



January 24, 2023

Representative Wayne MacDonald, Chair
House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building, Room 205
33 N. State Street
Concord, NH 03301
Email: HHSEA@leg.state.nh.us

RE: [HB 615](#) requiring independent audits of reproductive health care facilities

Dear Chairman MacDonald and Members of the HHSEA Committee:

Bi-State Primary Care Association and our members write to you in opposition of HB 615, requiring independent audits of reproductive health care facilities. We are committed to increasing state support for integrated primary and preventive care, and we feel strongly that HB 615 would reduce Granite Staters' access to reproductive health services that are a critical component of primary and preventive care.

Bi-State Primary Care Association (Bi-State) is a 501(c)(3) nonprofit organization, formed by two health and social service leaders in 1986 to advance access to comprehensive primary care and preventive services for all, with special emphasis on those most in need in New Hampshire and Vermont. Bi-State represents 26 member organizations across both states that provide comprehensive primary care services to over 312,000 patients at 162 locations. Our members include federally qualified health centers (FQHCs), Free and Referral Clinics, New Hampshire Area Health Education Center programs, Planned Parenthood of Northern New England, networks, and consortia. New Hampshire's 11 community health centers serve approximately 103,000 patients at locations across the state, including in those districts represented by the members of this esteemed committee.

The New Hampshire Family Planning Program supports a comprehensive and integrated network of reproductive health care providers that deliver low-cost, high-quality health care services to approximately 15,000 low-income and uninsured individuals. These services include breast and cervical cancer screenings; pap smears; treatment and testing for sexual transmitted infections and HIV; basic infertility services; contraception; and referral to prenatal care. As written, HB 615 does not further the purpose of the Program; rather, it erects barriers to care. We want to flag several issues for the Committee.

First, HB 615 requires that if a family planning project has a "financial or geographic connection" to a reproductive health care facility that provides abortions, the Family Planning Program contracts include provisions indicating that State funds shall not be used to subsidize abortion, and that the Family Planning Program contractor shall undergo an independent audit. Federal law prohibits grantees from using federal dollars to pay for abortion care as do the current Family Planning Program contracts. The audits would add unnecessary costs for health centers, which, according to the bill

language, may have to incur the costs for an outside auditor independent of their organizations, as well as staff time needed to conduct the audit. This compounds the administrative burden for health care facilities whose staff are already under tremendous strain and will pull staff away from patient care. We spoke to auditors that specialize in auditing health care organizations, including FQHCs, and they estimate that these audits could cost each contractor between \$2,000-\$10,000, which does not include the cost of monitoring compliance, as required by the bill. The bill does not include additional general fund dollars to pay for the required audits.

Second, “financial or geographic connection” is not defined in the bill. All FQHCs are required by federal law to collaborate with other provider organizations in their services areas for services not available at the health center, and they must establish relationships with organizations with similar patient populations. The language in HB 615 will subject any FQHCs that have relationships with reproductive health care facilities as defined by RSA 132:37, I, which at least one of them does, to be audited in order to participate in the Family Planning Program. This audit is in addition to the federal auditing requirements FQHCs are already subject to.

Third, we question why this bill is targets “reproductive health care facilities” as defined by RSA 132:37, I and organizations that have relationships with those facilities only. The definition cited specifically excludes hospitals, which also provide abortions; and while the four current contractors are not hospitals, the Family Planning Program has historically included hospital-based practices.

Bi-State and our members also strongly believe this bill is unnecessary because in addition to the Title X requirements, the Family Planning Program contracts have long prohibited using funding to provide abortions; and family planning services are designed to increase the availability of contraceptives and reduce unintended pregnancies. We are concerned that routine preventive and primary care would be the most adversely affected, such as cancer screenings, birth control, and STD testing. This bill could also potentially lead to higher costs for patient care, longer wait times, and a decrease in early detection of other health problems as it increases the provider’s cost of participating in the Family Planning Program.

We know that access to reproductive health care services improves health outcomes and helps Granite Staters plan their families. For the reasons listed above and more, Bi-State Primary Care Association and our members respectfully request the Committee to oppose HB 615. Thank you for your consideration.

Sincerely,

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