



To: Health and Human Services Committee
From: Marion Miner, Associate Director for Pro-Life & Family
Nebraska Catholic Conference
Subject: LB629 (Additional Title X Eligibility Requirements) (Oppose)
Date: March 21, 2019

Madame Chair Howard and Members of the Health and Human Services Committee,

The Nebraska Catholic Conference advocates for the public policy interests of the Catholic Church and advances the Gospel of Life by engaging, educating, and empowering public officials, Catholic laity, and the general public. I am here today to express the Conference's opposition to LB 629.

The U.S. Department of Health and Human Services announced new rules earlier this month that invited providers who offer valuable health care services, but have not traditionally been part of the Title X program, to become new participants. The new rule holds that so long as the entire Title X project in a state – the entire state network of providers – offers the full range of traditional Title X services, individual providers need not be excluded because they only offer some of those services.

Some providers that have operated for years in communities in Nebraska and nationwide, offering high-quality medical services to patients who have little or no ability to pay, have been encouraged by U.S. DHHS to apply for participation in the Title X program. Some of these providers help low-income patients apply for Medicaid, but do not accept Medicaid themselves, because they offer all of their services for free. They, seemingly, would be ineligible under LB 629. Some offer a partial range of STD and STI screening and treatment – it is unclear whether they would be eligible under LB 629, since the scope of such services an entity is required to offer is not defined. Some providers offer many traditional Title X services but would need to refer to another provider for a gynecological exam – those providers would be excluded under LB 629 as well.

In short, LB 629 erects new barriers for eligibility under the Title X program that have never been required by federal or state law. These barriers make it more difficult for small providers serving low-income patients to qualify for federal aid, when it is exactly those types of providers who could use the aid the most to further develop the range of services they offer and increase the reach of their work to more low-income individuals and families. These proposed barriers cut directly against the intention of the finalized new federal rules, which are meant to encourage small, non-traditional providers to apply.

The Conference urges that you indefinitely postpone LB 629.