In rural and underserved communities, which often lack alternative providers of affordable reproductive health care services, this reality is often even starker.

In an effort to pursue a political agenda, an increasing number of states are targeting women's health providers for exclusion from key federal health programs, including the Title X family planning program, Centers for Disease Control and Prevention (CDC) Section 318 STI prevention programs, and Medicaid programs. At least 17 states have done so since 2011. Ten of these states have taken official action to block certain women's health providers, such as Planned Parenthood, from participating in Medicaid.² Because the Medicaid program, specifically the

¹ Perry Udem Research & Communication, "Women & OB/GYN providers," *Planned Parenthood Federation of America* (Nov. 2013), available at http://www.plannedparenthood.org/files/4914/0656/5723/PPFA_OBGYN_Report.FINAL.pdf; 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), available at <http://www.guttmacher.org/pubs/journals/j.whi.2012.09.002.pdf>.

² *E.g.*, Alabama, Arizona, Arkansas, Indiana, Iowa, Kansas, Louisiana, Oklahoma, Pennsylvania, and Texas.

“any willing provider” provision, protects beneficiaries’ right to seek care from any qualified family planning provider of their choice, these actions are prohibited under Medicaid law.³ Unfortunately, that has not stopped some states from trying to deny access under the program. Just last week, the Florida legislature passed a law prohibiting women’s health providers from participating in the Medicaid program.⁴

Several states have targeted access to care under other HHS–supported programs, including the Title X family planning program, the CDC 318 STD prevention program, and the CDC National Breast and Cervical Cancer Screening Program. For instance, six states have already cut certain women’s health providers out of their Title X–funded family planning programs.⁵ Other states have adopted similar directives to limit the participation of women’s health providers in the CDC Section 318 STI prevention programs,⁶ among other important federal programs serving women.⁷

Expelling well–qualified, trusted providers from federally–supported health programs compromises women’s access to critical reproductive health care. Recent events in Texas vividly illustrate these harms. As a consequence of several actions taken by Texas in 2011—including the state legislature’s decision to effectively exclude Planned Parenthood health centers from the state’s Title X–supported family planning program—the state now serves 54 percent fewer patients through the program and 25 percent of family planning health centers were forced to close their doors.⁸ More than half of Texas women now report at least one barrier in their access to reproductive health care services, including the prohibitive cost of services and a lack of local providers—with a particularly alarming impact on young, low–income, Spanish–speaking, and immigrant women.⁹

HHS must protect health care access in the face of these harmful state–level attacks. Indeed, it is critical that the agency issue policies making clear that politically–motivated actions to exclude women’s health providers from federally–supported public health programs are prohibited—as they contravene congressional intent, program goals, and our shared commitment to improving the health and well–being of all people.

³ 42 U.S.C. § 1396a(a)(23); 42 C.F.R. § 431.51(a); CMS, *State Medicaid Manual* §2088.5.

⁴ H.B. 1411, 2016 Leg., Reg. Sess. (Fla. 2016).

⁵ *E.g.*, Kansas, North Carolina, New Hampshire, Ohio, Tennessee, and Texas and most recently Wisconsin and Florida.

⁶ *E.g.*, Arkansas, Georgia, Indiana, Ohio, Tennessee, and Utah.

⁷ A variety of other federal initiatives administered by the Department have recently been subject to politically motivated state interference, including HIV Prevention programs, Minority AIDS Initiative programs, the National Breast and Cervical Cancer Early Detection Program, the Personal Education Responsibility Program, and Violence Against Women Act programs.

⁸ Kari White, et al., *The Impact of Reproductive Health Legislation on Family Planning Clinic Services in Texas*, American Journal of Public Health (May 2015), available at <http://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2014.302515>.

⁹ Texas Policy Evaluation Project, *Research Brief: Barriers to Family Planning Access in Texas* (May 2015), available at http://www.utexas.edu/cola/orgs/txpep/files/pdf/TxPEP-ResearchBrief_Barriers-to-Family-Planning-Access-in-Texas_May2015.pdf.

We look forward to continuing our work with HHS to maintain and expand women's access to federally supported health care. Thank you for your consideration.

Sincerely,

30 for 30 Campaign
Advocates for Youth
AIDS Alabama
AIDS United
American Civil Liberties Union
American Congress of Obstetricians and Gynecologists
Association of Reproductive Health Professionals
Athena Network
Catholics for Choice
Center for Reproductive Rights
Girls Inc.
Hadassah, The Women's Zionist Organization of America, Inc.
Institute for Science and Human Values, Inc.
NARAL Pro-Choice America
National Abortion Federal
National Council of La Raza
National Family Planning & Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Health
National Network of Abortion Funds
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
Physicians for Reproductive Health
Planned Parenthood Federation of America
Positive Women's Network – USA
Project Inform
Reproductive Health Technologies Project
Sexuality Information and Education Council of the U.S. (SIECUS)