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10
11 IN THE UNITED STATES DISTRICT COURT
12 FOR THE NORTHERN DISTRICT OF CALIFORNIA
13
14

15 **STATE OF CALIFORNIA, BY AND THROUGH**
16 **ATTORNEY GENERAL XAVIER BECERRA,**

17 Plaintiff,

18 v.

19 **ALEX AZAR, IN HIS OFFICIAL CAPACITY AS**
20 **SECRETARY OF THE U.S. DEPARTMENT OF**
21 **HEALTH & HUMAN SERVICES; U.S.**
22 **DEPARTMENT OF HEALTH AND**
23 **HUMAN SERVICES; DOES 1-100,**

24 Defendants.
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**DECLARATION OF JENNA TOSH IN
SUPPORT OF A MOTION FOR A
PRELIMINARY INJUNCTION**

Date: April 18, 2019
Time: 12:30 p.m.
Dept: Courtroom 5, 17th Floor
Judge: The Honorable Edward M.
Chen
Trial Date: Not set
Action Filed: March 4, 2019

1 I, Jenna Tosh, Ph.D., declare and state as follows:

2 1. I am the President & CEO for Planned Parenthood California Central Coast
3 (PPCCC) and Chair of the Board of California Planned Parenthood Education Fund, the state-
4 wide entity that represents the seven California Planned Parenthood affiliates. I have been the
5 President & CEO of PPCCC since 2015 and the Chair of the Board of Planned Parenthood
6 Affiliates of California since 2017. Before joining PPCCC in February 2015, I was the President
7 & CEO of Planned Parenthood of Greater Orlando, where I had previously
8 served as Director of Education and Advocacy since approximately 2005.

9 2. This declaration is based on my personal knowledge, my familiarity with PPAC's
10 practices, and the knowledge and expertise I have acquired in the course of my thirteen years of
11 service and duties at Planned Parenthood. If called and sworn as a witness, I could and would
12 testify competently to the information in this declaration.

13 3. The California Planned Parenthood Education Fund and its sister organization,
14 Planned Parenthood Affiliates of California (referred to collectively as PPAC), represent
15 California's seven separately incorporated Planned Parenthood affiliates. The mission of the
16 Planned Parenthood organizations in California is to provide comprehensive reproductive health
17 care services, to provide educational programs relating to reproductive and sexual health and to
18 advocate for public policies to ensure access to health services, including safe, legal abortion.
19 Collectively, the California affiliates operate 115 health centers and serve more than 862,000
20 patients each year. A true and correct copy of a map showing the location of the health centers
21 throughout the State of California is attached as Exhibit A.

22 4. As discussed more fully below, the final rule relating to Title X that the U.S.
23 Health and Human Services Department issued on March 4, 2019 would have devastating
24 consequences for those in California who rely on Planned Parenthood for a variety of
25 reproductive health and family planning care. The Rule would also have a devastating impact on
26 the State of California, which reimburses Planned Parenthood affiliates for those patients' care
27 through a combination of state and federal funding. Planned Parenthood serves more than
28 862,000 patients annually, almost 30% of the California women of reproductive age who are in

1 need of publicly funded family planning services.

2 I. EMPLOYMENT AND EDUCATION BACKGROUND

3 5. I received my BA in Political Science from the University of Florida, magna cum
4 laude, in 2004. I then earned my Masters in Political Science from the University of Central
5 Florida in 2008. I did my thesis on “Sex Education Policy in Florida: Strategies for Change,”
6 which earned an award for Outstanding Political Science Master’s Thesis. In 2015, I earned my
7 Ph.D. in Public Affairs, on the Governance and Policy Research Track, from the University of
8 Central Florida. My dissertation was titled: “State Adolescent Health Policies and their Impact on
9 Teen Pregnancy Outcomes.”

10 6. I began my career as a Family Case Manager for Kids Hope United then moved to
11 Planned Parenthood of Greater Orlando, where I served as the Director of Education & Advocacy
12 from 2006 to 2009. In 2012, I was appointed President & CEO of Planned Parenthood of Greater
13 Orlando. I served in that capacity until becoming President & CEO of Planned Parenthood
14 California Central Coast (PPCCC) in February 2015.

15 7. PPCCC is the Planned Parenthood affiliate for Santa Barbara, Ventura, and San
16 Luis Obispo counties. It provides services to approximately 34,000 patients annually over three
17 counties with five clinic locations.

18 II. ORGANIZATION AND AFFILIATION

19 8. PPAC is a 501(c)(4) organization that leads the state-wide public policy and
20 advocacy work on behalf of the seven separately incorporated Planned Parenthood affiliates in
21 California. PPAC was the first state public affairs office of Planned Parenthood Federation of
22 America (PPFA).

23 9. PPAC’s mission is to create a personally and politically safe climate in which
24 individuals have universal and unfettered access to sexual and reproductive health service and are
25 free to follow their own beliefs, values and moral code when making decisions about these
26 services.

27 10. California Planned Parenthood Education Fund (CPPEF) is a related California
28 non-profit 501(c)(3) organization that works to provide reproductive and complementary health

1 care services in settings that preserve and protect the essential privacy and rights of each
2 individual.

3 11. CPPEF is a membership organization consisting of the seven California Planned
4 Parenthood affiliates. Each affiliate is a separately incorporated non-profit organization with its
5 own Board of Directors, budget, management and staff. Each affiliate is responsible for
6 delivering health care services in a distinct geographic region. These affiliates provide sexual
7 education and reproductive health care across California through 115 separate health centers. In
8 fiscal year 2018, these affiliates served at least 862,000¹ patients, 90% of whom were at or below
9 200% of the federal poverty line. The California Planned Parenthood affiliates provided
10 contraception to nearly 631,000 patients, conducted 470,000 pregnancy tests, and provided 1.23
11 million tests and treatments of sexually transmitted infections. They also provided sexual health
12 education programs to over 207,000 youth in California.

13 **III. PLANNED PARENTHOOD'S ROLE IN PROMOTING PUBLIC HEALTH IN** 14 **CALIFORNIA**

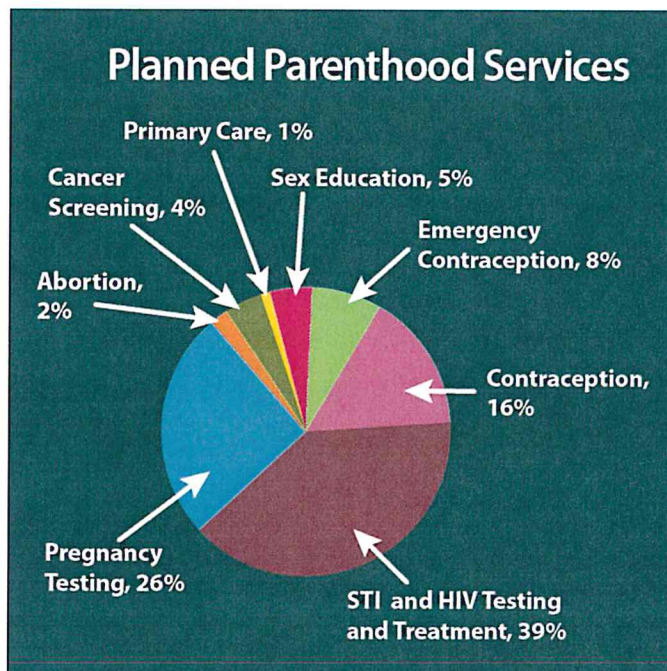
15 12. Planned Parenthood operates 115 health centers in California, including satellite
16 clinics. They span from the northwest corner of the State in Eureka to the southeast corner near
17 the Mexican border in El Centro. Health centers can be found in the major metropolitan areas of
18 Los Angeles (25 altogether), San Diego, San Jose, San Francisco, Oakland and Sacramento. My
19 affiliate, PPCCC, operates five health centers along the Central Coast. Planned Parenthood Mar
20 Monte operates twelve clinics through-out the Central Valley. A number of affiliates operate
21 health centers in the more rural parts of the State, such as Antelope Valley, Victorville, Ukiah,
22 Clear Lake and Redding. Planned Parenthood health centers welcome patients regardless of
23 citizenship or residence.

24 13. Planned Parenthood provides primarily reproductive health care services as a "one
25 stop shop." This means that a patient is able to get an office visit and counseling, most relevant
26 lab tests and any needed drugs or supplies at one location without having to travel to a pharmacy

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28 ¹ This number reflects unique patients to each health center.

or lab testing facility. This service is particularly important for the low-income patients we serve who usually do not have the time, money or resources to take additional time off of work or school or the ability to arrange for childcare. It also increases the likelihood that patients will get their tests completed and take the drugs they are prescribed.

14. All affiliates offer education and counseling on sexual and reproductive health for both men and women; the provision of birth control, including emergency contraception; testing and treatment of HIV, gonorrhea, chlamydia and the HPV virus; pregnancy testing and services; breast and cervical cancer screenings; and safe and legal abortion. In addition, all seven affiliates offer PEP and PReP for HIV prevention. Four offer gender-affirming care services for transgender patients. Two offer primary care. Five do prenatal screenings and referrals. Two provide prenatal care. And five do female and male sterilizations. This is an overview of the primary services we offer in California:



15. In 2017, Planned Parenthood saw over 737,000 patients in 1.4 million appointments. In 2017, we served California with:

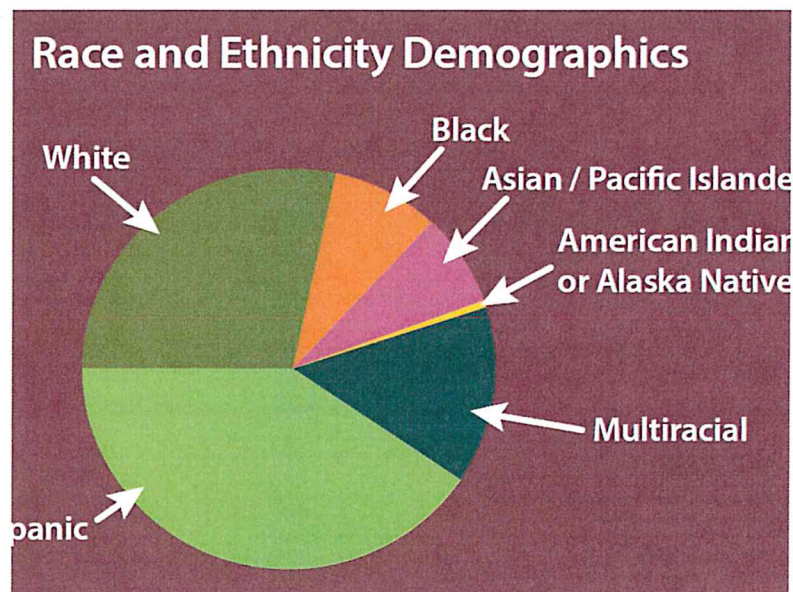
- a. Contraception to nearly 585,000 patients;
- b. Nearly 257,000 emergency contraception tests;

- c. 447,000 pregnancy tests;
- d. Over 76,000 cervical cancer screenings;
- e. Almost 71,000 breast cancer exams;
- f. Over 1.6 million tests and treatments for sexually transmitted infections; and
- g. Sexual health education programs reaching 207,000 youth.

16. To give a sense of the volume that Planned Parenthood handles, the Los Angeles affiliate alone sees more than 1000 patients a day and fields more than 3000 calls at its call center.

17. Planned Parenthood primarily serves low income patients in California who have limited access to health care services.

- a. Approximately seventy-nine percent (79%) of our patients are women, almost all of those are in the prime reproductive age range of 18 to 39;
- b. Ninety percent (90%) are below 200% of the federal poverty level (\$24,120 for one person). Of those, 31% are below 138% of the federal poverty level (\$16,752 for one person);
- c. As of 2017, the demographics of our patients roughly mirror the demographics of California: 24.4% are white, 40.5% are Hispanic, 8% Black; 7.2% Asian/Pacific Islander, 4.5% multi-racial and 20.5% other or unknown:



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- d. Many of our patients are immigrants. Many speak languages other than English. All health centers have telephone access to translators in 250 languages. As one example, Planned Parenthood of Orange & San Bernardino Counties reported last year that they had provided services in 48 different languages.
 - e. Planned Parenthood clinics also serve significant numbers of out of state patients. For example, between January 1, 2018 and December 18, 2018 Planned Parenthood Mar Monte provided healthcare to 1113 patients from outside of California.
 - f. We also serve a number of special-needs populations, including people with physical, mental or other social challenges; migrant workers; homeless people; patients with limited English skills; and lesbian, gay, bisexual, and transgender people. We have implemented a variety of specialized programs and staff training to extend access to these populations and to assure delivery of care that is culturally sensitive and appropriate.
18. Planned Parenthood operates its health centers in many medically underserved areas.
- a. For example, Planned Parenthood Pacific Southwest opened a health center in El Centro in Imperial County near the Mexican Border. El Centro and Imperial County have high levels of poverty and limited employment opportunities. The unemployment rate is the second highest in the United States. Two significant problems in that region are the lack of health care providers and effective sexual education programs. According to a report by the Bixby Center for Global Reproductive Health, less than 36% of Imperial County women in need of publicly funded contraceptive services access them. Imperial County has the second highest teen birth rate in the State: 44.5 teen births per 1000 adolescents, compared to seven in Marin.
 - b. As another example. Planned Parenthood Los Angeles operates a health center in

1 Antelope Valley in eastern Los Angeles County, with a 27.3 % poverty rate.

2 19. Planned Parenthood clinics are staffed with a variety of types of experienced
3 practitioners. We employ physicians, advanced practice clinicians (physicians' assistants, nurse
4 practitioners, certified nurse midwives, registered nurses) and medical assistants. Each operates
5 within their particular, authorized scope of practice so that health care services are delivered as
6 efficiently and cost-effectively as possible.

7 20. Patients come to Planned Parenthood for the accurate, nonjudgmental, unbiased,
8 and non-directive, compassionate and confidential care and information they need and deserve.
9 Providers are trained to be culturally competent, which is essential in a State with such a diverse
10 patient base.

11 21. Planned Parenthood affiliates in California also engage in extensive public
12 education activities. In 2017, our sexual health education programs reached 219,880 individuals
13 through our outreach and education presentations.

14 IV. FAMILY PACT, MEDICAID AND TITLE X

15 22. Planned Parenthood's patients receive their health care through government
16 funded programs, private insurance or self-pay. Government funded programs include the State's
17 Medicaid Program (Medi-Cal), which includes the Family PACT program, Medi-Cal fee-for-
18 service, and Medi-Cal managed care, and federal programs, including Title X services. Planned
19 Parenthood is either reimbursed for the care it provides patients through these programs or
20 receives specific grant funding to support family planning and reproductive healthcare programs.
21 California has been a model in delivering family planning services to low-income individuals. In
22 the past twenty-five years:

- 23 • the rates of unintended pregnancy and unplanned births declined by 82%²
- 24 • the teen birth rate declined by 71%³
- 25 • the number of abortions fell by 50%

26 ² Guttmacher Institute, *State Facts on Publicly Funded Family Planning Services:*
27 *California* (Sept.2016), [https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-](https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-california)
28 *family-planning-services-california*

³ *Id.*

23. Lack of access to contraception or family planning services would result in an increase in births and abortions which, in turn, would cause a significant increase in state costs. In fiscal year 2018, approximately 81.9% of Planned Parenthood's patients receive their health care through the State's Medicaid Program (Medi-Cal).

24. Decreases in the rate of unintended pregnancies and abortion over the long-term result in a corresponding decrease in the risk of maternal mortality, adverse child health outcomes, behavioral problems in children, and negative psychological outcomes associated with unintended pregnancies for both mothers and children. Avoiding unintended pregnancies also helps women to delay childbearing and pursue additional education, spend additional time in their careers, and have increased earning power over the long term.⁴

25. Family planning, and the consistent use of contraception, is the most cost-effective way to reduce unintended pregnancies.⁵ For every 1000 unintended pregnancies, 42% will result in live births, 13% in miscarriages, and 45% in abortion.⁶ Thus, reducing unintended pregnancies reduces expenses due to fewer delivery, miscarriage or abortion costs.

26. In California, 64% of unplanned births are paid for by the State.⁷

27. Unintended pregnancy imposes additional costs on the public sector. Low income pregnant women can qualify for several public health and social programs which provide free or low-cost services before and after delivery for themselves and their children. One study found that, in FY 2007, each unintended pregnancy in California cost the public sector \$6,557 in medical, welfare and other social service costs for a woman and child up to age two.⁸ From conception to age five, the total public sector costs per averted pregnancy were, on average,

⁴ California Health Benefits Review Program, *Analysis of California Senate Bill (SB) 999 Contraceptives: Annual Supply*, A Report to the 2015-2016 California State Legislature, at I (March 28, 2016, revised May 3, 2016)(hereinafter CHBRP Contraceptive Report).

⁵ *Id.* At 15, 22; Bixby Center for Global Reproductive Health, UCSF, *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007*, at 6-7, 20 (April 2010)

⁶ CHBRP Contraceptive Report at 30, citing Kost K., *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends since 2002* (New York 2015).

⁷ Guttmacher Institute, *State Facts About Unintended Pregnancy: California* (Sept. 2016), <https://www.guttmacher.org/fact-sheet/state-facts-unintended-pregnancy-california>

⁸ Bixby Center for Global Reproductive Health, UCSF, *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007*, at 20 (April 2010).

1 \$14,111.⁹

2 28. Family PACT clients are female and male residents of California with a family
3 income at or below 200 percent of the federal poverty level, no other source of family planning
4 coverage, and a medical necessity for family planning services. Family PACT serves 1.1 million
5 income eligible men and women of childbearing age through a network of 2,200 public and
6 private providers. Planned Parenthood provides more than 40% of the family planning visits that
7 are reimbursed by Family PACT in California. In 31% of California's counties, Planned
8 Parenthood health centers serve the majority of all patients receiving publicly funded family
9 planning.

10 29. Another critical component of the Family PACT program is the detection and
11 treatment of sexually transmitted infections (STIs). Screening and treatment of STIs is the most
12 cost effective strategy for reducing adverse reproductive health outcomes, such as pelvic
13 inflammatory disease and infertility, and their associated costs. In FY 2013-2014, the last year
14 statistics are available, 3.4 million STI tests were reimbursed under the Family PACT program.¹⁰
15 Planned Parenthood performed 1.5 STI tests in California in 2016.

16 30. The California Planned Parenthood affiliates received \$5.94 million in federal
17 Title X funds in FY2018 (July 1, 2017 – June 30, 2018). The Planned Parenthood affiliates use
18 Title X funds to help ensure that patients have access to reproductive healthcare, including
19 funding clinics to offer extended operating hours, training providers, engaging in outreach to
20 vulnerable, hard-to-reach populations, and other crucial family planning services. Title X funding
21 results in better patient access to services and contributes to better quality of care.

22 31. Other Title X providers also refer patients to Planned Parenthood for the more
23 specialized family planning services that Planned Parenthood provides. For example, several
24 California affiliates have direct referral relationships with other Title X providers in their
25 geographic region. These referrals complement our outreach and efforts to provide access to a
26 complete range of reproductive health services.

27 ⁹ *Id.*

28 ¹⁰ *Id.* at 26

32. California Planned Parenthood members also serve a significant number of out-of-state patients. For example, between January 1, 2018 and December 16, 2018, approximately 7% of the patient visits to the El Centro Health Center at PPPSW came from outside of California

V. TITLE X RULE

33. I am familiar with the final rule.

34. After considering this change in the law and based on my experience in public health, I believe it will significantly undermine the historical strides we have made in improving access to reproductive health services.

35. Access to reproductive healthcare has had significant, positive consequences. More women have health coverage¹¹, unintended pregnancies are on the decline, and the abortion rate is the lowest it has ever been since *Roe v. Wade*.¹² This progress is rooted in the expansion and availability of quality contraception care and counseling, giving women and men from all backgrounds the tools and resources needed to plan their families in line with their personal and economic preferences. In 2014 alone almost eight million women received publicly funded family planning services, which helped avoid more than two million unintended pregnancies that would have resulted in 914,000 unplanned births and more than 600,000 abortions.¹³ Contraception plays an essential role in women's lives.

36. However, the crucial need for Title X services continues. Almost half of pregnancies in the U.S. are unintended and many of these pregnancies and births are covered by Medicaid.¹⁴ More than one in ten women are still uninsured and face financial barriers to getting

¹¹ Ranji, U., Rozenweig, C., & Salganicoff, A. (2018, March). Women's Coverage, Access, and Affordability: Key Findings from the 2017 Kaiser Women's Health Survey (Issue brief). Retrieved <https://www.kff.org/womens-health-policy/issue-brief/womens-coverage-access-and-affordability-key-findings-from-the-2017-kaiser-womens-health-survey/>

¹² Guttmacher Institute, "U.S. Abortion Rate Continues to Decline, Hits Historic Low," press release, January 17, 2017, <https://www.guttmacher.org/news-release/2017/us-abortion-rate-continues-decline-hits-historic-low>.

¹³ Guttmacher Institute. (2017). *State Facts About Unintended Pregnancy: California* [Fact Sheet]. Retrieved from: <https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-california>

¹⁴ Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):843–852, <http://nejm.org/doi/full/10.1056/NEJMsa1506575>.

care.¹⁵ In California, there is an estimated two million uninsured people.¹⁶ Access is limited around the country in contraceptive deserts – areas where there is little to no contraception care.

37. Any policy change that seeks to eliminate historically eligible, and well-qualified providers will undermine this progress.

38. If the Rule takes effect, Planned Parenthood affiliates in California, like Planned Parenthood affiliates nationwide, will no longer be eligible to participate in the Title X funding program. The new rule conflicts with our ethical obligations to patients and is inconsistent with our business model of providing patients with a full range of reproductive health options.

39. Furthermore, the costs of trying to comply with the new physical and financial separation requirements would be prohibitive for Planned Parenthood affiliates in California. While it is not clear exactly what the rule requires, at bottom, the rule imposes additional requirements well beyond the current financial separation rules in place. It seems to essentially require Title X sites and providers to build new facilities, hire new staff, and purchase new systems for the maintenance of electronic health care records for abortion services.

40. Building just one new health care facility takes over one year and is a time-consuming and expensive proposition. We need to locate new space that is designed for medical services. In many areas we serve, space is very limited or costly. The building then needs to be retrofitted for our particular type of health care services. We need to raise funds, typically from private donors (if this is possible at all), to hire the architect, contractor, and project manager and for the costs of construction. We need to obtain the necessary building permits from the locality; this alone can take several months. Then, we need to undertake the construction. Once construction is done, we need to apply to the California Department of Public Health, Board of Pharmacy and Department of Health Care Services for the various permits needed to operate the

¹⁵ Ranji, U., Rozenweig, C., & Salganicoff, A. (2018, March). *Women's Coverage, Access, and Affordability: Key Findings from the 2017 Kaiser Women's Health Survey* (Issue brief). Retrieved <https://www.kff.org/womens-health-policy/issue-brief/womens-coverage-access-and-affordability-key-findings-from-the-2017-kaiser-womens-health-survey/>

¹⁶ California Health Care Foundation. (2016) *California's Uninsured: As Coverage Grows, Millions Go Without* [Fact Sheet] Retrieved from: <https://www.chcf.org/publication/californias-uninsured-as-coverage-grows-millions-go-without/>

1 facility. This phase of the project typically takes four to six months. We need to purchase new
 2 furniture, medical equipment and an electronic health care system for the facility. Finally, we
 3 need to hire and train staff. Given the shortage of health care providers in California, this can
 4 take several months. All of these phases must be overseen by experienced staff. This would
 5 cause an enormous strain on already limited resources and could result in a disruption in current
 6 healthcare services. For most California affiliates, this would not be financially feasible and
 7 would likely be impossible to complete within a year.

8 41. Any reduction in the accessibility of Title X services in California will result in
 9 reduced access to contraception, even for those who are eligible for Medi-Cal coverage.

10 42. For our patients, any barrier to access decreases the likelihood that they will be
 11 able to make and keep an appointment and obtain prescribed reproductive healthcare services.
 12 Reductions in hours, loss of a convenient location, reduced outreach, education, or transportation
 13 services, and incorrect or misleading referrals will all impact patients' access to contraception.

14 43. In turn, reduced access to contraception will increase unintended pregnancies.
 15 Research suggests that the rate of unintended pregnancy among those who are not using
 16 contraception is 45%.¹⁷

17 44. Because 64% of births in California are paid for by Medi-Cal, the State will
 18 shoulder a substantial proportion of any increase in costs of delivery. For those women with
 19 unintended pregnancies who choose abortion, the State bears an even higher proportion of the
 20 increased costs, because California's Medi-Cal program uses state-only funds to cover 100% of
 21 the costs of abortion for those whose income is 138% or less of the federal poverty limit.

22 45. The rule disproportionately affects minority and low income men and women who
 23 rely on Title X sites as their primary source of reproductive care. Planned Parenthood sites are
 24 committed to serving patients of color and educating their communities about all their family
 25 planning options. These populations are already vulnerable to adverse health outcomes given

26
 27 ¹⁷ CHBRP Birth Control Report, at 22, *citing* Finer LB, Zolna MR, Declines in
 28 Unintended Pregnancy in the United States, 2008-2011. *New England Journal of Medicine*
 374(9): 843-852 (2016).

1 lack of access and economic barriers and the Rule will deepen the inequities that exist by
2 decreasing rather than expanding access to care and choice.

3 46. The Rule's effective exclusion of Planned Parenthood clinics from the Title X
4 network will have a detrimental effect on patients' ability to access care. Four in ten (41 percent)
5 of patients rely on family planning clinics as their only recent source for health care services.¹⁸
6 Defunding sites and providers that provide abortion-related services decreases the number of sites
7 and providers who can provide primary and contraception care, and increases the burden on other
8 providers who do not have the specialized training or resources to take on an influx of patients.

9 47. Exclusion of specialized family planning clinics from the Title X network will
10 reduce patients' ability to access the full range of FDA-approved contraceptive methods. For
11 example, a report from the Congressional Research Service (CRS) found that Federally Qualified
12 Health Centers (FQHCs) did not have the same capacity or specialized training as Planned
13 Parenthood facilities to administer all 18 FDA-approved methods for women and support the
14 same number of patients.¹⁹ In fact, many FQHC sites do not offer reproductive care or may
15 provide limited contraception care. In 2015, 40 percent of FQHC locations nationwide provided
16 contraception care to fewer than 10 patients.²⁰

17 Reductions in the range of forms of birth control offered will contribute to an increase in
18 unintended births. While Medi-Cal will continue to offer the full range of contraceptive options,
19 some women will still need publicly-funded contraceptive care and will not qualify for Family
20 PACT or other Medi-Cal coverage.

21 48. Rural communities are among those disproportionately affected by the Rule, given
22 the number of contraceptive deserts – places where women lack reasonable access to a public

23
24 ¹⁸ Frost, Jennifer J., et al. (2012). "Specialized Family Planning Clinics in the United
25 States: Why Women Choose Them and Their Role in Meeting Women's Health Care
26 Needs," Guttmacher Institute. New York, New York. [Online].

27 ¹⁹ Congressional Research Service. Factors related to the use of Planned Parenthood
28 affiliated health centers and Federally qualified health centers. Washington, DC: April 5, 2017.

²⁰ Hasstedt, Kinsey. (2017). "Federally Qualified Health Centers: Vital Sources of Care,
No Substitute for the Family Planning Safety Net," Guttmacher Institute. [Online.]
https://www.guttmacher.org/sites/default/files/article_files/gpr2006717_0.pdf

1 clinic that offers a full range of contraceptive methods and counseling – that exist in rural areas.
 2 At least 19 million women in the United States currently lack access to publicly funded clinics
 3 that provide a wide range of FDA-approved contraceptive methods.²¹ The impact of lack of
 4 access is well-documented and devastating. The rule would negate advances in access and make
 5 conditions even worse for rural and impoverished women.

6 49. Eliminating Title X funding for Planned Parenthood sites and providers, and those
 7 who provide similar services, will greatly exacerbate existing barriers to access. In California,
 8 there are over 10 counties where women lack access to the most effective forms of contraception,
 9 IUDs and implants.²² Rural women in these locations experience poorer health outcomes than
 10 urban women and have less access to healthcare. Part of the lack of access is due to geographic
 11 location, but also the limited services a publicly funded clinic may provide. Only 46 percent of
 12 agencies providing publicly funded planning services reported being located in rural locations,
 13 highlighting the extreme number of women that are underserved, if served at all.²³ Fifty-six (56
 14 percent) of Planned Parenthood health centers in California are in health professional shortage
 15 areas and rural or medically underserved areas. We are often the sole source of Title X services in
 16 these locations, as well as the only provider offering the full-range of contraceptive methods and
 17 care.

18 50. Contraception care is vital in improving the lives of men and women. Women who
 19 have access to contraception have reported they are able to better support themselves financially,
 20 gain employment, complete education, and take care of themselves and their families.²⁴
 21 Ultimately, these women have the resources they need to better plan for their future and their
 22 families.

23 ²¹ Access to Birth Control [Map]. (n.d.). In *Power To Decide*. Retrieved from
 24 <https://powertodecide.org/what-we-do/access/access-birth-control>

25 ²² Access to Birth Control [Map]. (n.d.). In *Power To Decide*. Retrieved from
 26 <https://powertodecide.org/what-we-do/access/access-birth-control>


27 ²³ American College of Obstetricians and Gynecologists. (2014, February). Women's
 28 Health Care Physicians. Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Disparities-in-Rural-Women>

²⁴ Frost JJ and Duberstein Lindberg L, Reasons for using contraception: perspectives of
 US women seeking care at specialized family planning clinics, *Contraception*, 2012, 87(4):465

1 51. The rule imposes a great financial burden on Title X projects, sites, and providers
2 by requiring physical and additional financial separation of Title X services from abortion-related
3 services. Planned Parenthood has a long standing commitment to ensuring that Title X funds are
4 not misused or allocated to abortion services. We provide rigorous training and audits to ensure
5 compliance, and the Federal government has made no findings of misuse of funds or other
6 evidence of misconduct. The current rules for financial separation are enough.

7 52. If the Rule goes into effect, more than 226,000 patients stand to lose access to non-
8 directive, evidence-based reproductive healthcare services in the states surrounding California.
9 This is based on data collected from patient visits nationwide. California law and policy protects
10 the rights of patients to receive comprehensive and medically informed services, where other
11 states do not. California would most likely receive an influx of patients from states with less
12 protected access. California's Planned Parenthood health centers already see 862,000 patients
13 annually. Many of the Planned Parenthood clinics most accessible to out-of-state residents are in
14 rural and underserved areas, which already are filled to their maximum capacity as the only
15 reproductive health care provider in the vicinity. Added out-of-state patients will create an
16 additional strain on California's already weighted healthcare safety network.

1 I declare under penalty of perjury that the foregoing is correct and that this declaration is
2 executed on 21 day of March, 2019, in Santa Barbara, California.

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6 JENNA TOSH
7 President & CEO
8 Planned Parenthood California Central Coast
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