



Lucy Leriche testimony on S.37, “An act relating to access to legally protected health care activity and regulation of health care providers.” February 8, 2023. Senate Committee on Health & Welfare.

Thank you for having me here today.

My name is Lucy Leriche and I’m the Vice President of Vermont Public Affairs at Planned Parenthood of Northern New England, or PPNNE.

I want to express my gratitude to Chair Lyons and to this committee for taking up bill S.37, and for your leadership in doing all that you can to protect patients and health care providers in accessing and providing health care in Vermont.

PPNNE is the largest reproductive health care and sexuality education provider and advocate in northern New England with health centers in Vermont, New Hampshire, and Maine.

There are seven PPNNE health centers in Vermont, and last year we served 16,000 patients in our state.

Our services include:

Abortion services; birth control; cervical, breast, colorectal, and other cancer screenings; erectile dysfunction treatment; follow up services for abnormal Pap tests and HPV; initial infertility work-up; miscarriage care; trans-inclusive health care, including gender-affirming hormone therapy; STD testing and treatment, and prevention services; and well-person checkups, and more.

Since the Supreme Court overturned *Roe v. Wade* last June, bans have eliminated access to all or some abortions in 18 states. More states could implement abortion bans this year. The consequences of these bans have been devastating for both patients and providers:

- The effects of these bans are not limited to states where abortion is no longer legal. In Vermont, Maine, and New Hampshire, where abortion is protected, we have seen patients traveling long distances to access care.
- The harmful effects of abortion bans stretch beyond abortion care. It’s now harder for people to get lifesaving medical care for miscarriages, ectopic pregnancies, and other pregnancy-related complications.
- Providers and medical staff in states with harsh consequences for people who perform or assist in abortions are [afraid to treat patients](#) — even in emergency

situations. This puts the health and lives of pregnant people at risk, as providers are forced to delay urgently needed procedures until people are dangerously sick, so they can legally provide care that meets the definition of “lifesaving” to ensure compliance with restrictive laws.

- We also know that anti-abortion rights lawmakers won't stop at banning abortion — they're working toward a broader agenda to roll back our rights and freedoms, from access to affordable birth control and to LGBTQ+ health care and more.

We deeply appreciate the inclusion of gender-affirming care in S.37. Across the US, there are continued attacks on transgender rights and gender-affirming care.

In 2021 alone, state legislatures across the country introduced more than 100 bills to restrict trans rights, with close to 60 of these bills amounting to health care bans for trans youth. This trend continued into 2022, with more than 150 anti-trans bills introduced, about a third of which would limit or entirely ban minors' access to gender affirming care.

I'm here today to express PPNNE's appreciation and strong support for this bill that aims to broaden and strengthen access to reproductive and gender-affirming care and to protect providers and patients, regardless of the patient's location, from negative repercussions for offering and receiving essential and sometimes lifesaving health care.

We do have some comments and suggestions on a few sections to potentially help strengthen the bill.

Sec. 1, 2, 6, 7: Definitions. **We would like to offer some friendly, technical suggestions at a later time to help improve clarity of some of the definitions throughout the bill.**

Sec. 2: Medical Malpractice. **This section could be further strengthened by including an additional provision under (F) that would prohibit an insurer from taking adverse action based on revocation or suspension of the license, or other disciplinary action by another state, based on the provision of legally protected health care activity in this state.**

Sec. 8: Crisis Pregnancy Centers (CPCs.) **This section aligns with the Connecticut bill to prohibit deceptive advertising from limited services pregnancy centers (HB7070) that was passed in 2019. The Alliance Defending Freedom filed a federal lawsuit challenging the law in 2021. The case, *Care Net Pregnancy Center of Southeastern Connecticut v. Tong* was dismissed without prejudice in January 2023. The entity suing the state claimed the case was no longer necessary because the Connecticut Attorney General stated they were not aware of deceptive advertisements in the state, implying they would not be enforcing the law. We do expect that the suit could be re-filed if the Attorney General did attempt to enforce the law in Connecticut, and this section could be challenged in Vermont as well. While we don't oppose this type of provision, we generally**

advise that the benefit is relatively low and the risk of litigation is substantial. We therefore encourage the legislature to focus on alternative approaches to targeting Crisis Pregnancy Centers.

Vermonters are generally unaware of Crisis Pregnancy Centers, or CPCs. One possible approach would be to engage the Vermont Attorney General to conduct a public awareness and education campaign. This could be done with a modest appropriation and have a significant positive impact.

We are also happy to collaborate to find other possible avenues to address the harm caused by CPCs, for example, through the regulatory bodies of OPR, the Medical Practice Board and violations of professional misconduct.

Sec. 9: Require institutions of higher education to establish a gender-affirming health care and medication abortion readiness plan to address access to such care on campus. **You could consider strengthening the stakeholder engagement process here by requiring that the recommendations for improving access to care *shall be developed with relevant stakeholders*. You could also strengthen this report by requiring information about the percentage of health plans in the state that do not cover gender-affirming care, and have the report include a proposal to close that gap if there is one.**

Sec. 11: Emergency Contraception - statewide standing order and vending machines.

Standing Order: The definition of “emergency contraception” (EC) in this section includes EC available over the counter or by prescription. Because this section is addressing a standing order, which is only required for *prescription* EC, this section should be updated to reference “prescription EC.” Further, because individuals and pharmacists will be determining whether the over the counter version or prescription version of EC is appropriate for each patient, you may consider suggesting that pharmacists receive some education about how each form of EC may differ and what benefits each form of EC may provide.

***Vending machines:* Generally, bills requiring emergency contraception to be available by vending machine target college campuses. In the college campus setting, these vending machines increase access to EC for students who may not have access to off campus pharmacies or who may have privacy concerns about visiting student health centers. These vending machines also allow students to access EC in a more private setting and on evenings and weekends.**

Sec. 12 - 13: Access to gender affirming care and medication abortion on college campuses.

We like that you have included a plan for provision of or referral for gender-affirming care (GAC), but also recommend you discuss this with LGBTQ+ coalition partners in the state. They may have more insight into whether or not trans individuals are likely to seek GAC on their college campus.

Sec. 14: Data privacy - prohibition on disclosure of protected health information related to legally protected health care activity.

This language is similar to [N.J. A.B. 3975](#) and [CT H.B. 5414](#) that we saw pass last year. I want to flag one change Planned Parenthood Federation of America has suggested in these bills regarding the lawful sharing of medical records. As currently drafted, subsection (e) could be read to allow disclosures, for example, as allowed under HIPAA. We suggest this language should be amended to limit this exception to lawful sharing of medical records *amongst healthcare providers*. This could read:

“(e) Nothing in this section shall be construed to impede the lawful sharing of medical records amongst health care providers as permitted by state or federal law.”

With or without these suggested changes, PPNNE strongly supports the intent of this bill which expands access and protections to health care. Providers and patients in Vermont should be able to continue to navigate a health care system without harassment, fear, or deception.

Last November, Vermont voters overwhelmingly passed the Reproductive Liberty Amendment, protecting reproductive rights in our state constitution. And every Vermont town gave majority support to the Reproductive Liberty Amendment. The amendment protects the rights of every Vermonter, no matter their gender or identity, race, where they live, or how much money they have.

S.37 is a natural expression of the values asserted by Vermonters in November about protecting the dignity to live your life and be who you are without government interference.

Given the hostile environment nationally, it is critical that our state take every available opportunity to expand and protect access to health care for those in our state, and for our neighbors forced to travel away from home to get necessary, time-sensitive care. This bill is an important step to ensuring that abortion and gender-affirming care remains accessible in Vermont.

We are proud to live in a state where our elected leaders are eager and determined to ensure that people can safely access abortion and gender-affirming care, and that providers can continue offering this critical care with protections from legal or regulatory harassment. We hope to continue working with you to increase access to care this legislative session and in the years to come.

Thank you.