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IN THE UNITED STATES DISTRICT COURT
9
FOR THE NORTHERN DISTRICT OF CALIFORNIA
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THE STATE OF CALIFORNIA; THE STATE OF CONNECTICUT; THE STATE OF DELAWARE; THE DISTRICT OF COLUMBIA; THE STATE OF HAWAII; THE STATE OF ILLINOIS; THE STATE OF MARYLAND; THE STATE OF MINNESOTA, BY AND THROUGH ITS DEPARTMENT OF HUMAN SERVICES; THE STATE OF NEW YORK; THE STATE OF NORTH CAROLINA; THE STATE OF RHODE ISLAND; THE STATE OF VERMONT; THE COMMONWEALTH OF VIRGINIA; THE STATE OF WASHINGTON, 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 AMANDA SKINNER IN SUPPORT OF STATES' MOTION FOR PRELIMINARY INJUNCTION**

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I, Amanda Skinner, declare:

1. I am President and CEO of Planned Parenthood of Southern New England. I have been in this role since May of 2017. Prior to joining PPSNE I worked as an executive in a large, national health care services organization, Optum, and spent 6 years as an executive at a large academic medical center that shares the same geographical region as PPSNE, Yale New Haven Health. I am a certified nurse-midwife and provided direct health care services to women in Connecticut for 10 years.

2. This document is based on my professional knowledge, my review of records here at PPSNE and my experience in the health care field. If called and sworn as a witness, I could and would testify competently to the information contained in this declaration.

3. Planned Parenthood of Southern New England is a two-state affiliate also including Rhode Island. We are the sole Planned Parenthood entity that is responsible for services throughout Connecticut. In addition to providing a range of quality health services, Planned Parenthood meets our mission in Connecticut and Rhode Island by offering a range of educational programs to communities we serve, informing individuals about their right to health care; and we also engage in advocacy to insure that laws are in place to protect those rights.

4. In Connecticut, PPSNE operates 17 reproductive health centers, located across the state, and including two (in Hartford and Stamford) which are designated as patient centered medical homes by the National Center for Quality Assurance (NCQA). We served nearly 75,000 patients last year (in both states), the vast majority in Connecticut.

5. The two final rules on exemptions to contraception coverage issued on November 15, 2018, by the US Department of Health and Human Services in conjunction with the US Department of Labor and US Department of Treasury (Final Rules), would have a devastating impact on some women in Connecticut who rely on Planned Parenthood of Southern New

England for health services, including contraceptive services. The Final Rules would also have a severe impact on the State of Connecticut which would have to increase funding for public health programs to ensure women have access to contraceptive services to fill the void when employers refuse to offer insurance coverage that was formerly required by law.

Planned Parenthood's Role in Supporting Patients and Providing Public Health in Connecticut

6. Planned Parenthood provides services to 24% of women who need publicly funded contraceptive services in Connecticut. In 2017, Planned Parenthood of Southern New England provided services to 60,249 patients in Connecticut at health centers in Bridgeport, Danbury, Danielson, Enfield, Hartford, Manchester, Meriden, New Britain, New Haven, New London, Norwich, Old Saybrook, Stamford, Torrington, Waterbury, West Hartford, and Willimantic.

7. PPSNE provides services to patients who are uninsured, participate in the Medicaid program, or are commercially insured.

8. When patients lack insurance coverage or coverage for contraceptive services in specific, patients pay a portion of the cost of their care as determined by a sliding fee scale based in income. PPSNE covers the remainder of the cost of care with our own funding as well as grants from the federal Title X program, and a family planning grant from our State Department of Public Health.

9. In Fiscal Year 2018 (April 1, 2017 through March 31, 2018) PPSNE received $3,111,486 in family funding from Title X and the State Department of Public Health. Since funding from these two grants are fixed amounts, since the State of Connecticut is experiencing budget constraints, and since PPSNE's Title X funding is threatened by the imposition of an impending "gag rule," these grants cannot and will not increase based on an increase in patient volume.

10. PPSNE provides health services including wellness examinations, contraceptive

counseling, clinical breast examinations, cancer screenings, birth control, HPV vaccinations, screening and treatment of sexually transmitted infections, PREP treatment for those at risk of HIV infection, pregnancy testing and options counseling, transgender health care, emergency contraception, and abortion services.

11. Of the 60,249 patients PPSNE treated in Connecticut last year, 86% were female. The payer mix for this group was:

a) 50% Medicaid patients.

b) 10% Title X patients (uninsured & at or below 100% federal poverty level)

c) 5% patients with funding from State DPH grant

d) 3% patients who received services including abortion, not covered by the Title X program, or who fall into a miscellaneous eligibility category.

e) 32% commercially insured patients.

Risk to Planned Parenthood's Insured Patient Population

12. As noted above, nearly 32% of PPSNE's female patients have commercial insurance coverage. PPSNE patients who are covered by commercial insurance plans which the employer self-funds are at risk for losing contraceptive coverage under the Final Rules because their employers could claim a religious or moral exemption and would not have to seek accommodation if they discontinue coverage. Since 1999, Connecticut has required that any commercial insurance plan that covers prescription drugs must cover contraception, with limited exceptions for entities and employers that are specifically deemed to be 'religiously affiliated.' In 2018, Connecticut codified the contraceptive benefit of the Affordable Care Act, and broadened it to allow access to a 12 month supply of contraceptives. Self-funded insurance plans are not required to comply with state law, as they are exempt from state insurance law under ERISA, the federal employee Retirement Security Act.

13. Since the Final Rules permit an individual to refuse insurance coverage for contraception, even more of PPSNE's covered patients are at risk, because in many cases our patient is not the holder of or subscriber to the insurance plan, but covered under the plan of a parent, spouse or partner. This means that women could lose coverage for contraceptive care due to the objections or beliefs of the policy owner. Those facing domestic violence are also at risk due to the moral or religious objections of their policy's owner and, if the policy owner is the abuser, that person may seek to cancel contraceptive coverage. PPSNE providers often see, in the course of offering care, women who are unable to access care or fearful of doing so, because of the abusive and controlling actions of their partner or spouse.

Increase in Women Seeking Family Planning and Contraceptive Care at Planned Parenthood

14. With the Final Rules, women in insurance plans which the employer self-funds will be at risk of losing contraceptive coverage. Since more than half of the insured population of Connecticut is covered by a self-insured plan, (Office of the Healthcare Advocate, State of Connecticut, https://www.ct.gov/oha/cwp/view) clearly a significant percentage of insured Connecticut women are at risk for losing contraceptive coverage. Employers are not required to provide any accommodation if they discontinue coverage.

15. Based on my own professional experience, and the fact that PPSNE is a highly trusted provider of reproductive health care, and because of our reach across the state at the 17 health centers we operate, I believe that many women impacted will very naturally turn to Planned Parenthood for family planning and contraceptive care. Currently, our only options for funding such care include the (soon to be lost to PPSNE) Title X program, the Medicaid program, which only provides care to those under significant income constraints and the State Medicaid "limited benefit" family planning program.

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Impact on the Title X Program

16. Title X is the national family planning program, which, in Connecticut, has been administered for over 30 years by PPSNE as the direct grantee of the US Department of Health and Human Services, Office of Population Affairs. PPSNE receives a total of $2.2 million in Title X dollars.

17. Title X has a history of preventing unintended pregnancy, nationwide and in our state, and in 2012 is credited with helping women prevent 9,800 unintended pregnancies (National Family Planning & Reproductive Health Association, Title X in Connecticut, December 2016).

18. Women with incomes up to 250% of the federal poverty level are eligible for Title X services. Women who qualify for Title X services may be uninsured or covered by commercial insurance. For women with insurance, Title X covers services that their insurance plan may not. All Title X patients, with the exception of the lowest income levels, must contribute to the cost of their care on a sliding fee scale, based on their income.

19. With the Final Rules, I believe that there will be a greater number of Connecticut women who will turn to Title X for services when they lose coverage. Assuming another recent rule being promulgated by HHS goes into effect in coming months, Title X family planning providers will be prevented from providing full and unbiased counseling to pregnant patients, and from referring any such patient for abortion if that is her decision. When this rule is implemented, Planned Parenthood will no longer be permitted to serve as the Title X grantee, and will no longer receive these funds. Patients seeking Title X services will need to do so at other providers (likely at federally qualified health centers). Others, seeking the trusted care offered by Planned Parenthood, will come to our Connecticut centers and, because of the dictates of our mission, PPSNE will be obligated to provide free or low cost contraceptives and care to them. Neither

PPSNE nor a range of other public health providers will be in a position to readily accommodate an influx of patients who have commercial coverage that does not include family planning or birth control.

20. Regardless, the Final Rules will impose additional burden on insured women who lose their coverage, turn to a Planned Parenthood or community health center for services, and will, in most cases, be asked to pay for a portion of their care on the sliding scale. For the most effective contraceptive methods, such as long-acting reversible (LARCs), this cost may be unaffordable for many women.

Impact of the Increase in Women Turning to the Medicaid Limited Benefit Family Planning Program

21. Connecticut has a limited benefit family planning program that covers access to family planning services (only) for eligible women (and men) under 250% of FPL. This program is funded on a 90-10% basis (federal versus state contribution), and last year PPSNE (the primary provider of services under this program) provided services to 2600 women and men covered by the program, resulting in $540,000 in revenue. There is no cost-sharing for these services to participants. Increased enrollment in this program would of course increase the amount the State contributes to care for women who, by all accounts, should have commercial coverage for contraceptive services.

22. Due to the Final Rules, I believe that insured patients will seek services under the Medicaid limited benefit family planning program, and that this will result in increased need for State dollars to support this program.

Impact of Increase of Women and their Families Turning to the Medicaid (HUSKY) Program

23. The federal Medicaid program has, since its inception, covered family planning as a mandated service without cost sharing. In CT, individuals are eligible for Medicaid (HUSKY) if

their income is up to 250% of the federal poverty level. Last year, PPSNE provided family planning services to 25,787 HUSKY enrollees.

24. As a result of the Final Rules, I believe that some women will forego employer coverage and enroll in Medicaid for full or wrap-around coverage. As a result the cost of coverage will shift from the employer to the State and federal government, with the State of CT covering 10% of the cost of family planning services, and 50% of other health care costs incurred under Medicaid.

Impact on Women without Contraceptive Coverage

25. It is well understood that the advent of effective prescription contraception is among the greatest factors contributing to the advancement of the status of women during the 20th century. In Connecticut alone, the recent improved access to contraceptives (since the Affordable Care Act was adopted) has resulted in a dramatic decrease in the numbers of unintended pregnancies, teen births and abortions for women of all ages. Statewide, births to teens 15 to 19 decreased 46% between 2010 and 2015 and has dropped more than 52% for African American and Latinx youth. The state's abortion rate decreased 20 % between 2012 and 2017. (Based on data from the Connecticut Department of Public Health).

26. Women who lose contraceptive coverage, and who do not qualify for one of the programs cited above, are at much greater risk for unintended pregnancy, sexually transmitted infection (and its longer range impact including infertility) and overall at risk for poorer health outcomes. At Planned Parenthood (and, frankly, throughout the developed world) we assume that family planning and the access to effective, proven methods of birth control, is a right women enjoy, not a privilege. In Connecticut, the rate of unintended pregnancy for women not using a contraceptive method is 41% (The Guttmacher Institute, Unintended Pregnancy in the United States, September 2016).

27. The role contraceptive access can play in women's lives is significant, and coverage should be a fundamental part of any basic insurance plan. We also understand the key role that control of one's fertility may play in access to further educational and employment opportunities.

The result: An Unpredictable Patchwork of Coverage and Services

28. As I have stated previously, it is the mission of PPSNE to provide reproductive health services to the best of our ability, regardless of any patient's ability to pay. However, in order to continue to do so, PPSNE, like any other health provider, needs to be able to count on a predictable funding stream or payer source. If employers who refuse to cover contraceptive care drive their female employees or dependents to publicly-funded service providers, the burden of this rule will be on the States and, ultimately, the tax payers. Moreover, not all women who require services will be eligible for publicly funded programs.

29. The Final Rules allow employers, individuals and insurers to separate contraceptive coverage from other health coverage and, in doing so, create a confusing patchwork of coverage (or lack thereof) for most services, but not for the basic care most women expect and need. It goes without saying that stigma and concerns about confidentiality will impact the willingness for any individual woman to express her concerns about her birth control coverage to her employer, her Human Resources department, or, potentially, even to her own family members.

Overall Impact on the State of Connecticut

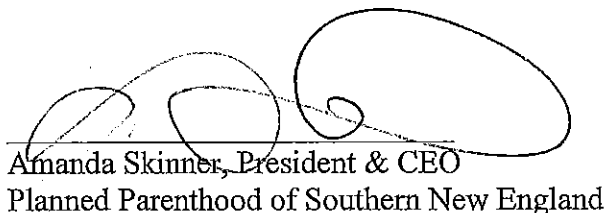
30. The Final Rules create a financial burden for the State of Connecticut, which will be required to supplant services covered for those otherwise commercially insured, with publicly funded care. If the State does not cover women, they will be at increased risk for unintended pregnancy and birth which, themselves, will present increased cost both to families themselves, to

the health care system generally, and ultimately to the State.

31. Connecticut is a state that has taken a lead in providing and covering the full range of reproductive health care for all individuals. However, Connecticut is also a state that is experiencing a challenging budget crisis. Diverting desperately needed state funds in order to backfill family planning programs for those who should be covered commercially, but whose employers have dropped coverage, is a poor use of our state dollars.

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

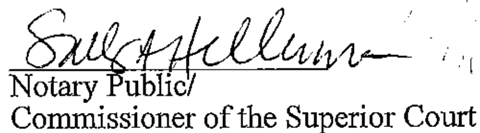
Executed on December 19, 2018 in New Haven, Connecticut.



Amanda Skinner, President & CEO
Planned Parenthood of Southern New England

State of Connecticut
County of New Haven

Subscribed and sworn to before me this 19th day of December, 2018.



Notary Public/
Commissioner of the Superior Court

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MY COMMISSION EXPIRES DEC. 31, 2021