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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF DR. JENNIFER CHILDS-ROSHAK

I, Jennifer Childs-Roshak, M.D. M.B.A., declare:

1. I am the President and CEO of Planned Parenthood League of Massachusetts (PPLM). I have held these positions since November 23, 2015.

2. Before joining PPLM, I served as the Boston Regional Medical Director for Atrius Health while personally caring for 1,000 patients as a primary care physician. I earned my medical degree from Temple University School of Medicine in Philadelphia, and my Masters of Business Administration from the Boston University School of Management.

3. I practiced as a primary care physician for over twenty years, practicing in Massachusetts specifically from 2001 until 2015 when I joined PPLM. During my career I provided care to a diverse population of women and families, both insured and uninsured, in a variety of settings including community health centers, regional hospitals, and urban medical centers.

4. As both a physician and a health care executive, I have long been concerned about the cost of reproductive health care, including contraception, and the impact that cost has on patient access to appropriate care.

5. As President and CEO of PPLM, I lead the largest freestanding reproductive health care provider and advocate in Massachusetts. PPLM operates five medical facilities throughout Massachusetts.

6. The mission of PPLM is to protect and promote sexual and reproductive health and freedom of choice by providing clinical services, education, and advocacy. Our vision is that sexual health is essential to every person's well-being.

7. Every year, PPLM provides a wide range of sexual and reproductive health care services to more than 32,000 patients, at more than 50,000 patient visits, across Massachusetts

and educates thousands of young people, parents, and professionals through PPLM's nationally recognized sexual health education programs.

8. PPLM is committed to providing high-quality, affordable care to all of the patients we serve. We seek to offer medically appropriate care and counseling in a confidential and nonjudgmental manner.

9. Some of the most vulnerable patients, including those who are uninsured or underinsured, seek out care from PPLM because of our reputation as a supportive and culturally sensitive provider.

10. Founded in 1928, PPLM has a long history of providing care to the women of Massachusetts, including removing financial barriers to contraception and reproductive health services.

11. In FY 2016, PPLM provided nearly $15 million of medical services. PPLM received roughly $5 million from Medicaid, $776,000 from Title X funding, and $240,000 from the Massachusetts Department of Public Health's (DPH) Sexual and Reproductive Health Program (SRHP) grant.

12. Some of the patients to whom PPLM provides medical services do not have health insurance, do not have coverage for the care they are seeking, or need confidential care and cannot utilize their health insurance for their visit.

13. Because of the Affordable Care Act (ACA), the percentage of patients who did not have or could not use insurance has significantly decreased over the past five years at PPLM. Nevertheless, approximately 18% of all patients, about 7,000 individuals, did not or could not utilize insurance coverage during their visits in FY 2016.

14. In these situations, PPLM does one of the following things: if the patient qualifies, PPLM will assist the patient in enrolling in Medicaid, known as MassHealth in Massachusetts; if

the patient qualifies for funding under PPLM's SRHP grant, PPLM will bill the services to the grant; depending on the patient's income, PPLM will charge the patient directly on a sliding scale from 0 to 80% of the cost; or PPLM will charge the patient directly at the self-pay rate (cash), which is discounted. In nearly all cases, PPLM generally will take a loss on those services.

15. PPLM exhausts the public funding available to it each year, including funding it receives through its SRHP grant. If there is an increase in individuals seeking care from PPLM who are eligible for one of the payment methods listed above, PPLM's budget, including money it receives through the SRHP grant, will be further strained.

16. Some of PPLM's patients are students or dependents who are covered by someone else's employer-sponsored health plan. Some of these insured patients receive coverage from either employers or family members who reside in another state. In some instances, the family member resides in a second state and the employer is headquartered in a third state.

17. I am familiar with the Final Rules issued by the Defendants in this case regarding expansion of the exemptions to the contraceptive mandate under the Affordable Care Act.

18. It is my understanding that approximately 60% of Massachusetts' insured are covered through an employer-sponsored health plan, either directly or as a dependent.

19. I anticipate that additional women who lose coverage for contraceptive services because of the Final Rules, either as the primary insured or as a dependent, will seek care at our health centers.

20. In those instances, PPLM will utilize the processes outlined above to find funding to cover the increased number of patients.

21. The women and families impacted by the Final Rules will come from a wide range of social and economic backgrounds. I believe that a direct consequence of the Final Rules will be an increase in unintended pregnancy which will in turn work to undermine the economic security

of families in Massachusetts as well as exacerbate the disparities that women face with regard to access to education, career advancement, and economic stability.

22. The Final Rules will also impact health outcomes. For example, birth control pills are used for health conditions beyond pregnancy planning such as reducing the symptoms of severe menstrual pain; treating excessive menstrual bleeding, which can lead to anemia; treating the pelvic pain that accompanies endometriosis; and treating bleeding due to uterine fibroids. Blocking access for hormonal treatments limits women's ability to manage these, and other, important medical issues.

23. Regarding family planning specifically, unintended pregnancies lead to poor health outcomes for both mothers and children. In turn, along with poor health outcomes, the overall cost of women's health care will increase. Studies have shown that for every dollar spent on family planning, there is a seven-dollar savings to the Medicaid program downstream.

24. Based on our experience providing care at PPLM, I believe that another direct consequence of the Final Rules will be that women whose contraceptive care is excluded from employer-sponsored insurance will opt for less expensive and less effective contraceptive services.

25. For example, under the cost elimination regime of the ACA, PPLM has seen a dramatic change in the types of birth control utilized by women in Massachusetts. In FY 2011, nearly 91% of all PPLM patients receiving contraceptive care sought hormonal treatment (birth control pills, mostly). Five years later, in FY 2016, that figure was reduced to 55%, with Long-Acting Reversible Contraception services rising five-fold to 45%. Prior to the ACA, there was, generally speaking, a considerable difference in the out-of-pocket costs of these types of birth control.

26. Though not appropriate for all patients in all situations, Long-Acting Reversible Contraception is generally far more effective in preventing unintended pregnancies. Thus, for women who lose their coverage because of the Final Rules, at least some will choose less effective versions of birth control because of the costs associated.

27. Access to effective and appropriate contraception allows women and families to plan whether and when to grow their family. There are too many studies to count that show a direct link between access to affordable and effective contraception and a decrease in unintended pregnancies. Studies also show a direct link between a decrease in unintended pregnancies and an improvement in health outcomes, increased economic stability for women and families, and broader health care cost savings.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 19, 2018, in Boston, Massachusetts.

Dr. Jennifer Childs-Roshak
President and CEO
Planned Parenthood League of Massachusetts