



Planned Parenthood of Southwestern Oregon

To: Sub Committee on Human Services
From: Cynthia Pappas, CEO Planned Parenthood of Southwestern Oregon
Date: April 2, 2015
Re: Testimony in Support of CCare Funding

Co-Chair Bates, Co-Chair Nathanson and the members of the committee:

My name is Cynthia Pappas, and I serve as President and CEO of Planned Parenthood of Southwestern Oregon. I'm testifying today to ask you to preserve and protect the critical funding for the Oregon Contraceptive Care program, also known as CCare. As you saw presented this week, the Governor's Recommended Budget reduces the Oregon Health Authority budget for CCare by 2.8 million dollars. We respectfully request this committee restore the 2.8 million dollars of general fund for this vital program.

CCare began in 1999 as a joint effort by the Department of Human Services' (DHS) Office of Family Health (OFH) and Office of Medical Assistance Programs (OMAP) to improve the well-being of Oregon women and families. Under CCare, a Section 1115(a) waiver is used to expand Medicaid coverage for family planning services to individuals with incomes under 250% of the Federal Poverty Level. The program must demonstrate budget neutrality annually and having done so successfully the Oregon program has been renewed four times since its inception. CCare providers include county health departments around the state; university and college health centers; and community nonprofits.

Family planning is a smart investment that saves Oregon taxpayers millions of dollars every year. In fact, CCare is the most cost-effective state service Oregon provides, saving the state \$11.7 million from the reduction in unintended births in 2012 alone. Moreover, this program has a 9-to-1 federal match, so for every \$1 of state investment we leverage \$9 of federal matching funds.

Cuts to CCare risks balancing the state budget on the backs of vulnerable patients who need lifesaving healthcare services. CCare covers services such as annual gynecological exams and preventative cancer screenings; FDA-approved birth control methods; and vasectomies. In 1998, prior to CCare, approximately 52,000 Oregonians sought services through the state family planning program at 97 participating clinics. In 2012, 186 family planning clinics in Oregon served 65,084 clients funded by CCare, 71% of whom were below the Federal Poverty Level.

CCare is achieving its goal of reducing unintended pregnancies in Oregon. A 2008 study cited Oregon's CCare program as the most successful in the country. In fact, the Oregon program "prevented more births than the average national program from 2002 onward. The average national program is associated with a decline of 1.5 births per 1,000 women of child-bearing age,

whereas the effectiveness of Oregon's program increased over time to a decline of about 4 births per 1,000."¹

The benefits are clear: Labor, delivery and one year of infant care cost \$16,000 in Medicaid funds. Through CCare, family planning costs \$300 per patient.

CCare improves women's health and saves the state of Oregon millions in the current biennium. The program is part of Oregon's strong history of healthcare innovation, and I urge you to ensure that it is fully funded for the next biennium.

Thank you.

¹ Lindrooth, Richard, PhD, Policy Brief, Measuring the Effect of Oregon's Family Planning Medicaid Waiver, Medical University of South Carolina, July 31, 2008