EXPANDING THE SOCIAL SAFETY NET IN MAINE:

Political Setbacks and Opportunities to Advance Reproductive Rights and Justice for All

BACKGROUND

In 2021, researchers in Columbia University's Global Health Justice and Governance (GHJG) Program began a qualitative study to understand the effects of the Title X Gag Rule in Maine, Wisconsin, and North Carolina. Title X is a federal grant program that provides affordable birth control and preventive health services to people with low incomes who are underinsured or uninsured. Implemented by the Trump Administration in August 2019, the Title X Gag Rule banned healthcare providers who participate in the program from providing abortion counseling or referrals. In November 2021, new regulations implemented by the Biden Administration reversed these restrictions (Guttmacher Institute).

We wanted to understand how, if at all, the Title X Gag Rule compounds other socioeconomic and political trends that threaten sexual and reproductive health, rights, and justice in already marginalized communities. In partnership with Maine Family Planning, the Foundation for Black Women's Wellness, and SisterSong, GHJG conducted key informant interviews with 36 clinical, advocacy, and community-based organizations in Maine, Wisconsin, and North Carolina. Interviewees included sexual and reproductive health service providers that do and do not receive Title X funding, as well as local non-governmental organizations that promote health equity and reproductive justice by providing referrals and direct services at the community level and advocating for structural change. This brief presents findings and future advocacy directions gleaned from interviews in Maine.

POLITICAL CONTEXT

A highly fiscally and socially conservative Republican governor, Paul LePage, led Maine from 2011 to 2019. Described by respondents as a "proto-Trump," LePage gained notoriety for his many controversial public statements (NBC News). During his term, LePage opposed abortion rights and the Affordable Care Act, was hostile to pro-choice organizations, and blocked the state's Medicaid expansion. These political positions contributed to ongoing stigma and other challenges in abortion care accessibility: in 2017, 24% of women in Maine lived in a county with no abortion provider (Guttmacher Institute). Today, many people in Maine still face long travel distances to access abortion care, as shown in the figure on page 3.

In November 2018, Democratic candidate Janet Mills was elected governor in a narrow victory. With Mills's election and gains in the State Senate, Democrats had uniform control over the governorship and the state legislature, ushering in a progressive era of policymaking in Maine. Under her leadership, Maine quickly passed several pieces of legislation focused on expanding access to essential healthcare, including abortion. Critically, Maine expanded Medicaid and mandated that public and private insurance cover abortion services. In total, six pieces of pro-choice legislation were passed in the state in 2019, removing many prior restrictions on the provision of abortion care (Planned Parenthood).

Despite these successes, major health disparities persist in the state, many of which are linked to limited access to healthcare. Black women in Maine are four times more likely than white women to start prenatal care late, a disparity that ties Maine with Texas for the worst in the nation (Press Herald). Challenges also remain in accessing reproductive healthcare: as of 2020, over 50,000 women of reproductive age in Maine at or below 250% of the federal poverty level lived in contraceptive deserts, meaning counties with no reasonable access a health facility offering all contraceptive methods (Power to Decide).

The Covid-19 pandemic also brought increased attention to the significant disparities in the state: at the peak of the pandemic, Maine had the U.S.'s highest racial disparity in Covid-19 infections, as the state's Black residents faced a 20 times greater risk of being infected with Covid-19 than white residents. Advocates and state politicians alike have prioritized addressing these issues, instituting new data collection processes and securing additional funding for public health efforts focused on reducing disparities. However, many advocates have expressed concern about the impact of the 2022 gubernatorial race – in which LePage will seek reelection – on continued progress in the state.

ADVOCACY LANDSCAPE:
FROM DEFENSIVE TO PROGRESSIVE

Maine is one of few U.S. states where sexual and reproductive health (SRH) advocates are not currently consumed by "defensive" advocacy. Instead, advocates in Maine are able to focus on new policies and public health innovations that expand access to abortion and other SRH services. Some of these laws dismantled restrictions created by the state's previous Republican leadership. In 2015, Maine established a Limited Family Planning Benefit under the state's Medicaid program, MaineCare, to cover contraceptive and other preventive services for individuals who do not qualify for full MaineCare. However, under Gov. LePage, the state's Department of Health and Human Services made the program difficult for Mainers to enroll in. In 2019, legislators passed a new law that removed these enrollment barriers. Key informants representing clinical organizations reported that increased participation in the program allowed patients to receive IUDs and other forms of long-acting reversible contraception (LARC) that they likely would not have been able to access before, and improved access to key sexual health services, such as STI testing.

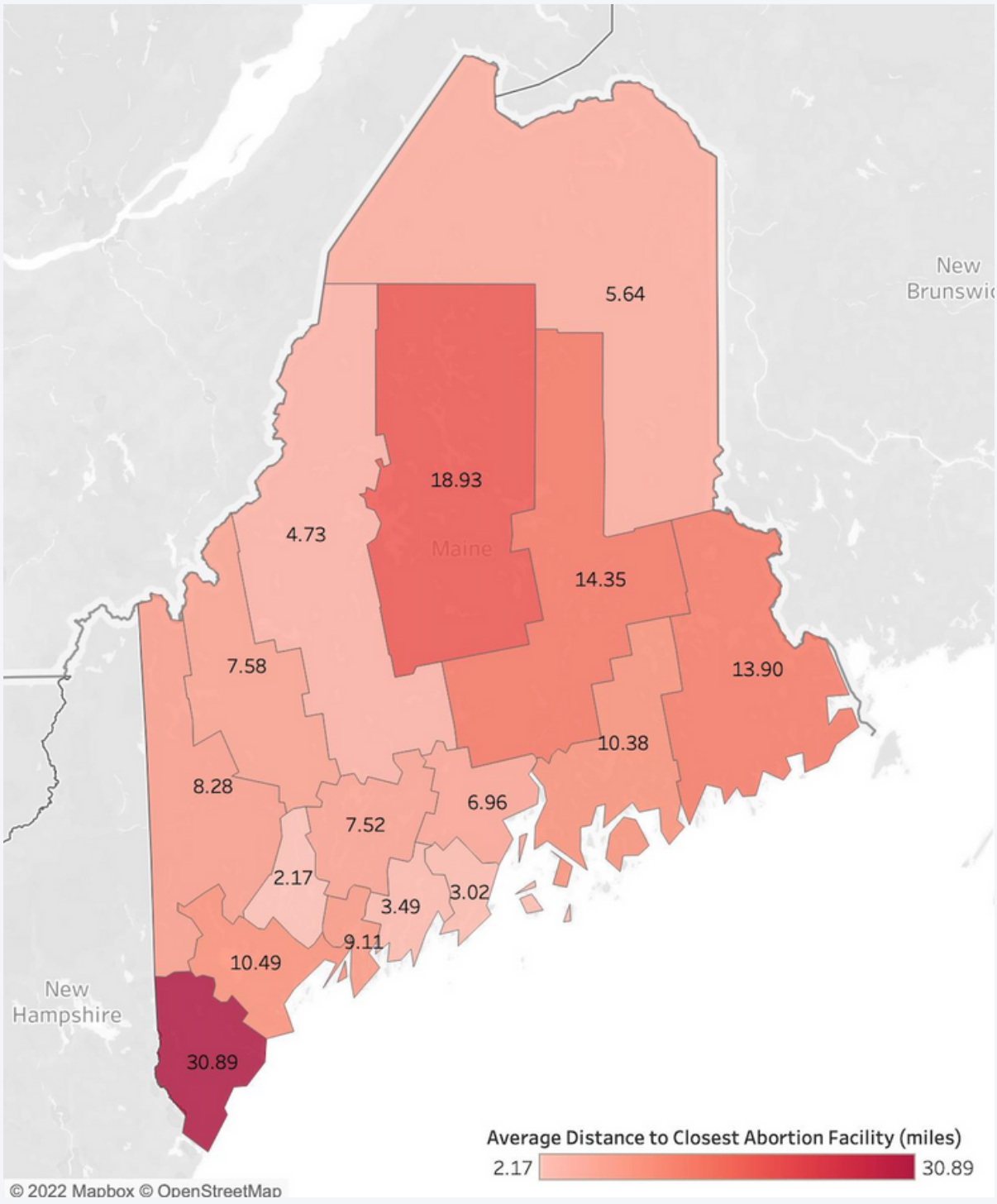
Following the election of Gov. Mills, advocates achieved a number of proactive policy changes that made abortion care more accessible in the state. Maine repealed all targeted regulations of abortion providers, known as TRAP laws, and allowed advanced practice clinicians (APCs) to perform abortions. As a result, clinical organizations were able to scale up their abortion services: one interviewee described how their organization went from offering abortion services one day a week to four days a week and began training APCs to perform abortions in order to improve access in rural areas.

Organizations that help facilitate abortion access were also positively impacted by these policy changes. Maine's major abortion fund, which has quietly operated in the state for decades but is now transitioning to being more public-facing, was able to increase the amount of funding per patient after MaineCare began covering abortion services. The organization was also able to begin providing general economic support to abortion patients in the form of $50 gift certificates. As the respondent representing the organization explained:

> *They could pay their babysitter or pay for gas to get to the appointment. If they have to stay overnight, or if they just wanna go out for a decent meal, there's zero restrictions on what that $50 goes towards. That was part of, I mean, we were thinking about, well, should we partner with an organization that gives rides to appointments? Should we partner with a hotel that would give folks a break on staying overnight and help pay for that?* ***We just felt like, let's trust these patients to cover it in whatever direction makes sense to them at that moment.***

Despite celebrating Maine's recent SRH policy wins, providers are still fighting battles to ensure that all changes are fully realized. At the time of our interviews in summer 2021, at least one clinical organization had not been able to file tens of thousands of dollars of Medicaid claims due to disputes about coverage for abortion provided via telemedicine. Though MaineCare has coverage parity for services provided via telemedicine, abortion-related language in Medicaid statutes is more relevant to aspiration abortions. For instance, the statutes describe the procedure as something that is "performed" by a provider, which does not adequately describe the procedure for a medication abortion.

AVERAGE TRAVEL DISTANCE TO CLOSEST ABORTION PROVIDER



Source: Caitlin Myers, 2021. County-by-month travel distances to nearest abortion provider, Vintage June 1, 2021. Retrieved from https://doi.org/10.17605/OSF.10/8DG7R

Maine's Role in a Post-*Roe* U.S.

As providers and advocates continue to improve the accessibility of SRH care accessible in the state, Maine may become a place of refuge for those seeking an abortion in a "post-*Roe* America." Many providers and advocates cited the probable overturn of *Roe v. Wade* as a major concern, but recognized that Maine's abortion protections are unlikely to be removed. As a result, SRH organizations in Maine hope to mobilize resources and develop networks and support systems that connect people outside of the state to providers in Maine, but are unsure of how to balance prioritizing the expansion of abortion access in Maine with supporting people in restrictive states. One respondent wondered, *"Will people on a national scale forget about the needs of folks in states where things are better than they are in other places? There are still people who need abortions in Maine and can't get them."* They went on to say:

> *It's hard because Mainers that I've talked to say, "We would want to be one of those safe states where people could come to get abortions." There's a lot of strategizing going on in this movement about how we could build the infrastructure necessary to get people who are in states where abortion is banned to the states where it is legal to have the procedures they need. That work has been going on since before* June v. Russo *was decided [by the Supreme Court in 2016].* ***We've been preparing for this as a movement, but a state like Maine is so geographically isolated from the rest of the country that it's tough to know what our role would be in a post-*Roe *America.***

A STATE WITH NO TITLE X PROVIDERS:
IMPACT OF THE GAG RULE ON MAINE'S SEXUAL AND REPRODUCTIVE HEALTHCARE SYSTEM

The Importance of Title X in Maine

Prior to the introduction of the Title X Gag Rule, program participants used the funding to offset the costs of essential SRH services, by, for example, implementing sliding-fee scales that reduced the cost of this care to zero for some patients. Importantly, the grantee-subgrantee relationships established to implement Title X-funded services allowed diverse healthcare providers to collaborate and enhance SRH service delivery. One respondent representing a Federally Qualified Health Center (FQHC) reported that their organization was able to prioritize SRH service provision, including contraceptive care and STI screenings, because of its participation in the Title X program as a subgrantee.

Clinical respondents emphasized that Title X funding has played a key role in connecting low-income communities across the state to SRH services and trusted healthcare providers. Respondents also discussed the importance of Title X services specifically for the state's Indigenous communities, which face numerous barriers to care, including long distances:

> *For the tribal population specifically, obviously we have a pretty broad spectrum of services available [at our tribal health department]. However, we are geographically limited... There are tribal members all through the state of Maine, and there are tribal lands all through the state of Maine... It could be a several-hour drive for tribal members seeking services at our facility, where they can get direct services free of charge.* ***For those people who live in the remote areas of the state or at a significant distance [from us], they don't have access to these trust-guaranteed services that we provide, which means they have to either rely on Medicaid, Medicare, or private insurance, or safety net programs like Title X*** *in order to access those services geographically closer to themselves.*

Effects of Losing Title X Funds

Before the Gag Rule, Maine had a single primary Title X grantee, a healthcare organization that had participated in the program for nearly 50 years. That organization provides SRH services throughout Maine, and allocated Title X funds to several subgrantees, including FQHCs and primary care providers. In 2019, the organization chose to withdraw from the program rather than limit its provision of care by agreeing to the Gag Rule's prohibition on abortion counseling and referrals. All subgrantees supported this decision; several respondents discussed how the Gag Rule violated their professional ethics. One healthcare provider summarized the gravity of the Gag Rule as follows:

I can't even imagine how catastrophic it would be if we kept those [Title X] funds and had to follow the [Gag Rule]. It really would not have been any patient care that I would have felt good about. I'm also a nurse-midwife, and I do provide abortions, and I talk to patients all the time, and I just can't imagine. ***It would be against everything ethically in all of my training to not provide accurate information to people.***

In March 2019, soon after the Gag Rule was announced, Maine's primary Title X grantee filed a lawsuit against the U.S. Department of Health and Human Services asking the court to block the rule; following the Biden Administration's repeal of the Gag Rule, that case was voluntarily dismissed in October 2021 (Center for Reproductive Rights). Respondents felt that, while important, this litigation and advocacy related to the loss of Title X funding pulled organizational focus away from ongoing efforts to improve access to SRH care in Maine.

Former Title X recipients also discussed how the loss of funds forced their organizations to make difficult decisions about what services and programs should be prioritized. Many were able to maintain their existing sliding-fee scales to continue offering affordable services to clients, but this came at a price. Several respondents described diverting funding away from other organizational needs, such as making investments in technology and staff that would have strengthened their practice. One former Title X recipient reported that the loss of funds prevented their organization from being able to fill key position vacancies. In turn, this hampered their ability to participate in advocacy coalitions and engage with legislators, which could have ripple effects for Mainers in the future:

...We had some folks leave in certain positions, and we haven't replaced those positions. ***So [after leaving the Title X Program, we had to scrutinize costs and ask], "Oh, can we spend money here? Can we spend money there?" That does ripple effect somewhere down the line…*** *We used to have a director of public policy and an associate director of public affairs, but after those folks left, we have not replaced those positions... but when you just think about the further down the line effect of losing those positions and losing that full-on advocacy at the statehouse or something like that, it's [a different kind of impact]. So I think it is further down the line that we see these effects [of losing Title X funds], but ultimately, yeah, it does impact people of Maine.*

Respondents contextualized the Gag Rule within an array of policies that are designed to bar people who have historically been underserved from accessing healthcare. For example, a representative from a clinical organization expressed frustration with the compounding effects that the Gag Rule and the Hyde Amendment (U.S. law barring the use of federal Medicaid funds to cover abortion services) have on low-income, uninsured, and underinsured people seeking SRH information and services in the U.S.:

These things are linked, ***and the people who are disproportionately impacted are going to be people of color, are going to be folks in rural areas, and low-income people generally.***

Even though Maine's recent law mandating abortion coverage by all insurance plans helps to equalize access, it cannot erode the pervasive stigma created by the increasing politicization of SRH at state and federal levels. One provider described the stigma furthered by the political controversy surrounding the Gag Rule as *"the hidden scars and wounds that [our patients] bear"* which *"causes real harm to our patients."* Another respondent characterized the Gag Rule as one piece of a concerted political strategy designed to render vulnerable, resource-poor communities invisible:

> *There definitely was a feeling under Trump and LePage that all of these efforts were aimed at low-income people of color to drive them out of existence almost. I mean, when we think about the restrictions on refugees and asylees to be able to use any public assistance and still apply for citizenship, you know, it's this broad assault on the resources that people may need at various points in order to survive.* ***It definitely felt all of a piece, and the Title X pressures were one of a broader set of policy goals trying to deprive... just really cruel and inhumane deprivation of basic liberty,*** *while at the same time increasing the wealth of people at the top… That's what it felt like.*

Notably, a number of respondents discussed how the same political polarization of SRH that enabled the Title X Gag Rule also kept the program "woefully under-resourced," and therefore increasingly unreliable to providers. The program's funding has remained stagnant for years, despite rising healthcare costs. As one respondent noted, this underfunding has long-term impacts on the quality of care these safety net clinics can provide:

> *We're unable to pay our staff the same competitive rates that other providers can provide, or we can't make the same level of investment that more profitable providers can offer,* ***because of the way that our country treats the kind of care we deliver.***

THE WAY FORWARD:
EXPANDING MAINE'S SOCIAL SAFETY NET

Most respondents described a sense of duty to continue to expand Maine's social safety net; many described the state's public health infrastructure as "decimated" by Gov. LePage and feel motivated by the new political climate and recent wins related to MaineCare and SRH to rebuild a more inclusive system. This motivation includes, but is not limited to, SRH; respondents also described advocacy aimed at advancing basic rights to food, income, adequate housing and healthcare – all of which are facets of reproductive justice.

Respondents discussed how this drive to expand the social safety net is hampered in some ways by the advocacy and service delivery landscape in Maine, which mostly consists of small organizations that struggle to obtain adequate funding and resources. One respondent shared frustrations that small grassroots organizations are often passed over when applying for funding; hospitals and governmental organizations are more likely to receive contracts or have the funds to bring on the necessary staff to implement new programs, but they lack the community knowledge and relationships that grassroots groups have spent years building. Furthermore, the state has limited funding, which consequently puts small non-profits with similar missions in competition with one another.

At the same time, organizations talked about needing to collaborate with one another to accomplish their goals, and center the experience and leadership of those who are impacted most directly by regressive policymaking. One respondent felt that white-led organizations in the state, while well-intentioned, are often not putting in enough effort to center Black, Indigenous, and people of color (BIPOC) who are most impacted by racial inequity and social justice policy issues. Several others echoed this sentiment, but also described feeling the ground shifting. One example of this is the Permanent Commission the Status of Racial, Indigenous, and Maine Tribal Populations, established by the Maine legislature in 2019. In 2020, the Commission released a report outlining guiding principles for addressing structural racism through law and policymaking, as well as priority actions for policymakers.

On the other hand, a few organizations discussed the disconnect between inclusive health advocacy messaging and the lived experiences of historically marginalized groups in the state, such as BIPOC, low-income, and immigrant populations. As of July 2022, pregnant people and children who are immigrants will be eligible for MaineCare and/or the Children's Insurance Program (CHIP), but many immigrants and refugees will continue to face barriers and delays accessing affordable healthcare. As one respondent elaborated:

…there's this message of unity and everybody belongs, and that's not at all what the policies allow. *It's the same kind of feeling when someone's like, "Well, the asylum seekers don't work. They're just sitting around." Yeah, because they can't get their work authorization for 150 days. That would be a policy we would change. Because that trickles down and matters when it comes to healthcare. Because, at least, if they were employed, they might have access to an affordable health care plan through their employer.*

Organizations discussed a sustained advocacy effort to expand MaineCare eligibility for everyone in Maine, most notably immigrant populations who have historically been excluded from coverage:

We've been working to advance a campaign, "All Means All," which is focused on getting rid of those discriminatory policies so that everybody – everyone in Maine can access affordable health coverage... That means ***everyone, including our friends and neighbors who are immigrants who contribute in amazing ways in our communities, should also be able to go to the doctor when they're sick and have other healthcare needs covered.***

Advocates from some organizations discussed prioritizing SRH for other vulnerable and excluded populations. In 2020, a bill to provide comprehensive SRH care to incarcerated people stalled when the legislature adjourned early due to the Covid-19 pandemic. A new version has been drafted, but also appears to be stalled. Respondents noted that these bills are difficult to move forward because of the hostile views toward incarcerated populations, and urged fellow advocates to focus their messaging on achieving a basic level of human rights for all people, regardless of their incarceration status:

Just because you're incarcerated ***doesn't mean that you no longer should have access to the things that you need and the things that you deserve to be healthy and safe.***

Advocacy around incarcerated populations includes a focus on improving the conditions for women due to the extreme gender inequities built into the carceral system. One respondent described the basic rights that are being fought for:

[Incarcerated women] are advocating for fresh food and [for the system] to re-evaluate what their needs really are because ***the system is built around this idea that incarceration is built for men, and we're finding more and more women within these systems.***

These examples demonstrate the commitment of advocates working across the reproductive justice spectrum to expand and improve social safety net protections for all Mainers – regardless of their gender, race, immigration status, or incarceration status.