



**Senate Finance Committee**

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Planned Parenthood of Northern New England proudly serves over 14,000 Vermonters annually across six health centers—in Burlington, Williston, Barre, White River Junction, Rutland, and Brattleboro—as well as statewide through our telehealth program. Every day, people turn to us for compassionate, high-quality, and affordable reproductive and sexual health care, including wellness exams, birth control, STI testing and treatment, cancer screenings, abortion care, gender-affirming care, and essential primary care services. No one is turned away based on their ability to pay. In fact, 56% of our patients have low incomes. 33% of our patients use governmental insurance (i.e. Medicaid) and last year alone, we provided \$1.24 million in free and discounted care to Vermont communities.

The Planned Parenthood Vermont Action Fund is also the leading advocacy voice for legally protected health care in the state. Vermont law has very strong protections related to our rights to reproductive and sexual health care. However, rights do not guarantee access to them. Opponents of this critical health care have realized that legislative bans are deeply unpopular with the vast majority of Americans and so they are using other tactics to restrict services, like abortion.

One of the ways that our federal government is overreaching into states like Vermont is by restricting funding which in turn restricts access to care. They are also using administrative tactics to influence and restrict access to care by questioning insurance coverage or billing practices.

We are here today to oppose § 4513a the addition of gubernatorial appointees onto health insurer board of directors.

In Vermont, multiple non-profit bodies that are designated in statute have gubernatorial appointments, some even in health care. The key distinction between what Vermont has done in the past and this legislation is that the appointment power exists because the organization is created or governed by law. This power does not extend to all non-profits. These are non-profit councils, boards, or commissions that are created in statute and assigned public duties. Vermont insurance companies are non-profits, but they are not arms of the executive branch, and this is important for patient care, medical judgement and public trust. Health insurance boards do not practice medicine—but they determine whether medicine is accessible, affordable, and timely. In reproductive health, our rights mean little if we cannot access and afford timely and effective healthcare.

Extending gubernatorial appointment power to non-profits outside of this current scope is unprecedented and raises some significant concerns for us at Planned Parenthood of Northern New England. Others can speak more to the legal risks related to a non-profit entity becoming a state actor or the fiduciary duty conflicts that may arise. I am going to focus in on this provision from a reproductive health perspective, where I believe there are layered dangers that go beyond general non-profit governance concerns.

First and foremost, it politicizes health care delivery. Non-profit insurers play a critical role in enforcing coverage protections. Benefit design, utilization management, and network policies directly determine access to reproductive health care. Board governance shapes how aggressively the insurer complies with or constrains those protections. Extending gubernatorial appointment power into this space risks politicizing coverage decisions that are meant to be neutral, evidence-based, and

actuarial. These risks could be felt even sharper in Vermont where unlike larger states, a small number of corporations play an outsized role. Decisions made by these boards can easily become market standards for the whole state.

If a Governor can appoint board members, that power can be used to influence which services are offered or funded or to pressure leadership to end advocacy or policies that may decrease access to legally protected health care services. Non-profit boards determine the organizations' priorities, hiring, resource allocation and viewpoints or advocacy speech. Political appointees on a non-profit health care board could have a chilling effect on speech or advocacy.

A health insurance board can reshape reproductive health care access without removing a single benefit from statute- simply by changing how coverage is administered. Examples could include a slower or more discretionary appeal processes; more aggressive preauthorization needed for abortion or gender-affirming care, or narrower definitions of medically necessary. We firmly believe that health care decisions need to be made between a patient and their medical providers and not by politicians, or in this case political appointees. Having political appointees on a non-profit health care board opens up a pathway for political opinions to influence medical judgement and practices.

This legislation would create a new precedent for government oversight in an independent non-profit health care entity. If enacted, this framework could be used as a model by other states to further restrict access to reproductive and sexual health care. If other states chose to adapt this model and require political appointees on their state insurers, hospital boards, local Planned Parenthood affiliates or other health clinics, they could essentially ban access to abortion or other forms of care, without legislative accountability. They won't need their state legislature to pass an abortion ban if they can work from inside the institutions to defund, restrict, or delay access to care.

Medical independence is a safeguard for patient care throughout the entire system from the health care providers to the insurers. Once you politicize any part of that governance, you politicize patient care. Transparency and accountability are important but not at the loss of independent medical care and judgement.