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8
 9 IN THE UNITED STATES DISTRICT COURT
 10 FOR THE NORTHERN DISTRICT OF CALIFORNIA

11
 12 **THE STATE OF CALIFORNIA; THE**
 13 **STATE OF DELAWARE; THE STATE OF**
 14 **MARYLAND; THE STATE OF NEW**
 15 **YORK; THE COMMONWEALTH OF**
 16 **VIRGINIA,**

17 Plaintiffs,

18 v.

19 **ALEX M. AZAR, II, IN HIS OFFICIAL**
 20 **CAPACITY AS SECRETARY OF THE U.S.**
 21 **DEPARTMENT OF HEALTH & HUMAN**
 22 **SERVICES; U.S. DEPARTMENT OF**
 23 **HEALTH AND HUMAN SERVICES; R.**
 24 **ALEXANDER ACOSTA, IN HIS OFFICIAL**
 25 **CAPACITY AS SECRETARY OF THE U.S.**
 26 **DEPARTMENT OF LABOR; U.S.**
 27 **DEPARTMENT OF LABOR; STEVEN**
 28 **MNUCHIN, IN HIS OFFICIAL CAPACITY AS**
SECRETARY OF THE U.S. DEPARTMENT OF
THE TREASURY; U.S. DEPARTMENT OF
THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR,
JEANNE JUGAN RESIDENCE; MARCH
FOR LIFE EDUCATION AND DEFENSE
FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF MEAGAN GALLAGHER

1 I, Meagan Gallagher, declare and state as follows:

2
3 1. I am the President & CEO for Planned Parenthood Northern New England
4 (PPNNE). Before starting my current position, I was the Senior Vice President of Business
5 Operations at PPNNE, and prior to that I served at the Planned Parenthood League of
6 Massachusetts as Chief Financial Officer, Chief Operating Officer, and Senior Vice President of
7 Strategic Initiatives and Growth. I began my career at PricewaterhouseCoopers in Boston,
8 Massachusetts. I received my B.S. in Mathematics at Tufts University in 1997.

9 2. This declaration is based on my personal knowledge, my review of PPNNE's
10 business records, information in the public domain, and the knowledge I have acquired in the
11 course of my eighteen years of service and duties at Planned Parenthood. If called and sworn as a
12 witness, I could and would testify competently to the information in this declaration.

13 3. PPNNE is a tax exempt 501(c)(3) organization and the largest reproductive health
14 care and sexuality education provider and advocate in northern New England and specifically in
15 Vermont. The mission of PPNNE is to provide, promote, and protect access to reproductive
16 health care and sexuality education so that all people can make voluntary choices about their
17 reproductive and sexual health. PPNNE operates 21 health centers across Vermont, New
18 Hampshire, and Maine and serves more than 43,000 patients each year.

19 4. As discussed more fully below, the two final rules that the U.S. Health and Human
20 Services Department, in conjunction with the U.S. Department of Labor and U.S. Department of
21 Treasury, issued on November 15, 2018 (Final Rules) would have devastating consequences for
22 the women in Vermont who rely on Planned Parenthood for a variety of reproductive health and
23 family planning care. The Final Rules would also have a devastating impact on the State of
24 Vermont, which reimburses PPNNE for those patients' care through a combination of state and
25 federal funding.

26 5. PPNNE operates 12 health centers throughout Vermont, and provides services to
27 approximately 19,000 patients annually at those health centers. The care for 46% of patients at
28 those health centers is reimbursed through a combination of Vermont's Medicaid program and the

1 Vermont Access Plan. Ten of the 12 Vermont health centers are Title X funded, and 60% of
2 patients at those health centers receive Title X services. In the last fiscal year, 62% of PPNNE's
3 Vermont patients were at or below 200% of the federal poverty line.

4 6. PPNNE's 12 health centers in Vermont are geographically disbursed throughout
5 the State. Planned Parenthood provides primarily reproductive health care services as a "one stop
6 shop." This means that a patient is able to get an office visit, most relevant lab tests and any
7 needed drugs or supplies at one location without having to travel to a pharmacy or lab testing
8 facility. This service is particularly important for the low-income patients we serve who usually
9 do not have the time, money or resources to take additional time off of work or school or the
10 ability to arrange for childcare. It also increases the likelihood that patients will get their tests
11 completed and take the drugs they are prescribed.

12 7. PPNNE offers education and counseling on reproductive health for both men and
13 women; the provision of birth control, including emergency contraception; testing and treatment
14 of HIV, gonorrhea, chlamydia and the HPV virus; pregnancy testing and services; breast and
15 cervical cancer screenings; and safe and legal abortion. In addition, all PPNNE health centers in
16 Vermont offer PEP and PReP for HIV prevention; trans-health services for transgender patients;
17 primary care; prenatal screenings and referrals; and referrals for female and male sterilizations
18 (Essure and vasectomies).

19 8. In 2017, PPNNE served Vermont with:

- 20 a. Contraception to 9,600 patients
- 21 b. Nearly 4,800 pregnancy tests
- 22 c. Nearly 2,500 cervical cancer screenings
- 23 d. Over 3,500 breast exams
- 24 e. Over 37,000 tests for sexually transmitted infections
- 25 f. Sexual health education programs reaching more than 2,100 youth.

26 9. Planned Parenthood primarily serves low income patients in Vermont who have
27 limited access to health care services.

- 28 a. Approximately eighty-seven percent (87%) of our patients are women, almost all

1 of those are in the prime reproductive age range of 18 to 39;

2 b. Sixty-two percent (62%) are below 200% of the federal poverty level (FPL). Of
3 those, 49% are below 150% of the federal poverty level;

4 c. The demographics of our patients roughly mirror the demographics of Vermont:
5 90% are white, 2% Black; 3% Hispanic, 2% Asian/Pacific Islander, and 3% other
6 or unknown:

7 d. We also serve a number of special-needs populations, including people with
8 physical, mental or other social challenges; migrant workers; refugees and other
9 immigrants; homeless people; patients with limited English skills; and lesbian,
10 gay, bisexual, transgender people. We have implemented a variety of programs to
11 extend access to these populations and to assure delivery of care that is culturally
12 sensitive and appropriate.

13 10. PPNNE operates its health centers in many rural, medically underserved areas. For
14 example, ten out of twelve PPNNE health centers in Vermont receive funding through the federal
15 Title X program, which aims to provide high quality family planning and related services,
16 education, and counseling to Vermonters who would not otherwise have access, with a special
17 focus on low-income and rural populations. Our ten Title X health centers are located in
18 medically underserved areas, or serve patients who live in medically underserved areas. PPNNE
19 operates a statewide network of health centers, which are the only Title X-funded health centers
20 in Vermont.

21 11. Planned Parenthood health centers are staffed with experienced practitioners at
22 multiple levels. We employ physicians, advanced practice clinicians (physicians' assistants, nurse
23 practitioners, certified nurse midwives, registered nurses, licensed midwives) and medical
24 assistants. Each operates within their particular, authorized scope of practice so that health care
25 services are delivered as efficiently and cost-effectively as possible.

26 12. Patients come to Planned Parenthood for the accurate, nonjudgmental,
27 compassionate and confidential care and information they need and deserve. Providers are
28 trained to be culturally competent.

1 13. PPNNE receives funding for family planning services through the federal Title X
2 program, Medicaid, and the Vermont Access Plan.

3 14. The Vermont Access Plan is funded through a state contract supported by a
4 Section 1114 Medicaid waiver. It supports the cost of a wide range of reproductive health
5 services for patients who are Vermont residents, not currently pregnant, and with incomes less
6 than 200% of the Federal Poverty Level. Last year, the Vermont Access Plan served 3,200
7 patients, or 17% of the patients at PPNNE health centers in Vermont.

8 15. The State of Vermont also funds PPNNE’s services focused on STDs through
9 separate grants. Vermont also funds PPNNE’s programs focused on outreach, education and
10 infrastructure through a different contract supported by a Section 1114 Medicaid waiver.

11 16. I have reviewed and am familiar with the new contraceptive coverage Final Rules,
12 2018-24512 and 2018-24514. Under them, any employer that claims a religious or moral
13 objection to providing contraceptive coverage would be exempt. In addition, the Final Rules
14 remove the mandatory accommodation that women who were no longer able to obtain birth
15 control through their employer could take advantage of to ensure continued contraceptive
16 coverage. These expanded exemptions, together, would effectively make contraceptive coverage
17 optional.

18 17. Although Vermont’s Reproductive Health Equity in Health Insurance Coverage
19 Act, 8 V.S.A. § 4099c, requires private health insurers and Vermont Medicaid to provide “no
20 cost” contraceptive coverage, self-insured plans are governed by the Employee Retirement
21 Income Security Act (ERISA), not state law.

22 18. After considering this change in the law and based on my experience at Planned
23 Parenthood, I believe that of the Vermont women who lose coverage under the Final Rules, many
24 who are income-eligible—those whose incomes are at or under 200% and are not covered under
25 Medicaid—will enroll in the Vermont Access Plan and seek services from Planned Parenthood.
26 This may be particularly true of younger patients who currently receive insurance through their
27 parents. Forty percent of our patients in Vermont are younger than 25. If their parents’ insurance
28 no longer covers contraceptive care, there is a high likelihood they will come to Planned

1 Parenthood and qualify for the Vermont Access Plan.

2 19. The State will have added costs to reimburse Planned Parenthood for every new
3 Vermont Access Plan patient who previously received contraceptive coverage through her, or her
4 family member's, employer.

5 20. I also believe that Vermont will see an increase in unintended pregnancies as a
6 result of the Final Rules. Those women who do not qualify for the Vermont Access Plan may not
7 get contraception at all, or may opt against the most effective forms of birth control, which are
8 more expensive. As a result, they will be at a higher risk of unintended pregnancy.

9 21. Finally, I anticipate that PPNNE will have to increase charitable contributions to
10 our assistance funds to help insured patients with high co-pays or deductibles, and those who
11 have lost coverage for contraception, afford birth control.

12
13 I declare under penalty of perjury that the foregoing is correct and that this declaration is
14 executed December 19, 2018 in Colchester, Vermont.

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16 _____
17 Meagan Gallagher
18 President & CEO
19 Planned Parenthood of Northern New England
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