Written Testimony Expressing Concerns Regarding the Impact of Yale New Haven’s Primary Care Clinic Closures on Reproductive Health Care Access

Presented by Ahmad Maaz, Sarah Jane Bever-Chritton, and Rachel Kogan
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To Whom it May Concern at the Office Health Strategy:

We are testifying to urge the State Department of Public Health, Office of Health Strategy and Yale New Haven Hospital to consider the impact of the planned closure of the Primary Care Center, including the Women’s Center on access to reproductive health care, particularly for low-income New Haven women. As many others have expressed, the new location is much harder to access generally for New Haven residents without a car or ability to drive. Even for those those who are able to surmount these transportation barriers, the new location imposes additional hurdles to accessing medically necessary and Constitutionally protected care since the Federal Qualified Health Centers proposed to take on YNHH’s patients are bound by federal abortion restrictions that do not apply to YNHH. Under Connecticut’s Certificate of Need law, the Office of Health Care Strategy is required to consider whether an applicant has “satisfactorily demonstrated that any consolidation resulting from the proposal will not adversely affect health care costs or accessibility to care.” Conn. Gen. Stat. § 19a-639. If the state decides to approve the proposed termination, it must ensure that access to all medically necessary care is protected, including abortion. Our concerns are the following:

I. The Proposed “Fix” to the Restrictions on Care at Cornell Scott Hill by Separating Abortion Services from Other Reproductive Care Stigmatizes Abortion and results in a fragmentation of reproductive health care with negative consequences for the health of patients.

II. Federal restrictions on FQHCs like Cornell Scott Hill will Jeopardize Access to Abortion even if YNHH maintains abortion services at its York Street location.

III. Given the likelihood of the domestic gag rule going into effect, in order to protect access to abortion, we request that the state require YNHH condition its block payment to Cornell Scott Hill on the complete physical and financial separation of Title X funds such that no Title X funds will be spent at Hill’s new Sargeant Drive location.

We will now provide additional information on each of these concerns and our suggestions to mitigate the potential harm that YNHH’s closure would pose to reproductive health care access.

Section I:
Oral Testimony Provided by: Ahmad Maaz, a formerly undocumented, low income, second-year law student at Yale Law School and a member of the Yale Law Reproductive Rights and Justice Project legal clinic.

Under YNHH’s proposed plan, YNHH adult medicine and women’s center patients will become patients at Cornell-Scott Hill Health Center. Cornell Scott Hill is a Federally Qualified Health Center, and a grantee in the Federal Title X Family Planning Program. As YNHH noted in its October 8th, 2018, response to the Office of Health Strategy’s request for more information, federally qualified health centers, like Hill, are subject to the Hyde Amendment—a federal law restricting the use of federal dollars to pay for abortion services. Yet, Connecticut recognizes that abortion is a medically necessary service, which is why it is covered by state Medicaid dollars. Under the proposed plan, YNHH will facilitate transferring patients to a provider that does not provide all medically necessary care as defined by the State. In response to this issue, YNHH states that it will “maintain a clinic on its York Street Campus after the opening of 150 Sargent Drive to continue provid[ing] [family planning] services....” While we applaud YNHH’s continued commitment to provide the community it serves with all medically-necessary care, it must be noted that segregating these services may nonetheless decrease access. With the clock ticking on their pregnancy, patients who will have already gone to the new NHPCC site will have no choice but to make another appointment, on a later date, at a different place. In other words, by having to schedule another appointment, cash-strapped patients may likely incur further loss to essential income.

In addition, physician services supported by Title X funding currently cannot include taking so-called “affirmative actions” to help patients obtain an abortion. Doctors and staff may not help to schedule or arrange transportation for the procedure. Currently, at YNHH, low income women with positive pregnancy tests have routinely received same-day referrals to abortion counseling services at Yale Family Planning. This ease of access to care will be lost should the termination of services at YNHH proceed as proposed. In addition to logistical barriers to care, this segregation of one component of comprehensive women’s care perpetuates stigma surrounding a woman exercising her right to choose if, how, and when to have children, further jeopardizing access.

Yale New Haven Hospital’s decision to terminate its primary care clinic already decreases the amount of community benefits the hospital provides. Those benefits are a prerequisite to maintaining the hospital’s non-profit status. Worse yet, by impeding financially disadvantaged women seeking to access abortion services, the Hospital’s community benefits plummet further. With that in mind, the state must ensure that Yale New Haven Hospital continues to provide the requisite community benefits after terminating its primary care center.
Section II

Oral testimony provided by Sarah Jane Bever-Chritton, a second-year law student at Yale Law School and member of the Reproductive Rights and Justice Project legal clinic:

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A new Trump Administration proposal to revive what is popularly known as the “domestic gag rule” would prohibit Title X funding from supporting *any referrals* for abortion care. Under the new rule, which is almost certain to take effect as proposed, Title X programs may not “directly or indirectly facilitate, promote, or encourage abortion in any way.” Cornell-Scott Hill’s providers would be prohibited from helping their patients contact abortion providers, including YNHH. Under the new proposed rule, even if a patient is adamant in her choice to terminate her pregnancy, the most a provider could do is provide a list of “comprehensive health care providers”—without identifying which facilities on the list provide abortion services. And though doctors would be forbidden from directly referring patients seeking an abortion to an abortion provider, they will be required to provide referrals to prenatal services— even if the patient does not ask for or want these services.

If these new restrictions go into effect, Yale-New Haven’s commitment to continue to provide abortion services at its main campus is clearly an inadequate solution. In order to ensure that the New Haven community Yale-New Haven serves will continue to have meaningful access to reproductive care, they must also take affirmative steps, consistent with their values of patient-centered care, to see that patients will truly have that access. This cannot be accomplished if physicians at the new site are gagged from referring patients for the services that Yale-New Haven will continue to provide.

Section III

Oral testimony provided by Rachel Kogan, a third-year law student at Yale Law School and member of the Reproductive Rights and Justice Project legal clinic.

As discussed above, the proposed Title X funding restrictions pose unacceptable barriers to access to abortion that previously were accessible in one integrated facility at YNHH’s accessible downtown location that does not use Title X funding. If the domestic gag rule goes
through, and Cornell-Scott Hill uses its Title X funds at the new Long Wharf facility, providers at the new facility will no longer be able to refer patients to the York street clinic. Additionally, rather than providing “non-directive counseling” on all of a pregnant patient’s options, clinicians would not be required to provide information on abortion but would be required to refer patients to prenatal services even if the patient has not asked for them. Gagged health care is bad for patients and bad for trainees who will be learning in an environment that teaches them to undermine patient choice.

Ensuring that the new facility does not use Title X funding would satisfy the domestic gag rule’s new requirement that Title X funds be physically and financially separated from any facility that provides abortion as a method of family planning. Planned Parenthood clinics have demonstrated the feasibility of separating funds in order to comply with existing federal regulations. In order to fulfill its pledge to ensure that patients in the community continue to receive comprehensive reproductive health care, YNHH must commit to a similar model. This would free providers from the gag the federal government seeks to place on medical practice. Patients who assert their constitutional right to an abortion can be referred directly to a provider, rather than be misled and shamed with an incomprehensible list of clinics and a referral to prenatal care she does not want.

We request that if the state approves the Certificate of Need that the approval be conditioned on YNHH including a requirement that Cornell Scott Hill not use Title X funds in the new Long Wharf location. This is consistent with YNHH’s mission of excellence in patient care, teaching, research, and service and the state’s obligation to address accessibility to care in considering the application. If this deal is to go forward, Yale New Haven Hospital must do more to ensure that the move to Long Wharf will not jeopardize access to necessary, constitutionally protected care. It is imperative that Yale New Haven live up to its vision and values, and continue to provide medically necessary care to its most vulnerable patient population.