



## **S. 28 An act relating to access to certain legally protected health care services**

### **Senate Health and Welfare Committee**

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Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care to more than 16,000 people in Vermont at seven health centers located in Burlington, Williston, St. Johnsbury, Barre, White River Junction, Rutland, and Brattleboro and virtually through our telehealth program. People turn to us for affordable, high-quality care including wellness exams, birth control, sexually transmitted infections testing and treatment, cancer screenings, abortion care, vasectomies, as well as a variety of limited primary care services. PPNNE sees everyone who comes to us regardless of their ability to pay, and 54% of our patients have low incomes (defined as less than twice the Federal Poverty level). Last fiscal year, we provided \$1.3M in free and discounted care to our communities in Vermont, a significant increase from 802,000 in FY23.

As a mission-driven health care provider, we believe in a future where everyone—no matter where they live or how much they earn—can access affordable, high-quality sexual and reproductive health care in their own communities. All people deserve comprehensive reproductive health care, including abortion and gender-affirming care, free from shame, stigma, and intimidation. Yet, we know that powerful barriers—stigma, harassment, and fear of prosecution—continue to stand in the way. That is why the state of Vermont must continue to take bold steps to protect privacy, safeguard access, and ensure that no one is forced to choose between their health and their safety.

The fall of Roe has had devastating and far-reaching consequences, disproportionately harming people who have always faced systemic barriers to care—communities of color, the LGBTQIA+ community, undocumented immigrants, young people, those living in rural communities, people with disabilities, and people with low incomes. These communities, and all of us, deserve a future where essential health care is accessible without fear, without shame, and without political interference.

Vermont, thanks to the bold and innovative work of this committee, was one of the very first in the nation to safeguard abortion and gender-affirming care. These



protections are now more essential than ever. As attacks on reproductive and gender-affirming health care escalate across the country, Vermont stands as a beacon of hope—offering care, dignity, and safety to those forced to travel from states that criminalize these services.

**This bill is a crucial next step in ensuring that providers can continue delivering essential care without fear of legal threats or political interference, which is why PPNNE/PPVTAF strongly support this legislation** By strengthening protections, Vermont reaffirms its commitment to health care access, bodily autonomy, and the fundamental right of all people to make their own medical decisions.

### **Section 3: Updates to Professional Standards**

While we whole-heartedly support the intent of this section, we have concerns about the language on *Pg 10 line 7 (D) failing to review and approve information about treatment or health care services that are provided using or relying upon the licensee's name or license prior to communication of the information to users or potential users of the treatment or services;*

The wording is unclear—it's ambiguous whether it refers to information given to users or potential users, health care services provided to users, or services offered specifically by the entity or in general. I think ideally, we would want to say that licensed provider needs to review all the medical/health related information that is being given to users, so we would suggest language more in line with:

(D) failing to review and approve medical information provided by the entity or other information provided by the entity relating to medical treatment or health care services

Ideally this section would make it clear providers are responsible for all of the information provided to users about health care services, whether or not the entity provides those services.

### **Sections 3 & 5: Establishing a patient relationship via adaptive questionnaire**

This section is critical for expanding access in the state and we fully support it as written. Medication abortion is highly safe, and the questionnaire uses best medical practices to effectively screen out individuals who may not be suitable candidates.



While we believe it is included in the scope of “termination of a pregnancy”, it may be worth specifying miscarriage management as well, so the language in sec 3, page 11 line 19 and section 5 page 17 line 10 would read:

to terminate an individual’s pregnancy or for the treatment of a miscarriage.

### **Section 8: Confidentiality of Prescriber Information**

This section is critically important to reproductive and gender affirming care providers in this state, including PPNNE’s health care providers.

*As one Vermont PPNNE provider shared, “I am an abortion provider and a clinician who prescribes gender-affirming medications daily. Abortion and gender-affirming care are life-saving health care for many of our community members. I do this work because I am called to do so, however I practice knowing this makes me a target. The reality is we live in a world where abortion providers have been murdered, their partners and children are threatened, and the risk of violence entering and exiting the clinic is something we weigh each and every time we step through the doors. We are seeing increasing legal challenges to this care that is ratified and protected in the Vermont constitution; we have decided as a state that access to this care is a right. We are seeing states where abortion or gender-affirming care is illegal, reaching across their borders to prosecute providers.*

*As a clinician, who wants to continue to provide abortions and gender-affirming health care for our community, I implore the Vermont Legislature to remove our personal identities from these life-saving medications including abortion prescriptions and gender-affirming prescriptions. This will help protect the providers from becoming targets of personal violence and also help prevent the attempted criminalization from other states. This body has a responsibility to shield the health care providers in Vermont from increasing attacks on this safe, legal, and vital care. Thank you.”*

We applaud the committee for including gender affirming care in this provision. PPNNE agrees that this protection is critical in today’s climate where trans rights and health care are under scrutiny and attack.

One concern that may arise and complicate this section is that the federal government has the ability to reclassify drugs. For example, testosterone is classified as a schedule III-controlled substance. All controlled substances are documented, in the state’s prescription drug monitoring system. We would like to suggest that this provision could be expanded and enhanced to also protect patient confidentiality by



prohibiting the recording of abortion or gender-affirming care data in the prescription drug database.

Language for this section could include:

Medications specifically prescribed for reproductive health care services and gender-affirming health care services shall be excluded from the electronic monitoring program unless reporting of such is determined by the department to be necessary to protect the public health.

Vermont shall not collect, maintain, or use individually identifiable data on gender-affirming health care services provided in Vermont and shall not disclose, or disseminate disaggregated data or individually identifiable surveillance data on gender-affirming health care services.

Thank you for your continued efforts to protect Vermonter's access to legally protected health care and for the thoughtful ways you ensure Vermont's health care providers are protected for providing this essential, legally protected health care.