IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

PLANNED PARENTHOOD GULF COAST, INC., PLANNED PARENTHOOD CENTER FOR CHOICE, INC.; JANE DOE #1; JANE DOE #2; and JANE DOE #3, Plaintiffs, v. REBEKAH GEE, in her official capacity as Secretary of the Louisiana Department of Health, Defendant.	No.

DECLARATION OF MAEVE WALLACE IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

Maeve Wallace, Ph.D., declares the following:

1. I am a Research Assistant Professor in the Department of Global Community Health and Behavioral Sciences at the Tulane University School of Public Health and Tropical Medicine in New Orleans, Louisiana. My field of expertise is in social and reproductive epidemiology, and my research focuses on the policy and social environmental factors that impact maternal and child health. Social epidemiology is an interdisciplinary field by nature, and I frequently share data and knowledge with experts in obstetric and neonatal medicine, health care quality and service delivery, sociology, social work, economics, and urban development.

2. I have many years of experience studying the impoverished conditions in which many Louisianans live and the adverse health consequences they bear as a result. At Tulane, my

work is housed in the Mary Amelia Douglas-Whited Community Women's Health Education Center (MAC), which was established in 2003 as part of the Tulane-Xavier Center of Excellence in Women's Health. My work at MAC involves interdisciplinary research, training, and advocacy that aims to advance equitable health and well-being for women, children, and families. This includes the preparation of reports monitoring the socioeconomic conditions of individuals, households, neighborhoods, and parishes across the state and their impacts on the health of women and girls.

3. I received a doctorate in Reproductive and Perinatal Epidemiology from Tulane University in 2013 and completed a postdoctoral fellowship in the Division of Intramural Population Health Research at the National Institute of Child Health and Development, National Institutes of Health in Washington, DC. To date I have published more than 25 peer-reviewed journal articles and presented my work to national and international audiences including academics and representatives from governmental and non-governmental agencies. My education, training, and publications are set forth in greater detail in my *curriculum vitae*, a true and correct copy of which is attached as Exhibit A.

4. I have been asked by the Plaintiffs in this case to analyze the socioeconomic conditions and barriers to access to health care among women residing in New Orleans and the surrounding parishes. In particular, the Plaintiffs have asked me to evaluate the evidence on the challenges faced by poor and low-income women seeking an abortion. I have also been asked to analyze the impact on Louisiana Medicaid patients' access to health care if Planned Parenthood Gulf Coast were prohibited from providing services through the Louisiana Medicaid program.

5. Based on my review of the relevant literature, demographic and epidemiologic data, it is my professional opinion that (1) poor and low-income women currently have difficulty

obtaining abortions in New Orleans; and (2) Planned Parenthood Gulf Coast plays an integral role in providing health care to Louisiana Medicaid patients.

6. As will be discussed further below, Plaintiffs' New Orleans Health Center will provide more expansive financial assistance to women seeking abortions in New Orleans than is currently available (the New Orleans Health Center will provide financial assistance to all women who are below 110% of the federal poverty level), and will offer regular Saturday and evening appointment hours.

7. Thus, it is my expert opinion that if either (a) Planned Parenthood Center for Choice is prohibited from providing abortions at the New Orleans Health Center, or (b) Planned Parenthood Gulf Coast is prohibited from continuing to participate in the Louisiana Medicaid program, these actions will have negative, if not disastrous, consequences for the health of women, their families, and Louisiana as a whole.

Overview of Poverty in Louisiana

8. Louisiana is the third-poorest state in the nation, with 19.6% of the population living below the federal poverty level in 2015 – a rate almost 5% higher than the national rate (14.7%). This amounts to an annual household income of less than $18,871 for a single woman caring for two children.[1] One in ten Louisiana households live in deep poverty (defined by the US Census Bureau as earning an income of less than half of the federal poverty threshold), surviving on an annual income of less than $10,000.[2] Median earnings for full-time, year round employment among women in Louisiana were $31,500 – 17% lower than the national level.[3]

9. Non-Hispanic (NH) Black women in particular face significant financial challenges. Nearly one in three NH Black women in Louisiana (31.3%) lives below the federal poverty threshold.[3] Despite higher labor force participation rates among NH Black women

compared to NH white women (60%. vs. 54%), Louisiana ranks last (tied with Mississippi) for median earnings among NH Black women: only $25,000 for full-time, year-round employment in 2014.[3] This is particularly concerning because many Black families in Louisiana depend on Black women's earnings. Forty-seven percent of NH Black married households are headed by a female breadwinner (earning at least 40% of household income), compared to only 30% of NH white married households.[3] Upwards of 81% of NH Black female breadwinners are single mothers and the sole earner for their families.[3]

Socioeconomic Conditions in the New Orleans Metropolitan Area

10. The state's impoverished conditions are reflected within the New Orleans-Metairie-Kenner Metropolitan Area (comprised of Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, and St. Tammany Parishes). Nearly 19% of the area's 1.2 million residents have incomes below the federal poverty threshold.[4] Women disproportionately comprise the population living in poverty in the New Orleans metro area. Among all women age 12-54, nearly 80,000 (21.5%) are living below the poverty level, a rate almost 1.4 times higher than the rate among men of the same age. Sadly, as many as 44% of all children under 18 in Orleans Parish were living in poverty in 2014, more than double the percentage across the entire US.[5] Most of these children live in single mother-headed households, where the poverty rate reaches 58%.[6]

11. Entrenched inequality divides New Orleans' residents along racial lines, and total poverty rates mask the even worse conditions among the city's non-white residents. Two-thirds of New Orleans's residents are NH Black, and 27% of them live in high-poverty neighborhoods (defined by Census tracts) compared to only 8% of NH white residents.[7] Median household income was $30,249 among NH Black households,[8] less than half of the $61,297 NH white

median household income. In 2015, NH Black women who worked full time, year-round in the New Orleans metropolitan area had median earnings of $30,236.[9] That amounts to 73 cents on the dollar relative to NH white women, and only 53 cents on the dollar relative to NH white men.[10]

12. Currently, approximately 8% of all residents in the New Orleans metro area are unemployed,[11] including 14% of the city's Black residents.[12] Even those with jobs are likely to work for low wages, living paycheck to paycheck and lacking financial security. A report commissioned by the Greater New Orleans Foundation found that 37% of all households in the city of New Orleans would be unable to cover their expenses for three months in the event of job loss or other emergency interruption in income.[13]

13. Close to half of New Orleans residents are economically insecure, defined as living below 200% of the federal poverty threshold or about $48,000 per year for a family of four.[12] Meanwhile, the Economic Policy Institute estimates the annual cost for a family of four to maintain an adequate standard of living in the New Orleans metropolitan area is $60,508.[14] The gap between an adequate standard of living and the threshold for economic insecurity underscores the limitations of relying solely on federal poverty thresholds to gauge the true degree of financial hardship faced by residents and families struggling to pay for basic expenses.

14. For example, if a woman in New Orleans is working full time (40 hours per week) at the minimum wage (currently $7.25 per hour in Louisiana), she earns approximately $1,200 per month and $15,080 annually.[15] This is just above the federal poverty threshold if she lives alone and below it for a household including herself and one child (national data suggests that 60% of women who obtain an abortion have had at least one child).[16] The US Department of Housing and Urban Development identified the FY 2016 fair market rent in the New Orleans

Metropolitan Area as $787 for a one-bedroom apartment, and $963 for a two-bedroom apartment.[17] This represents 67% and 83% of a minimum-wage earner's monthly income, respectively. After rent, these women must stretch what little remains of their monthly income to pay for food, utilities, child care, taxes and transportation.

15. Given the resource constraints on the many poor and low-income women in Louisiana described above, it is untenable for them to amass the hundreds of additional dollars necessary to pay for an unexpected medical procedure.

Financial and Other Barriers Prohibit Women's Access to Needed and Wanted Health Care Services, Including Abortion

16. Research shows that the economic hardships facing many women in Louisiana make it extremely difficult, if not impossible, for them to receive high quality and timely health care. They often forego treatment, sacrificing their health for the sake of children and family when resources are scarce. Data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System indicates that 10% of women in Louisiana who needed to see a doctor in the past 12 months did not do so because they could not afford to.[18] One national study of abortion patients found that 26% of women reported that they did not have their abortion as early as they wanted because of the time needed to obtain enough money.[24] Another survey of patients at 30 clinics across the US found that as many as 54% delayed obtaining an abortion in order to raise the necessary funds.[25] In a statewide survey of Louisiana women who had recently given birth, 42% of women reported that they did not get prenatal care as early as they wanted because they did not have enough money or did not have a Medicaid card. These were by far the most commonly cited reasons.[19]

17. The same is true for abortion services. Abortions are commonly delayed by the time necessary to gather funds to pay for the procedure. In 2011, the median cost for a surgical abortion at 10 weeks of gestation was $495.[20] But many women seeking abortions must not only pay for the procedure itself, but also for transportation to the clinic, loss of wages for time away from work, and/or child care costs to cover time away from home.[21] The dearth of abortion clinics in Louisiana – there are only three – means that many women spend significant time travelling to the closest clinic. To do so, they must take time off from work and arrange childcare for their children. Moreover, because Louisiana requires women to make two separate trips to a clinic (one to receive a state-mandated ultrasound and counselling, and one to undergo the actual procedure), women must overcome these hurdles and costs *twice*. Poor and low-income women in Louisiana simply do not have access to discretionary funds to cover these costs, particularly on short-notice. These women cannot rely on Medicaid to cover the cost of the procedure since Medicaid funding for abortions is not available in Louisiana, except in extremely limited circumstances (life endangerment, rape, or incest).[22] Private insurance coverage for abortion is also limited since Louisiana prohibits all private insurance companies that participate in the Affordable Care Act marketplaces from providing coverage for abortion services.[23]

18. One national study of abortion patients found that 26% of women reported that they did not have their abortion as early as they wanted because of the time needed to obtain enough money.[24] Another survey of patients at 30 clinics across the US found that as many as 54% delayed obtaining an abortion in order to raise the necessary funds.[25] Similarly, another study found that among women having abortions at 16 weeks gestation or later, nearly half of the women reported the reason for the delay was the logistics required to arrange an abortion, and

among those women, 60% said they delayed their abortions to raise the money to pay for it – by far the most commonly cited issue.[26] The financial delays are exacerbated by the fact that the cost of an abortion increases with gestational age. For many, the situation becomes increasingly dire because the longer women take to acquire funds, the more funds they will need. Moreover, the risk of complications associated with abortion – albeit low – increases with gestational age,[27] compromising the woman's health, potentially increasing both her financial burden and her loss of income for time spent away from work. Foregoing rent or food, relying on family members, skipping paying bills, or selling personal belongings are common ways low-income women scrape together enough money to afford an abortion.[21,28]

19. As noted above, Louisiana prohibits Medicaid coverage for abortion, with extremely narrow exceptions. A growing body of research has shown that across a number of US states with such policies, 18-37% of Medicaid-eligible women continued unwanted pregnancies to term when use of Medicaid funding for abortion was restricted.[29] These findings show that the cost of an abortion is an insurmountable barrier for many poor women who, in the absence of financial assistance, must forego their right to abortion and are forced into unwanted childbearing as a result. Moreover, women living below the federal poverty level are up to five times more likely to experience an unintended pregnancy relative to wealthier women,[30] placing them in the position of making a "choice" over which they have little control, given their financial constraints.

20. In addition to the lack of public funding for abortion services in Louisiana, there is currently very limited private financial assistance available to women seeking abortions in New Orleans. In 2013, the New Orleans Abortion Fund – virtually the only charitable

organization providing financial assistance to women seeking abortions in New Orleans – was able to provide financial assistance to just 103 women, with an average pledge of only $64.[31]

21. Given the fact that 49% of women seeking abortions at the national level live below the federal poverty level, and 75% live below 200% of the federal poverty level, it is my opinion that there is a need for increased financial assistance for poor and low-income women seeking abortions in the New Orleans region. While these poverty figures are based on national statistics, it is my opinion that the percentage of women seeking abortions who are impoverished and low-income in New Orleans is consistent with, and possibly even higher than, these national figures (given the higher-than-national rates of poverty among women in the region).

22. Furthermore, the removal of financial barriers to care alone is a necessary but insufficient step to ensure equal access to abortion services for all women. Access to and utilization of health care also depends on appointment accessibility, including the availability of providers during evening and weekend hours.[32] A number of studies have demonstrated the benefits of providing expanded appointment hours for low-income patients, such as a reduced unmet medical need and fewer emergency department visits after normal business hours.[33-35] This type of access is particularly important for women holding jobs with regular business hours and without sick or personal leave time. (Currently, there is no law in Louisiana mandating paid leave from work and nearly half of workers in private industry do not have access to paid sick days).[36] Taking uncompensated time away from work is not an option for many low-wage workers, who typically have less autonomy in setting work schedules and may face termination if they are absent during working hours. Many women face substantial travel time to reach an abortion clinic, requiring even more time away from their jobs. Also, child care is often more easily arranged during evenings and weekends,[37] an important consideration for many women

seeking abortion care. These challenges necessitate the availability of appointment times on evenings, early mornings, and weekends to minimize the burdens associated with time away from work and home. These burdens are particularly acute in the abortion context since Louisiana law requires women to attend two separate appointments to obtain an abortion (one to receive state mandated counseling and ultrasound, and one for the actual abortion appointment).

Health Consequences of Poverty and Barriers to Services

23. The consequences of poverty and the economic barriers to health care services described above are evident in the state's population health. By most measures, Louisiana has some of the worst reproductive health rankings in the country and marked socioeconomic and racial health disparities. The state has the second highest infant mortality rate in the nation and the fifth highest maternal mortality rate.[33] Louisiana has the second-highest rate of preterm birth, the third-highest rates of unintended pregnancy and low birthweight, and the seventh-highest teen birth rate.[38] Low-income and NH Black women in the state disproportionately experience adverse health outcomes. They are up to three times more likely to have a low-birth-weight baby, and almost twice as likely to give birth preterm or to experience the death of a child under 1 year of age compared to wealthier or NH white women.[39,40]

24. A number of studies illustrate the detrimental impact that lack of access to abortion among low-income women can have on maternal and child health within the state. Evidence has shown that unintended pregnancies continuing to delivery are associated with higher risks of low birth weight and preterm birth.[41-43] These adverse birth outcomes are associated with short and long-term physical health consequences for the infant, including deficits in growth and development,[44] and adverse maternal social and health outcomes like exacerbated poverty and intimate partner violence.[45-47] In a recent research project, we analyzed

data on every live birth occurring in the US in 2012.[48] We found that rates of preterm birth and low birth weight were 14% and 8% higher, respectively, in states that restricted the use of public funds for abortion services compared to rates in states that did not.[48] Louisiana's disproportionately high incidence of low birth weight infants and preterm birth are in line with these findings: as noted above, Louisiana ranks at the bottom in both categories.

The Provision of Abortion at the New Orleans Health Center Will Alleviate the Burdens on Low-Income Women

25. It is my expert opinion that if the New Orleans Health Center is not permitted to provide abortions, there will continue to be a large and unacceptable gap in abortion service provision for the many poor and low-income women residing in the city and surrounding parishes. As detailed above, the financial burden placed on poor and low-income women seeking an abortion effectively denies them the right to necessary and needed health care services when they cannot afford them, or significantly delays their access to this care. Planned Parenthood's ability to provide substantial financial assistance for abortion services to those who qualify will alleviate these burdens. It is also my understanding that the New Orleans Health Center will also provide services during regular Saturday and weekday evening and early morning hours, appointment times currently unavailable anywhere in the metropolitan area. This accommodation eliminates an additional barrier currently faced by low-income women seeking timely access to care. In the absence of this financial support and expanded appointment hours, many women in and around New Orleans will be unable to receive care. As a result, these women, their children, and their families will continue to suffer adverse economic and health consequences.

Access to Medicaid Services in Louisiana

26. Because of the high rates of poverty in Louisiana detailed above, a significant number of Louisiana residents rely on the State's Medicaid program in order to access needed health services. The large increase in insured residents following the expansion of Medicaid eligibility in January 2016 is evidence of the financial difficulties faced by Louisianans when it comes to health care costs. With eligibility extended to individuals earning up to 138% of the federal poverty level, the proportion of uninsured residents fell from 21.7% in 2013 to 12.5%.[49] Many of the newly-insured were previously unable to afford insurance despite earning more than 100% of the federal poverty level. An estimated 61% of new enrollees were women.[67]

27. While the Medicaid population increases, the state's limited pool of Medicaid providers has been further strained to meet the growing need for Medicaid-covered care. A recent report on the provision of prenatal care to low-income women found that twenty parishes within Louisiana had zero obstetric providers who accepted Medicaid.[50] Parishes with at least one provider had patient-to-provider ratios as high as 900:1. Compared to women needing obstetric care, the population of individuals needing reproductive and health care services is substantially greater, necessitating an even larger pool of Medicaid providers.

28. Currently, Planned Parenthood Gulf Coast provides reproductive healthcare services to low-income patients – including over 4,700 patients annually who are insured by the Louisiana Medicaid program – at its two clinic locations in Baton Rouge and New Orleans. In 2016 alone, these centers provided Louisiana Medicaid patients with: over 4,300 long acting reversible contraceptives ("LARCs") and injectable contraceptives, 13,400 tests for sexually transmitted infections, and over 900 well-woman exams. While the Medicaid program cannot alleviate the financial barriers posed by the cost of abortion (since, as discussed above, the

Medicaid program does not cover abortions), this program plays a critical role in facilitating access to reproductive health care and contraceptive services for the state's poorest residents. Statewide, 88% of public funding for contraceptive services comes from Medicaid.[51]

29. Still, Louisiana ranks last among all states in percentage of need for contraceptive services met by publicly-funded providers.[52] In 2015, 67,400 women in Louisiana received contraception services through publicly-funded clinics,[53] a small proportion of the state's estimated 321,480 women in need (defined as women aged 13-44 who are able to become pregnant, are not pregnant or postpartum, not trying to become pregnant, have ever had sex, and either have a family income below 250% of the federal poverty level or are younger than age 20).[54]

30. It is clear that the unmet need for contraceptive services by publicly-funded providers in Louisiana is greater than any other state in the nation. But of the only 21% of women whose needs are met, a disproportionate number of them are served by the state's only two Planned Parenthood clinics, located in Baton Rouge and New Orleans. Despite representing only 1% of the 195 publicly-funded clinics statewide, these two clinics served 12% of the women who received contraceptive services at publicly-funded clinics statewide in 2015.[53] More than two-thirds of the 6,580 women who obtained contraceptive services at such clinics in East Baton Rouge Parish did so at the Planned Parenthood clinic. The Planned Parenthood health center in New Orleans alone met the needs of 41% of all women in Orleans parish who obtained contraceptive services from publicly-funded clinics. In both places, these clinics served a larger share of women in need than any other type of publicly-funded clinic in the parish, including health department clinics, hospital-based clinics, and all Federally Qualified Health Centers (FQHCs) combined. These data show that Planned Parenthood clinics meet a substantial

and disproportionate share of need for services in these areas. More than 8,000 recipients of contraceptive services relied on these clinics in 2015, more than half of whom were insured by Medicaid. It is clear that the impact of prohibiting Planned Parenthood from continuing to participate in Louisiana Medicaid would be hugely detrimental to thousands of women, men, and adolescents who rely on these clinics for reproductive and sexual health care. If Planned Parenthood could no longer participate in the state's Medicaid program, an even larger unmet need would result, leading to severe public health consequences and worsening health disparities.

31. It is also important to note the geographic importance of the Planned Parenthood health centers, which are located in areas that have a dire shortage of additional healthcare providers, and more specifically, providers who can serve the many poor and low-income residents of these areas. The high poverty conditions within the New Orleans Metropolitan area are similar to those in the Baton Rouge metropolitan area, which includes East Baton Rouge Parish where the health center is located. Nearly one in three NH Black residents in East Baton Rouge Parish lives below the federal poverty level.[55] A report by Louisiana Progress found that 31% of poor residents in the Parish reported they could not afford food, 18% could not afford a home, and 32% could not afford health care.[55] Even the Department of Health's *own* survey of Medicaid providers in September of 2015 found that there were only three alternate providers in the Baton Rouge area who provided reproductive health care services care that were in any way comparable to the care provided at the Planned Parenthood health center in Baton Rouge.[56] These three providers were the *only* other Medicaid providers in the Baton Rouge area that provided any form of prescription contraception, but two of these three providers had lengthy wait times for appointments: one had a wait of two to three weeks for an appointment, and the other had a wait of two months for a new patient appointment.[56] If Planned Parenthood was

prohibited from participating in Louisiana Medicaid, the already limited options for contraceptive services and reproductive health care in the Baton Rouge area would be severely impacted.

32. Excluding Planned Parenthood from the Louisiana Medicaid program would create an immediate health care crisis for thousands of patients. It is implausible that the few alternative publicly-funded health care providers that exist in New Orleans and Baton Rouge would be able to absorb thousands of former Planned Parenthood patients. For example, in 2015, alternative health care providers serving publicly-funded contraceptive clients in East Baton Rouge Parish served an average of 314 contraceptive patients (FQHCs served an average of just 83 such patients), while Planned Parenthood served 4,380 contraceptive patients at its health center in Baton Rouge.[53] In Orleans Parish, alternative health care providers served an average of 219 contraceptive patients (FQHCs Served just 138 of such patients), while Planned Parenthood's health center in New Orleans served 3,880 contraceptive patients.[53] Thousands of Planned Parenthood's contraceptive patients in Baton Rouge and New Orleans are covered by the Louisiana Medicaid program. If Planned Parenthood was excluded from Louisiana Medicaid, alternative health care providers would have to drastically expand the number of contraceptive patients they serve in order to fulfill the outsized role that Planned Parenthood health centers currently play.

33. For example, if Planned Parenthood's health centers in Louisiana shut down completely, FQHCs would have to increase their contraceptive caseload by over 50% to meet the needs of Planned Parenthood's contraceptive patients.[57]

34. To meet the needs of Planned Parenthood's former Medicaid patients, alternative health care providers would likely have to increase medical staffing, hours, space (such as exam

rooms), and stock of supplies (such as intrauterine devices or oral contraceptives). But given the strains on publicly-funded health care providers in Louisiana, it is not realistic to assume that other providers would be able to make the changes necessary to meet the needs of Planned Parenthood's former patients. As just one example, these providers likely already have difficulty finding and retaining qualified medical staff: both New Orleans and Baton Rouge are areas classified by the federal government as being a "Primary Care Health Professional Shortage Area."[58] At a national level, almost all FQHCs (95%) have at least one clinical vacancy at any given time, and the average time to fill an obstetrician/gynecologist position at an FQHC is about 11 months.[59] These issues plague Louisiana's FQHCs as well: In anticipation of the 2016 Medicaid expansion, the Louisiana Public Health Institute conducted key informant interviews with administrative staff members from more than 40 FQHCs and rural health center sites to understand the challenges associated with increased patient enrollment. The most consistent and "troublesome" issue raised by administrators was anxiety regarding provider shortages, as summed up by one respondent: "We will have this wave of new patients and [a] dearth of providers. This is my immediate concern."[60] Many administrators discussed their ongoing inability to hire primary care providers for their clinics or specialty providers for client referrals.[60] The report concludes that clinics may currently be inadequately staffed to meet the needs of an increased patient load.[60] Thus, it is clear that it would be exceedingly difficult for these already overburdened alternative Medicaid providers in Louisiana to step in and meet the needs of Planned Parenthood's Medicaid patients if Planned Parenthood were no longer able to serve Medicaid patients. While these providers might be able to see some of Planned Parenthood's patients, the wait-times for appointments with these providers would likely be substantial due to the influx of additional patients.

35. Moreover, even if these alternative providers could see some of Planned Parenthood's Medicaid patients, these patients would not receive the same level of care. Other publicly-funded health care providers that do not specialize in reproductive health services do not offer the same range and quality of family planning services as Planned Parenthood. Planned Parenthood's health centers in Baton Rouge and New Orleans offer a full range of contraceptive options, including same-day birth control shots, birth control implants, and intrauterine devices (IUDs), so that patients only need to make one trip to a Planned Parenthood health center to obtain their contraceptive method of choice. Research has shown that women prefer to receive care at specialized clinics, like Planned Parenthood centers, because of these attributes.[61] In contrast, at the national level, only 19% of FQHCs offered the full range of contraceptive services on-site at their largest site.[62] And while 51% of FQHCs offered both IUDs and hormonal implants, only about one-third offered contraceptive implants on-site.[63]

36. These national trends are consistent with conditions more locally in Louisiana. A 2016 report on the landscape of adolescent reproductive services available in New Orleans demonstrates the limited contraceptive options offered by publicly-funded providers in the region. This report surveyed providers at 27 sites in Orleans Parish (hospitals, clinics, community health centers, and school-based health centers) identified by the Louisiana Department of Health as having at least 10 cases of Chlamydia among 15-19 year olds.[64] All but one of the surveyed providers accepted Medicaid. The report found that 28% of the providers offered **no** forms of contraception on site, while 57% reported offering at least some form, and only 14% of providers offered all forms (male condoms, female condoms, oral contraceptives, intrauterine devices, implants, Depo Provera, other hormonal contraceptives, and emergency contraception).

37. If Planned Parenthood were unable to provide services to Medicaid patients, the range of contraception options available to them would be severely limited. Thus, even if some patients can access services at alternative providers in Baton Rouge or New Orleans, they are unlikely to receive the same level of care and may be unable to receive their contraceptive method of choice (or may be delayed in obtaining their preferred method).

Prohibiting Planned Parenthood Gulf Coast from Continuing to Participate in the Louisiana Medicaid Program Will Harm Public Health

38. It is my expert opinion that prohibiting Planned Parenthood Gulf Coast from continuing to provide services to patients enrolled in the Louisiana Medicaid program would have disastrous consequences for public health. Without Planned Parenthood's participation in this program, many of these Medicaid patients will be unable to access the care that they need, or will be delayed in doing so, resulting in negative consequences for their health and the health of their children and families.

39. As detailed above, a considerable amount of the state's Medicaid-covered contraception service delivery occurs at the state's two Planned Parenthood health centers. A 2016 report found that in the absence of publicly-supported contraceptive services provided at safety-net health centers in Louisiana – including the Planned Parenthood health centers – rates of unintended pregnancy, unplanned birth, and abortion would all increase by 23%, and the teen pregnancy rate would be 24% higher than its already alarmingly high incidence.[51] A rigorous research study published recently in the *New England Journal of Medicine* evaluated the effect of removing Planned Parenthood from the Texas Medicaid waiver program, demonstrating adverse changes in rates of provision and continuation of contraception, coupled with a simultaneous increase in the rate of childbirth covered by Medicaid as a result.[59]

40. In addition to the adverse impacts Planned Parenthood's exclusion would have on access to contraception and women's reproductive health outcomes, the HIV prevention, counseling and testing services provided by the health centers are critical to the state's urgently needed efforts to curtail the HIV epidemic. Baton Rouge currently has the highest rate of new HIV diagnoses in the country.[65] New Orleans is third highest. Testing and treatment services for sexually transmitted infections (STIs) are desperately needed in Louisiana, where in 2015 there were 32,325 diagnosed cases of chlamydia, 10,282 cases of gonorrhea, 696 cases of syphilis, and 53 infants born with congenital syphilis.[66] These numbers equate to the highest rates of gonorrhea, syphilis, and congenital syphilis in the country, and second highest rate of chlamydia.[66] Preventing Planned Parenthood from aiding in the effort to reduce the alarmingly high incidence of these infections is extremely ill-advised. Loss of the STI prevention and treatment services provided to Medicaid patients at Planned Parenthood health centers would have serious consequences by increasing likelihood of disease transmission leading to an even greater number of new infections.

41. Population health benefits aside, by preventing thousands of unintended pregnancies, adverse birth outcomes, STIs, and reproductive cancers, the cost savings to Medicaid and other publicly-funded health services that results from publicly-funded access to reproductive health services are immense. In 2010, the contraception and reproductive health services provided by publicly-funded health centers including the state's Planned Parenthood clinics averted an estimated $128,570,000 in potential costs to Medicaid.[51]

42. Based on the totality of evidence detailed above, it is my expert opinion that if either (a) Planned Parenthood Center for Choice is prohibited from providing abortions at the New Orleans Health Center, or (b) Planned Parenthood Gulf Coast is prohibited from continuing

to participate in the Louisiana Medicaid program, there will be severe and negative health consequences for women in Louisiana. Low-income women and women of color will be disproportionately impacted, exacerbating the already profound health disparities experienced by these groups and cementing Louisiana's position as the most unhealthy state in the nation.

Dated: February ___, 2018 By: _____

Dr. Maeve Wallace

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