

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

PLANNED PARENTHOOD OF WISCONSIN,
INC., PLANNED PARENTHOOD OF
WISCONSIN, INC., PLANNED PARENTHOOD
OF GREATER OHIO, PLANNED PARENTHOOD
ASSOCIATION OF UTAH, and NATIONAL
FAMILY PLANNING & REPRODUCTIVE
HEALTH ASSOCIATION,

Plaintiffs,

v.

ALEX M. AZAR, in his official capacity as United
States Secretary of Health and Human Services, and
VALERIE HUBER, in her official capacity as Acting
Deputy Assistant Secretary for the Office of
Population Affairs,

Defendants.

Case No. 18 Civ. 1035-TNM (con)

**DECLARATION OF TANYA ATKINSON IN SUPPORT OF PLAINTIFFS' MOTION
FOR A PRELIMINARY INJUNCTION**

I, Tanya Atkinson, declare as follows:

1. I am the President and Chief Executive Officer of Planned Parenthood Wisconsin, Inc. (PPWI). I have served in that position since January 2017. I previously served as PPWI's Chief External Affairs Officer from July 2016 to December 2016, Vice President of External Affairs from May 2015 to July 2016, and Vice President of Public Affairs & Community Education from April 2009 to April 2015.
2. My responsibilities at PPWI involve overseeing the services and programs provided by our health centers and reviewing PPWI's financial statements, including funding sources. This declaration is based upon my personal knowledge, my review of PPWI's business

records, and the knowledge I have acquired in the course of my duties with PPWI. If called and sworn as a witness, I could and would testify competently thereto.

3. PPWI, a member affiliate of Planned Parenthood for America, operates 21 health centers across 15 Wisconsin counties. Our health centers specialize in reproductive health care and provide high-quality, comprehensive family planning services to more than 53,000 patients in Wisconsin each year. In addition to providing a range of contraceptives—including highly-effective, long-acting reversible contraceptives (LARCs) such as IUDs—PPWI also provides breast, cervical, and testicular cancer screenings, sexually-transmitted infection (STI) and HIV testing and treatment, well-woman visits, pregnancy testing, and abortions. Nine of our health centers are Title X-funded sites, meaning that they use Title X grant money to offset the cost of family planning services, especially for low-income patients. Title X funds, as required by law, are not used for abortions.

4. PPWI is the only provider in Wisconsin with the capacity and expertise to provide specialized reproductive health care to tens of thousands of low-income patients each year. We are the sole Title X grantee in Wisconsin, and we play an indispensable role in serving the nearly 36,000 Wisconsin residents per year who rely on Title X funds to obtain family planning services, and who might otherwise lack access to care. And we are deeply dedicated to Title X's mission of providing comprehensive family planning services to all Americans, regardless of means.

5. I am submitting this declaration in a lawsuit that implicates PPWI's ability to compete for and receive Title X funds. It is my understanding that PPWI has been awarded Title X funding since the inception of the Title X program nearly 50 years ago. Each grant cycle, PPWI has applied for and been awarded Title X funds based on a consistent set of criteria that

are focused on things like demonstrated need in the community for comprehensive reproductive health care and family planning services, and demonstrated capacity to provide those services. In Wisconsin, we are the only network of health centers that can meet residents' needs for such care.

6. It is my understanding that the FY2018 funding opportunity announcement (FOA) for Title X funds issued by the U.S. Department of Health and Human Services (HHS) changes the criteria that will be used to evaluate Title X funding applications and adds factors that do not promote the provision of comprehensive reproductive health and family planning care. Based on my experience, I believe those changes will fundamentally alter a program that has been so successful at keeping low-income men and women healthy.

7. I also believe that, despite our long-standing, successful participation in Title X and the expertise we have demonstrated in providing this care, those changes will force PPWI to compete for Title X funds on unfair terms. This is of particular concern for PPWI because a new Wisconsin law requires the State to compete against us for Title X funding, so PPWI is guaranteed to face competition in the Title X application process. Based on my experience, I am extremely concerned that if our application for Title X funds is judged based on the degree to which we emphasize abstinence, promote the rhythm method, and provide onsite primary care services—rather than on whether we provide evidence-based, medically accurate and comprehensive reproductive health care services to communities in need—then Title X funds will be given to other entities instead of us.

8. PPWI currently receives \$3.5 million in Title X funds annually. Our total annual budget is \$27 million. Without Title X funding, we would have to close up to seven health centers, including four rural sites, and lay off up to 25 clinicians and other staff. We anticipate

that these closures would begin within six months of losing some or all of our Title X funding. Those changes cannot be easily reversed, even if funding were somehow later reinstated. All this will do lasting damage to our reputation as a reliable, accessible health care provider for all, regardless of income or background. Even our Title X clinics that manage to remain open will suffer. Patients who cannot receive Title X-subsidized services at our clinics may try to obtain care elsewhere or simply go without, costing those clinics significant amounts of revenue from Medicaid reimbursements, private insurance reimbursements, and client fees.

9. Eliminating or reducing PPWI's Title X funding will have devastating consequences for the health of the 31,000 patients who receive care at our Title X health centers each year. Title X is critical to keeping these centers open and running. It also subsidizes care for low-income patients, allowing them to receive health care services on a sliding fee scale, with many of them paying little or nothing. But without Title X, these patients would face higher out-of-pocket costs—a burden on those least able to afford it.

10. Outside of our network, the safety-net health infrastructure in Wisconsin, including Federally Qualified Health Centers (FQHCs) and the state health department, is not able to handle a sudden spike in low-income patients. Recent experience has shown that when Wisconsin patients lose access to a PPWI health center, they often lose access to reproductive health care entirely. Based on that history and my decade of experience at PPWI, I believe that eliminating or reducing PPWI's Title X funding would lead to significant adverse public health consequences, including a precipitous rise in unplanned pregnancies, undetected cancer cases, and untreated STIs.

I. EMPLOYMENT AND EDUCATION BACKGROUND

11. I have 18 years of experience in community development and executive management. Before entering my current position, I served in several other roles at PPWI,

including as the Chief External Affairs Officer, the VP of External Affairs, the VP of Public Affairs and Community Education, and Field Director.

12. I earned a B.S. in Social Work from Carroll College and a Masters in Social Work from University of Wisconsin – Madison.

II. ORGANIZATION AND AFFILIATION

13. PPWI is a nonprofit corporation organized under the laws of the State of Wisconsin with its headquarters in Milwaukee, Wisconsin.

14. Although PPWI is an independent entity, we are a member affiliate of Planned Parenthood Federation of America (PPFA). Our affiliation with PPFA demonstrates that we meet PPFA's stringent accreditation standards for providing high-quality, expert, nonjudgmental care. Only affiliates that meet these standards are permitted to use the Planned Parenthood name. Medical services at all Planned Parenthood affiliates incorporate the latest research and the most up-to-date standards and best practices for providing family planning care.

III. PPWI'S WORK

15. For more than 80 years, PPWI has been the leading provider of high-quality, comprehensive, compassionate, safe, and confidential family planning and reproductive health care and education for women and men in Wisconsin. We are dedicated to the mission of empowering all individuals—regardless of income—to manage their reproductive health through patient services, education, and advocacy.

16. PPWI operates 21 health centers throughout Wisconsin and serves more than 53,000 patients annually. We have health centers in the State's most populous eastern and southeastern counties—namely Milwaukee, Dane, Waukesha, Brown, and Racine—as well as in rural areas in the eastern, southeastern, and central counties, including Walworth, Columbia,

Washington, and Manitowoc. In May, we will be re-opening a health center in the southeastern county of Sheboygan.

A. PPWI provides comprehensive, accessible reproductive health services for at-risk patients.

17. PPWI offers patients a wide range of reproductive health care services, including preventive health exams, birth control, gynecological exams, colposcopies, cancer screenings, pregnancy testing, and STI/HIV testing, education, and treatment.

18. In 2017, we provided family planning services and reproductive health care through more than 110,000 patient visits. During those visits, we provided more than 139,000 units of birth control (including oral contraceptives and LARCs), 91,000 STI tests, 6,400 cervical cancer screenings, 1,400 breast exams, 15,600 pregnancy tests, 14,700 HIV tests, 460 colposcopies/cryotherapies, and 21,400 patient exams.

19. Our health centers offer accessible hours and appointments with minimal wait times. We offer walk-in appointments and most offer evening and weekend hours and often can provide an appointment on the same day a patient requests it. We also offer patients the ability to schedule appointments online. Patients frequently tell our staff that they chose PPWI because of how quickly we were able to see them. Other safety-net providers like FQHCs have significantly longer wait times. And of the 50 FQHCs in Wisconsin, only a handful offer evening hours and just two provide limited weekend availability.¹

20. PPWI uses innovative approaches to further reduce the barriers to care that many of our patients face. For example, patients can text providers questions about reproductive health and receive quick, honest, and confidential answers. We also offer patients the option of receiving birth control in the mail.

¹ See Federally Qualified Health Centers (FQHCs) in Wisconsin, Department of Health Services, <https://www.dhs.wisconsin.gov/forwardhealth/fqhc.pdf> (last accessed May. 7, 2018).

21. If a patient needs primary or specialty care that our clinics do not offer, PPWI providers have a list of referrals and work to make sure each patient is able to find high-quality care at an affordable price. Each year, PPWI refers hundreds of patients to other providers for conditions we identified such as high blood pressure, breast issues, suspected ectopic pregnancy, enlarged uterus, pelvic mass, urgent or complicated urinary issues, or abnormal bloodwork. For low-income pregnant women, once we determine that the woman plans to continue her pregnancy, we connect her with a case worker at a prenatal care coordination agency. The caseworker then helps her find an obstetrician and apply for any benefits for which she is eligible, such as WIC and Medicaid. Many of those patients came to PPWI for family planning services and likely would not have received treatment for their other issues if not for the PPWI staff, who were able to accurately recognize their possible conditions and connect them with appropriate medical professionals.

22. Beyond health care and referrals, PPWI provides critical community education and outreach programs, including comprehensive sexuality education that is age-appropriate, medically accurate, and culturally competent for youth and adult audiences. For example, we run the highly successful Promotoras Comunitarias Training Program, which was created to address the lack of access to reproductive health care and sexuality information in the Latino community. “Promotoras” are Latina women who receive extensive training to provide peer-to-peer, culturally relevant health education on HIV prevention, STIs, and talking to children and adolescents about sexuality and other topics.

23. PPWI also serves patients in ways that are less tangible or easily quantified but are nonetheless critically important. We are committed to providing compassionate, respectful, non-judgmental, and confidential care to all our patients, including those from marginalized or

stigmatized communities. Many of our patients have experienced shaming and medical ignorance at other clinics and health care facilities—experiences that deter them from seeking health care. Our goal is to put those patients at ease, to make clear that we are not there to judge them or their decisions, and most importantly to provide high-quality sexual and reproductive health care that is responsive to their individual needs and circumstances.

24. PPWI's patients are predominantly low-income and face substantial barriers to obtaining health care. In 2017, more than half of our patients lived below the federal poverty level (FPL), which at the time was \$12,060 for individuals and \$24,600 for a family of four. More than two-thirds of our patients had incomes below 200% of the FPL. We also serve 2,700 patients under age 18 each year. When patients under age 18 seek family planning services from us, we always talk to them about involving their parents or other trusted adults in their health care decisions, but if they cannot, they know that they can count on PPWI for confidential care.

B. PPWI providers are reproductive health care experts.

25. Our clinicians and health care providers offer expert, compassionate, nonjudgmental, and confidential care focused specifically on reproductive health and family planning services and methods. Our health centers are staffed by advanced practice clinicians—Nurse Practitioners, Advanced Nurse Practitioners, and Certified Nurse Midwives.

26. Our patients are overwhelmingly satisfied with the quality of care and the expertise and attentiveness of our clinical providers and support staff. Based on patient survey data and informal feedback from patients, we know that our patients have confidence in their PPWI clinical providers and feel that our staff takes the time to fully explain any medical problems, address patient concerns, and include the patient in all health care decisions.

27. Our providers' specialization in reproductive health care distinguishes us from other safety-net providers in Wisconsin, such as FQHCs. FQHCs provide a broad—and

critically important—range of primary care, behavioral health, substance abuse treatment, and dental care for people of all ages, from infants to the elderly. Although FQHCs are required to provide “voluntary family planning” services, that term is not defined in FQHC regulations, leading to a considerable variation in the range and volume of family planning services that FQHCs in Wisconsin provide. FQHCs generally do not offer the same depth of reproductive health expertise or range of family planning methods available at PPWI health centers, where women can obtain oral contraceptives as well as a variety of LARCs (e.g., intrauterine devices (IUDs), contraceptive implants, and injections) which are the most effective forms of birth control. FQHCs routinely refer patients to us for IUDs or other LARC implants. And while FQHCs serve patients of all ages, PPWI focuses on treating patients of reproductive age. Indeed, 96% of our patients are between 15 and 44 years old.

IV. TITLE X

28. For nearly 50 years, PPWI has used Title X funding to ensure that every person who walks in our doors—regardless of where they live, how much money they earn, their background, or whether they have health insurance—has access to reproductive health care.

29. Title X is, fundamentally, a “payer of last resort.” That is, it fills in the budgetary gaps between what patients and their insurers (like Medicaid or private insurers) can pay, and what it costs to deliver high-quality reproductive health and family planning care (including, for example, the cost of contraception or medical testing or screening procedures). Title X funds are awarded through a competitive grant process and it is my understanding that they must be used to fund a broad range of family planning methods, not including abortion. In addition to providing free or low-cost clinical services, Title X money is also used to support other critical needs that are not reimbursable under Medicaid or commercial insurance, such as individual patient education, community-level outreach, and public education about family planning and

related sexual health issues. For example, approximately 50% of our education programming is funded through Title X dollars.

30. PPWI is the sole Title X grantee in Wisconsin. In 2017, PPWI's \$3.5 million in Title X funding ensured access to reproductive health care and family planning services for approximately 36,000 patients statewide. That funding allowed 1,244 low-income women to receive breast exams, more than 10% of whom required further evaluation based on the results of that test. It also allowed 4,703 low-income women to obtain Pap tests, more than 20% of whom had abnormal results revealing the possibility of serious underlying conditions and required further evaluation and treatment.

31. PPWI directly operates nine of Wisconsin's 18 Title X-funded health centers. These centers serve more than 31,000 individuals—or 80% of all Title X patients served in Wisconsin. Although our Title X sites are located in just six counties, we serve patients coming from 36 different counties at those nine health centers. In 2017, more than 99% of our Title X patients earned less than 250% of the FPL, which was \$30,150 for an individual, and 60% earned less than 100% of the FPL, or \$12,060 for an individual.

32. As the sole grantee of Title X funds in Wisconsin, we also allocate Title X funds to other qualified providers who operate Wisconsin's other Title X health centers. Each year, PPWI sub-grants \$700,000 of our Title X funding to two "delegates" that serve nearly 5,000 patients at nine family planning clinics in the southern and western parts of the State. Our work administering these funds helps to broaden the reach of Title X.

33. Title X funding is indispensable to our participating health centers, as it makes up between 25% and 70% of each center's entire revenue. The more low-income patients that a

particular center serves, the more it depends on Title X funds.² For example, our Portage Health Center, which serves a predominately low-income rural community, depends on Title X for 70% of its revenue. Our Mitchell Street Health Center in Milwaukee, which serves a predominately low-income urban community, depends on Title X for 50% of its revenue.

34. Title X's role in protecting the health of Wisconsin residents cannot be overstated. In 2010, 46% of all pregnancies in Wisconsin were unintended.³ Title X allows us to provide the sex education and contraceptive services that can help lower that rate. In 2016, there were 26,894 newly diagnosed chlamydia cases, 6,498 newly diagnosed gonorrhea cases, and 132 newly diagnosed syphilis cases in Wisconsin. And in 2014, there were 5,952 Wisconsin residents living with HIV. Title X service sites provide critical education, testing, and outreach services to prevent the spread of those infections.

35. Since we first participated in Title X nearly 50 years ago, our work has always aligned with the program's founding purpose of expanding access to quality, evidence-based family planning services and methods to patients who would otherwise not be able to afford them. We have also developed our services to meet the Quality Family Planning (QFP) Guidelines developed by the Office of Population Affairs (OPA)—the office that administers the Title X program—and the Centers for Disease Control and Prevention (CDC). The QFP Guidelines are evidence-based clinical recommendations that set the standard of care for providing family planning services.

² Title X funding comprises the following percent of PPWI Title X health centers' funding: Waukesha: 33%; Wisconsin Avenue: 23%; Northwest: 23%; Mitchell Street: 50%; Racine: 30%; Delavan: 40%; West Bend: 40%; Portage 70%; Madison South: 25%.

³ *State Facts About Unintended Pregnancy: Wisconsin*, Guttmacher Institute, <https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-wisconsin> (last accessed May 3, 2018).

V. THIS YEAR'S NEW FOA

36. Based on my experience, I believe that the new FOA announced by HHS in 2018 jeopardizes our Title X health centers and the health of the tens of thousands of Wisconsin residents who depend on us for care. The FOA stacks the deck against us, threatening us with the loss of some—or even all—of our Title X funding if we continue to provide Title X services in line with our (and the program's) mission to provide voluntary, nonjudgmental, evidence-based, comprehensive family planning services.

A. The new FOA is contrary to PPWI's core mission.

37. PPWI specializes in providing comprehensive, medically appropriate, confidential reproductive health care and is committed to empowering individuals to make fully informed, independent decisions about their reproductive lives. For nearly half a century, PPWI has understood these goals to be central to the mission of the Title X program.

38. The new FOA, however, seems to favor a different mission. For example, the FOA favors providers that offer "comprehensive primary care" onsite over providers specializing in reproductive health and family planning services, like PPWI. We do offer a range of wellness and preventive health care services, but it seems that the FOA is contemplating broader services than those we provide -- and broader than those contemplated by the Title X program, a program I have always understood from prior FOAs was *specifically* intended to ensure access to family planning services.

39. The FOA instructs applicants to emphasize abstinence as a family planning strategy for patients of all ages and repeatedly emphasizes the need to offer the natural family planning (commonly known as the "calendar method" or "rhythm method") without acknowledging the importance of ensuring that women have a genuine choice of contraceptive care. It also references natural family planning six times without referencing contraceptives

once. This emphasis on abstinence and natural family planning is remarkably out of line with the realities of the Title X program. In 2017, of the 26,000 female patients served at PPWI's Title X centers, more than 16,500 chose oral contraceptives or LARCs, while 378 chose abstinence and 20 chose natural family planning.

40. To be sure, PPWI has always incorporated abstinence and natural family planning into our family planning services and methods. But we do so as part of a client-centered, comprehensive approach to family planning—as recommended by the OPA and CDC's Quality Family Planning Guidelines, and by the Title X program's own Program requirements.⁴ To emphasize abstinence to all Title X patients—regardless of age or circumstance—would undermine our commitment to providing medically effective family planning methods and would devastate our credibility, particularly among healthy, sexually active adults for whom we know emphasizing abstinence is proven to be ineffective. In fact, studies from both clinical and non-clinical settings demonstrate that abstinence counseling, even for adolescents, is ineffective and even counterproductive. According to a journal article HHS cites in support of its own FOA, the typical use efficiency rate of abstinence is “quite low” and 88% of adolescents who had pledged abstinence had sex before marriage—the same as non-pledging teens.⁵ Another article in a prominent health journal concludes that abstinence-only programs are “not effective” and interfere with young people's access to “accurate and comprehensives sexual health

⁴ While last year's FOA emphasized these guidelines throughout, the new FOA eliminates all mention of them.

⁵ Ott, et al., *Counseling Adolescents about Abstinence in the Office Setting*, 20 J. Pediatric Adolescent Gynecology 39 (2007).

information.”⁶ Promoting the rhythm method over other contraceptive options is similarly contrary to PPWI’s mission—and the basic tenet of the Title X program—of ensuring women’s contraceptive choices are well informed, voluntary, and free from coercion.

41. The FOA also appears to promote family participation over the right to confidential care in an individual’s family planning decision-making. The FOA even explicitly promotes the involvement of spouses without once mentioning confidentiality. At PPWI, we screen our patients for domestic violence as is best practice for reproductive health providers, and I am concerned that if the FOA is understood as pushing these women to involve their partners, it will make them more vulnerable to abuse while deterring them from seeking the care they need to stay healthy and safe. In the context of caring for adolescents, PPWI has always understood the importance of family involvement and we encourage our adolescent patients in particular to speak with a family member or trusted adult about issues surrounding reproductive and sexual health. But we also know that respecting patients’ confidentiality is a critical best practice for clinical care. The FOA threatens to undermine our patients’ trust in us and alienate many of the 2,700 patients under the age of 18 who seek care at our health centers every year.

42. The FOA also appears to emphasize partnerships with faith-based organizations. We certainly do partner with faith-based organizations to the extent such partnerships advance our mission to provide evidence-based, comprehensive family planning care for our patients. But the FOA appears to demand partnerships for their own sake, regardless of whether they promote access to family planning services for those the program is intended to help.

43. If we emphasized the activities that the FOA asks us to emphasize, it would severely tarnish our longstanding reputation for providing inclusive, nonjudgmental, evidence-

⁶ Santelli, et. al, *Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact*, 61 J. Adolescent Health 277 (2017);

based care tailored to individual patient needs. Our providers routinely hear from patients that they sought care at Planned Parenthood because it is known for helping people make informed health decisions rather than directing patient choices based on any particular agenda. The new FOA seems designed to force us to change those practices.

B. The new FOA forces PPWI to compete for funding at a significant disadvantage.

44. My concern for PPWI's future funding is driven principally by the fact that, under the new FOA, our Title X application score will depend on whether we provide a "meaningful emphasis" on abstinence counseling and the rhythm method over other forms of contraception that are far more popular and medically effective, such as oral contraceptives, IUDs, and other forms of long-acting birth control. These factors are, for the first time, one of the formal review criteria in the Title X application. Indeed, the FOA makes them the single most important factor in determining who gets funded.

45. Under the new FOA, PPWI seems at extremely high risk of losing some or all Title X funding. Wisconsin law now *requires* the state health department to compete against PPWI for Title X dollars, so we are guaranteed to face competition from an established entity that has a network of county and city health departments. The FOA also encourages applicants to include single-method family planning sites, providers that do not specialize in reproductive health, and entities without experience administering the Title X program.

46. PPWI will be at a significant and unfair competitive disadvantage under this FOA, losing up to 35 out of 100 points based on our commitment to comprehensive, evidence-based care. HHS's changes to the FOA will undermine PPWI's application relative to other applicants, even though we are the only network in the state with the capacity to provide

comprehensive reproductive health care to the tens of thousands who depends on the Title X program.

C. Loss of Title X funding will force PPWI to close health centers and lay off employees.

47. PPWI stands to lose up to \$3.5 million under the new FOA. We have no way to replace a loss of this magnitude.

48. Such a loss would force PPWI to close six or seven health centers, including four rural sites in Delavan, West Bend, Portage, and Racine, where Title X funding is literally keeping the lights on. We would have to begin closing the rural centers within three to six months, as they already operate at a loss and cannot be sustained with Medicaid and private reimbursement alone. We also anticipate having to close two or three additional sites throughout Milwaukee. These sites would need to close because like the rural sites, we would be forced to consolidate several Milwaukee locations to ensure the volume of patients could support the infrastructure and clinicians necessary to provide the care without Title X funds.

49. As a result of those closures, we would have to lay off at least four clinicians, 12 to 15 Reproductive Health Care Assistants, and five to six staffers in administrative positions in Patient Services, Business Operations, Information Technology, and Finance.

50. These closures and the attendant reduction in services will damage PPWI's reputation as a reliable and affordable option for patients with nowhere else to turn. That reputation has been built over decades of work in the communities that we serve, but it will suffer if we are forced to close centers, lay off employees, cut back hours or services, or stop subsidizing care for the patients who need help the most. I have heard from our community outreach and clinical staff, who have an ear to the ground in the communities they serve, that

when PPWI has been forced to close health centers in the past, patients and community members across the state mistakenly thought all PPWI sites were closed.

51. These closures, layoffs, and tarnished reputations are not easily reversed, even if our funding was somehow restored. Our facilities require constant maintenance and monitoring, which would cease. Medications would expire. Leases would end. The clinicians and support staff who were laid off would move on to other jobs. And patients would lose trust in their former providers, given their inability to provide consistent and continuous care.

D. Patients will lose access to quality and affordable care.

52. More importantly, based on my experience, I am deeply worried that the new FOA will cost thousands of our current patients access to reproductive health care. If we are forced to close our four rural Title X centers, the 5,000 patients seen there will have to seek care elsewhere. Shutting our three Milwaukee centers that are at risk under this FOA will cut off services for another 20,000 patients.

53. Such a disruption will have devastating effects for patients like Christy Miceli of Hartford, Wisconsin. For a long time, the Planned Parenthood health center in West Bend, Wisconsin was the only health care provider Ms. Miceli could afford to visit. She depended on us for birth control, STI testing, and her annual Pap test. At the age of 24, Ms. Miceli was diagnosed with cervical cancer during a routine Pap test at our clinic—a test paid for by Title X funding. Our clinicians lined up specialists who were able to operate on Ms. Miceli for a reduced cost. Although she is now cancer-free, Ms. Miceli requires frequent check-ups and Pap tests to ensure the cancer has not returned—all covered by Title X. Ms. Miceli is just one of thousands of patients for whom reliable access to PPWI health centers and Title X funding are truly a matter of life and death.

54. Finding alternative care will be a serious challenge for most of our patients and impossible for some. PPWI directly serves 80% of all Title X patients in the State, including women who depend on Title X to access contraceptives. Among all women who seek contraceptive care at publicly funded clinics (i.e., not just Title X-funded clinics), we serve more than half—compared to just 16% for FQHCs and 6% for state health department clinics. According to data from the Guttmacher Institute, compensating for the loss of PPWI centers would require FQHCs to increase their contraceptive client caseloads by 328%.⁷

55. We do not believe that there is another provider or cluster of providers—in the metro areas in particular—that could absorb such a spike in demand for services, especially among patients who are uninsured or on Medicaid. In more than 70% of the counties we serve, there is already a shortage of health care providers. And in seven Wisconsin counties—Milwaukee, Columbia, Dane, Racine, Walworth, Washington, and Waukesha—PPWI is the only Title X family planning provider.

56. FQHCs—while a critical source of primary, behavioral, and dental care for Wisconsin residents of all ages—are not an adequate substitute, as they do not provide the same reproductive health care focus or expertise as PPWI centers. No FQHCs in Wisconsin participate in Title X. And as discussed above, FQHCs do not provide the same range of contraceptive options, including the most effective LARC methods, that PPWI provides. FQHCs also have shorter hours and almost no weekend availability.⁸

⁷ 2015 Summary Data Table, Guttmacher Institute, https://www.guttmacher.org/sites/default/files/article_files/attachments/pfcc-tables.pdf (last accessed Apr. 20, 2018).

⁸ Federally Qualified Health Centers, Wisconsin Department of Health Services, <https://www.dhs.wisconsin.gov/forwardhealth/fqhc.pdf> (last accessed Apr. 30, 2018).

57. Based on my experience and knowledge of the health care infrastructure in Wisconsin, I believe that even those patients who manage to find alternative providers will not find the same inclusive, compassionate, and nonjudgmental care that is central to our practice and is consistently reflected in our patient surveys. More than 94% of our patients agree that PPWI staff treat them with compassion and respect. Similar numbers agree that their PPWI providers protect their safety and privacy, speak using clear and understandable language, and are sensitive to patients' individual needs. I believe that the lack of such care in some parts of Wisconsin will deter many of our patients, particularly those from stigmatized or marginalized communities, from seeking basic health care services. Continuity of care also fosters a trusting relationship between clinicians and patients, and ultimately leads to improved clinical outcomes.

E. Previous budget cuts forced PPWI to close health centers, triggering a public health crisis.

58. PPWI's experience in 2011 provides a recent and sobering illustration of the harm that we and our patients will face if we are abruptly stripped of funds. In 2011, Wisconsin cut PPWI's public health funding by \$1 million, forcing us to close five centers in underserved rural communities that were the only reproductive health providers in their areas. The first closures began just months after the cuts took effect.

59. These closures shredded critical parts of Wisconsin's reproductive health safety net, and no providers ever filled the void that was left behind. An investigation by *The Guardian* revealed that the closures left thousands of women cut off from basic reproductive health services like STI testing and birth control.⁹ In Jefferson County, low-income women who call the county health department today looking for contraception are still told to travel to another

⁹ Redden, *Healthcare without Planned Parenthood: Wisconsin and Texas point to dark future*, *The Guardian* (January 17, 2017), <https://www.theguardian.com/us-news/2017/jan/17/planned-parenthood-congress-wisconsin-texas>.

county that still has a Planned Parenthood. In Chippewa County, women had nowhere to go for STI tests. The county health director, who has since retired, told *The Guardian* that the county was “never able to pick up the full complement of services” that PPWI’s clinics had provided. And in Shawano County, women were faced with the unenviable choice of joining long wait lists to be seen at local clinics or driving to the Planned Parenthood health center in Green Bay—40 miles away. The county soon experienced a flare-up in gonorrhea and was designated a “hot spot” for new chlamydia infections.

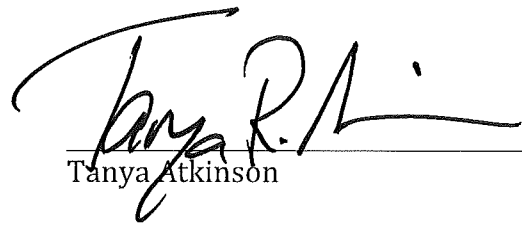
60. All this occurred after state funding cuts totaling just \$1 million per year. With Title X, PPWI has \$3.5 million at stake. I therefore fear that the impact of these dramatic changes to the Title X program could be even worse on PPWI and the patients who rely on us for care.

VI. INJUNCTION BOND

56. PPWI, a not-for-profit organization, would be incapable of posting a bond in the amount of the Title X funds it receives without severely curtailing our services and compromising our organizational mission. If PPWI were required to post an injunction bond, it would be foreclosed from pursuing judicial relief.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 7, 2018.



Tanya Atkinson