EXHIBIT Q

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA, Plaintiff, v. DONALD J. TRUMP *et al.* Defendants.	**NO. 2:17-cv-04540-WB**

DECLARATION OF LEESA ALLEN

I, Leesa Allen, hereby submit this declaration in support of the Motion for Preliminary Injunction filed by the Commonwealth of Pennsylvania in the above-captioned matter and, in support thereof, I state as follows:

I. Background

1. I serve as the Acting Executive Deputy Secretary for the Pennsylvania Department of Human Services ("DHS" or "the Department"). Before assuming my current position, I was the Deputy Secretary for Medical Assistance Programs at DHS. I have worked for the Department of Public Welfare, now DHS, since 1993, serving in various roles within the Office of Medical Assistance Programs since 2000. I was most recently the Deputy Secretary for Medical Assistance Programs, the Executive Medicaid Director, Chief of Staff, and Director of the Bureau of Policy. In my current role, I oversee all of the Department's operations and report directly to the Acting Secretary of DHS, who serves as a member of the Governor's cabinet.

2. DHS is responsible for administering a variety of services and benefits to residents of Pennsylvania, including health care services, support for individuals with

disabilities, child support enforcement, treatment for substance use disorder, and services for children and families.

II. Pennsylvania's Medical Assistance Program

3. DHS's Office of Medical Assistance Programs has primary responsibility for overseeing Commonwealth programs that offer health benefits to Pennsylvania residents. Those programs include the Medicaid program, known as Medical Assistance in Pennsylvania. In my prior role as Deputy Secretary for Medical Assistance Programs, I oversaw the Office of Medical Assistance Programs.

4. Medicaid is a program jointly funded by the states and the federal government that makes health care available to low-income individuals and families. States have responsibility for administering Medicaid, but are subject to federal oversight.

5. Medicaid is funded according to a formula under which the federal government contributes a specific amount for every dollar spent by Pennsylvania. If additional Pennsylvanians enroll in the Medical Assistance program, the federal and state government will both spend more on the program, thereby shifting costs from the private to the public sector.

6. As of August 2017, there were 2,869,246 Pennsylvanians enrolled in the Medical Assistance program. For the period April 1, 2016, through March 31, 2017, a total of $28.8 billion in state and federal funding was spent on Medical Assistance. Of that amount, $11.2 billion was provided by the Commonwealth, and the remainder was provided by the federal government.

7. Eligibility for Medical Assistance is based primarily on income level. The Affordable Care Act expanded Medicaid eligibility so that individuals and families with incomes up to 138% of the federal poverty limit would generally be eligible for the program. However, in

National Federation of Independent Business v. Sebelius, 567 U.S. 519 (2012), the Supreme Court ruled that states could not be required to expand Medicaid under the ACA, and therefore the expansion was rendered optional.

8. Governor Tom Wolf elected to expand the Medical Assistance program in 2015, so that individuals and families in Pennsylvania with incomes up to 138% of the federal poverty limit are eligible for the program. Over 700,000 Pennsylvanians have enrolled in the Medical Assistance program as a result of the expansion.

9. For women who are pregnant, Medical Assistance eligibility requirements are different. Pregnant women are eligible if they have incomes at or below 215% of the federal poverty limit. In 2017, 215% of the federal poverty limit is $25,929 for an individual and $52,890 for a family of 4.

10. Medical Assistance provides beneficiaries with a variety of contraception options. In November 2016, DHS announced that it was making changes to its payment policies to hospitals to encourage the use of long-acting reversible contraception (LARC), which includes intrauterine devices and birth control implants.

11. Although LARCs are more effective than other methods of contraception and save money in the long run, they can have high upfront costs. By changing its fee-for-service payment policies for hospital providers for these costs, DHS has made it easier for women to use LARCs.

12. Over half of all unplanned pregnancies occur within two years of delivery of a child. For this reason, the Commonwealth encourages the use of LARCs as post-partum contraception to reduce the rate of such unplanned pregnancies.

13. In addition, Medical Assistance offers specific benefits for eligible pregnant women Those benefits include full scope medical benefits, as well as other benefits including proper prenatal care and early detection and treatment of health problems.

III. Pennsylvania's Family Planning Services Program

14. DHS also administers Pennsylvania's Family Planning Services program. The Family Planning Services program provides family planning benefits to individuals who are not eligible for full Medical Assistance benefits but satisfy other conditions. The Family Planning Services program receives federal and state Medicaid funds.

15. The Family Planning Services program was launched in 2008 as the SelectPlan for Women. Originally, it operated pursuant to a "Section 1115 waiver" granted by the U.S. Secretary of Health and Human Services. Section 1115 waivers free states from certain requirements of the Medicaid program so they can implement demonstration projects using federal and state Medicaid funds. Section 1115 waivers must be renewed every 5 years.

16. In 2015, the SelectPlan for Women Program authorized under the Section 1115 Waiver was transitioned to the Family Planning Services program authorized under the Medicaid State Plan. Under a provision of the ACA, states were provided the option to provide family planning and family planning-related services to individuals with incomes at or below 215% of the federal poverty limit who would not otherwise be eligible for Medicaid. With the transition, the program began to provide family planning and family planning-related services to men as well. As a result of this new authority, the Commonwealth no longer needs to seek a waiver from the Department of Health and Human Services every five years.

17. The Family Planning Services program is open to individuals and families with incomes at or below 215% of the federal poverty limit. Pregnant women (who would be eligible for Medical Assistance) are not eligible.

18. In August 2017, 17,333 individuals were enrolled in the Family Planning Services program.

19. Women and men who are employed and who receive health insurance through their employer may participate in Family Planning Services, provided they satisfy the eligibility criteria, and many beneficiaries of the program are employed. However, individuals who receive coverage for family planning services through their employer or from another source are not eligible for the program. Therefore, those participants in Family Planning Services who are employed either do not receive health coverage from their employers or receive coverage that does not include family planning services.

20. Because the Family Planning Services program is funded under Medicaid, total spending on the program depends on enrollment. If more individuals participate in the program, federal and state spending increase.

21. The Family Planning Services program provides contraceptive benefits, including coverage for birth control pills and LARCs. The program also provides a variety of other benefits, including pregnancy counseling, HIV and STD testing and treatment, and male and female sterilization.

22. These services are provided to beneficiaries without copays, deductibles, or other cost-sharing arrangements.

23. It is not unreasonable to expect that women who do not receive contraceptive care from their employers or private insurance will turn to government-funded programs,

such as Medical Assistance, to the extent they are eligible for these programs. Therefore, some eligible women who require contraceptive care but who work for employers that choose to opt out under the new exemption rules will likely seek out other coverage options, including the Commonwealth-funded programs discussed above.

IV. The Administration's Executive Orders

24. I am generally familiar with the Affordable Care Act's Contraceptive Care Mandate, which requires non-grandfathered group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for FDA-approved methods of contraception without imposing cost-sharing requirements.

25. I understand that the Administration issued two rules on October 6, 2017, that expanded the exemptions from the Contraceptive Care Mandate. Under these rules, covered entities may opt out of complying with the mandate on the basis of a sincerely held moral or religious conviction.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Dated: October 27, 2017