EXHIBIT C

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., and PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND, INC., Plaintiffs, v. ALEX M. AZAR II, Secretary of the United States Department of Health and Human Services, in his official capacity, *et al.*, Defendants.	Civil Action No. 1:19-cv-05433 Hon. Paul A. Engelmayer

DECLARATION OF MEAGAN GALLAGHER
IN SUPPORT OF PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

I, Meagan Gallagher, declare and state as follows:

1. I am the President and Chief Executive Officer ("CEO") of Planned Parenthood of Northern New England, Inc. ("PPNNE"), a position I have held since 2013. As CEO of PPNNE, I lead the largest reproductive health care and sexuality education provider in northern New England. PPNNE's mission is to provide and protect access to reproductive health care and sexuality education so that all people can make informed, voluntary choices about their reproductive and sexual health. PPNNE operates 21 health centers across Vermont, New Hampshire, and Maine and serves more than 45,000 patients each year.

2. Before taking on my current role, I was the Senior Vice President of Business Operations at PPNNE. Prior to that I served as Chief Financial Officer, Chief Operating Officer, and Senior Vice President of Strategic Initiatives and Growth of the Planned Parenthood League of Massachusetts.

3. The facts I state here are based on my experience, my personal knowledge, my review of PPNNE business records, and information obtained through the course of my duties at PPNNE. If called and sworn as a witness, I could and would testify competently thereto.

4. I submit this declaration in support of Plaintiffs' Motion for a Preliminary Injunction, which seeks to enjoin the rule entitled "Protecting Statutory Conscience Rights in Health Care" (the "Rule"), 84 Fed. Reg. 23,170, issued by the U.S. Department of Health and Human Services ("HHS") on May 21, 2019. I am familiar with the Rule.

5. As explained below, the Rule presents a grave threat to PPNNE's mission and our ability to ensure that our patients have access to high-quality, comprehensive, and nonjudgmental care—regardless of the services our patients seek and regardless of their identity. The Rule will severely impair our operations, including our employment practices, and pose a threat to the security of our health centers. I am also deeply concerned about our ability to comply with the Rule's broad and vague requirements and understand that noncompliance could lead to loss of our federal funding. Loss of federal funding would do immense damage to PPNNE's ability to continue to provide quality, comprehensive family planning services to thousands of low-income individuals in northern New England.

BACKGROUND

A. PPNNE and Its Patients

6. Founded in 1965, PPNNE is a non-profit corporation incorporated in Vermont with headquarters in Colchester, Vermont. PPNNE is an affiliate of Plaintiff Planned Parenthood Federation of America ("PPFA"). Per PPFA's accreditation requirements, medical services at all Planned Parenthood affiliates must be provided in accordance with up-to-date, evidence-based standards of practice for family planning and reproductive health care. Affiliating with PPFA is critical to PPNNE's mission. It allows us to use the "Planned Parenthood" name, which patients

recognize as one attached to an organization that provides nonjudgmental, high-quality, and comprehensive reproductive health care.

7. Like other PPFA affiliates, PPNNE provides reproductive health care services as a "one stop shop." A patient can get an office visit, most relevant lab tests, and any needed drugs or supplies at one location without having to travel to a pharmacy or lab testing facility. This model is particularly important for the low-income patients served by PPNNE who often do not have the time, money, or resources to take time off work or school or to arrange alternative childcare necessary for these patients to make repeated medical visits. The "one stop shop" model increases the likelihood that patients will get their tests completed *and* take the medicines they are prescribed.

8. PPNNE offers education and counseling on reproductive health and provides comprehensive reproductive health care services. These services include birth control, such as emergency contraception and long-acting reversible contraceptives ("LARCs," the most effective form of birth control); testing and treatment for sexually transmitted infections ("STIs"); testing for HIV and the HPV virus; pregnancy testing; breast and cervical cancer screenings; and safe and legal abortion. PPNNE's abortion care includes medication abortions through 11 weeks after the first day of a patient's last menstrual period and surgical abortions through 19 weeks. In addition, all PPNNE health centers offer PEP and PReP for HIV prevention; gender affirming care, including hormone therapy for transgender patients; prenatal screenings and referrals; and referrals for sterilizations (e.g., vasectomies).

9. In 2018, PPNNE served more than 45,000 patients at more than 67,000 patient visits. These services included approximately 8,500 pregnancy tests; 6,300 LARC insertions; provision of 73,000 packs of birth control pills; 61,000 instances of screening and/or treating STIs,

including chlamydia, gonorrhea and syphilis; 10,000 HIV tests; 2,000 prescriptions for emergency contraception, including for individuals who were victims of sexual assault; and about 3,500 abortion procedures.

10. Most of PPNNE's patients have low incomes. In 2018, 47 percent of its patients in Vermont, 55 percent of its patients in New Hampshire, and 57 percent of its patients in Maine had incomes at or below 150 percent of the federal poverty level.

11. A large portion of our patients are on Medicaid: approximately 29 percent who visit a Vermont health center, 28 percent who visit a New Hampshire health center, and 14 percent who visit a Maine health center.

12. Many of our patients are uninsured or underinsured. In 2018, for example, 20 percent of our patients did not pay for services using some form of public or private insurance, a strong indicator of insufficient insurance access.

13. PPNNE serves a significant number of rural patients, as Vermont, Maine, and New Hampshire are all states with large rural areas.

14. Several of PPNNE's health centers serve areas that have been designated by the Health Resources and Services Administration ("HRSA"), an HHS subagency, as medically underserved in some manner or as experiencing a provider shortage. Those health centers include facilities in Sanford and Portland, Maine; Manchester, Claremont, and Keene, New Hampshire; and Burlington, St. Johnsbury, and Newport, Vermont.

15. PPNNE health centers are staffed with experienced practitioners. We employ physicians, advanced practice clinicians (physicians' assistants, nurse practitioners, certified nurse midwives), registered nurses, and medical assistants. Each operates within their particular, authorized scope of practice so that health care services are delivered as efficiently and cost-

effectively as possible. While not all of our practitioners have the skills and training to provide every service we offer, such as abortion services, we expect all of our practitioners to be able and willing to provide patients with accurate information about our services or refer them to a practitioner who can provide such information.

16. PPNNE currently employs about 240 individuals, including full-time staff, part-time staff, and contract workers. We also currently have interns, trainees, and contractors who help facilitate and provide patient care and fulfill our mission. While I would not consider all of these individuals PPNNE staff, throughout this declaration, I include within the term "staff" all such individuals, in addition to our employees, given the broad definitions in the Rule.

17. In 2018, we posted about 90 job openings and had 58 interns and approximately 1,000 volunteers. Currently, PPNNE has 26 job openings and 16 positions for interns and volunteers that we are actively seeking to fill, including positions at a number of our smaller health centers that are more leanly staffed.

B. PPNNE's Federally Funded Services

18. PPNNE receives a significant amount of federal funding; in 2018, those funds accounted for $6.7 million, or 28 percent, of PPNNE's total revenue. This total includes both federal grants and payments from Medicaid and Medicare.

19. The federal grant program from which PPNNE receives the most funding is the Title X program, which subsidizes the provision of family planning services to low-income people. Under Title X, HHS "is authorized to make grants and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services." 42 U.S.C. § 300(a). Title X grantees may provide the program services themselves or contract with delegate agencies (or "subgrantees") to provide the services. PPNNE receives a direct Title X grant

in New Hampshire and is a subgrantee in Vermont and Maine.

20. Services provided under the Title X program include contraceptive services and counseling, pelvic exams, pregnancy testing and counseling, testing for STIs and HIV, screening for breast and cervical cancer, and certain basic infertility services. With respect to contraception, the Title X guidelines say that Title X projects should "make available to clients all methods of contraception approved by the Federal Food and Drug Administration," including oral contraceptives, IUDs, and emergency contraception. In addition, each Title X project must "[o]ffer women the opportunity to be provided information and counseling regarding each of the following options: (A) [p]renatal care and delivery; (B) [i]nfant care, foster care, or adoption; and (C) [p]regnancy termination." 42 C.F.R. § 59.5. Title X permits entities that provide abortions to receive Title X funds for a family planning project, provided that those entities maintain programmatic and financial separation between the subsidized project and their abortion services and the project does not include "abortion as a method of family planning." 42 U.S.C. § 300a-6.

21. Under PPNNE's current Title X grant and subgrants, we receive $1.9 million a year to provide family planning services to low-income individuals throughout the region.

22. PPNNE also receives approximately $313,000 a year of federal funding from the state of Vermont under the Social Security Block Grant ("SSBG" or "Title XX") program, 42 U.S.C. § 1397 *et seq*., to provide family planning services. The SSBG program is administered by HHS to provide funds for each State to furnish social services best suited to meet the needs of its residents.

23. PPNNE receives approximately $400,000 a year in additional funding from other HHS programs as well.

24. In addition, all of our health centers provide care to patients who receive Medicaid benefits or who are insured via Medicare. The annual Medicaid and Medicare payments to PPNNE total approximately $2.7 million.

25. PPNNE is also partnering with a team of researchers from local universities and states to provide phlebotomy services for the Drug Injection Surveillance and Care Enhancement for Rural Northern New England study (DISCERNNE). This study is funded in part by the National Institute on Drug Abuse, within HHS's National Institutes of Health.

26. Therefore, PPNNE and its patients have a lot at stake under the Rule. If PPNNE were found to be out of compliance with the Rule, we could lose more than $6.7 million—or approximately 28 percent of our revenue. HHS provides Title X funding to Maine Family Planning, which provides subgrants to PPNNE and other entities; it is my understanding that a compliance action against one of those other subgrantees could place PPNNE's funding at risk.

THE RULE'S IMPACT ON PPNNE AND ITS PATIENTS

27. There are several aspects of the Rule that are deeply troubling. If PPNNE is forced to implement the Rule, it will interfere with and frustrate PPNNE's mission to champion and promote quality sexual and reproductive health, and will put patients at risk of being denied care and information about the services they seek.

28. First, I understand that under the Rule, any individual who works at PPNNE—including clinicians, volunteers, trainees, and contractors—has the right to refuse to provide or assist with abortion or sterilization services, and potentially other services we provide, if that individual claims a religious or moral objection. The Rule also broadly defines "assisting in the performance" of a particular service to sweep in a universe of activities that may be refused, including but not limited to "counseling, referral, training, or otherwise making arrangements" for the procedure or service. I also understand that the Rule does not incorporate the "undue hardship"

exception to religious accommodations from Title VII, and instead appears to require absolute accommodation of employees' objections—even as to core health services that our patients rely upon us to provide.

29. Second, I understand that the Rule includes a definition of "discrimination" that, among other things, would prohibit PPNNE from asking prospective employees, interns, volunteers, and contractors about whether they have an objection to performing or assisting in the performance of abortion or sterilization, and possibly other services, prior to finalizing the employment or work relationship. The Rule's restrictions on questions we can ask during pre-employment and other screening interviews increases the likelihood that we will have to accommodate individuals who refuse to provide certain care and for whom we would not currently be required to provide accommodation.

A. The Rule Threatens Patient Access to Care and Is Not Workable for Our Health Centers.

30. Currently, PPNNE has a policy of providing accommodations that allows us to balance our obligations to accommodate employees' religious beliefs and practices, including their refusal to participate in specific health care services, with the needs of the patients we serve. This Rule upends that careful balance and instead forces us to put our patients' needs second to those who wish to deny them care.

31. Accommodating a blanket refusal by one of our staff to perform or assist in the performance (as broadly as that is defined) of all abortions or another reproductive health care service that we provide, as the Rule appears to require, would be very burdensome for PPNNE given the manner in which we provide health care. On any given day we may see patients who are seeking STI treatment, abortion care, gender affirming care, or any of our other services. Our clinicians are expected to provide the services our patients require (within the limits of their

training) and to do so in a compassionate, nonjudgmental manner.

32. Moreover, we may not know in advance every service that will be provided on a given day or shift. We allow for walk-in patients, and even our scheduled patients may come in for one service but ultimately need or request other health care or information about different health services.

33. For example, a patient who comes in for pregnancy testing may discover she is pregnant. PPNNE provides ethical, non-directive pregnancy counseling in the following ways: Patients are asked about their feelings about their pregnancy. PPNNE health care providers use open-ended questions to best understand what options each patient may pursue, and make sure that, when the patient is unsure, she understands all options: parenting, adoption, and abortion. Patients are given resources according to the option(s) they express interest in, and for all options if they are undecided. This non-directive pregnancy counseling often requires referrals for particular pregnancy services, including abortion, on request of the patient. When making referrals, PPNNE providers are open and transparent with patients about which referral partners provide which services, consistent with medical and ethical standards. PPNNE providers only provide information about or refer patients for services that patients have indicated they are interested in receiving or learning more about.

34. Forcing PPNNE to accommodate individuals who refuse to provide care will be especially burdensome for our patients seeking abortion care. Abortion care is an extremely stigmatized health service that patients can only access at a very limited number of providers. Our society and culture already make people feel bad about the decision not to carry an unwanted pregnancy to term. Indeed, there are often protestors outside PPNNE's health centers who shame patients for their reproductive choices. But when people walk through our doors, they know our

health centers are a safe space for them to talk about *all* of their options without judgment. If our patients were to encounter someone at our health centers who would not provide them information about or provide the procedure itself, they would be further stigmatized. Most of our patients would have nowhere else to turn.

35. The forced accommodations required by the Rule will also be detrimental to our patients who seek access to emergency contraception, including our patients who are victims of sexual assault. Emergency contraception is birth control that an individual can use to prevent pregnancy up to five days after unprotected sex. Depending on a patient's circumstances, she may need a form of emergency contraception that requires a visit to a health care professional and a prescription. By the time some patients reach us to obtain emergency contraception, they may have only a short window remaining to utilize this form of care, and any further delay could result in unintended pregnancy. To the extent that the Rule could be interpreted to require accommodation of staff who object to the provision of emergency contraception, the Rule would imperil these patients' health.

36. Moreover, under the Rule, we might not know if one of our staff is refusing to provide information or services. As I understand it, under the Rule, an individual could decline even to tell the patient that the individual has withheld full information about the range of available and recommended medical options. This aspect of the Rule could have a devastating effect on a person's health and life. A clinician who declines to provide all relevant medical information and options to a patient and refuses to refer that patient to someone who will, or who privileges a personal view over the scientific consensus, could no longer be counted on to adequately serve our patients.

37. Even assuming we could withstand keeping on staff someone who refuses to provide or assist with the core reproductive services we are known for providing, we would have to radically revise our work schedules or send clinicians to different health centers (assuming that is legally permissible under the Rule, as I explain below) to account for the limitations in the services a clinician is willing to perform.

38. Accommodating individuals who have an objection to providing or assisting with a core health service would be nearly impossible at some of our health centers that employ only a few individuals. PPNNE has 18 health centers where there is only one licensed clinician at any given time, and that person is expected to provide a full range of reproductive health care, including contraception, emergency contraception, and medication abortion. We also have eight health centers that generally have only three individuals on staff at a given time: a clinician, a front-office staff member, and a healthcare assistant who, for example, takes patients' vital signs and medical histories.

39. A refusal by any one of the individuals at one of these small centers to perform or "assist in performing" an abortion, pregnancy testing, birth control counseling, or other reproductive health care services would make it very difficult and costly, if not impossible, for those health centers to continue providing the full scope of reproductive health care currently offered. For example, if the front-desk staff person had an objection to scheduling or checking in patients who seek abortion services, there would be no way to accomodate this person because there may be no other staff member working who has the knowledge and training to play that role. The same would be true for the one clinician who is responsible for caring for all the patients seen on that clinician's shift, and for the person in the back of the health center who is responsible for taking vital signs, medical history, etc. for all patients. There may be no one else who can step in

to do these individuals' jobs if they refuse to care for a patient.

40. Accordingly, depending on the scope of the objection, the responsibilities of the staff person, and the nature of the health center's capacity, an objecting individual could force us to cut services and turn away patients, potentially resulting in reduced hours, elimination of staff positions, and closure of health centers.

B. The Rule Will Harm PPNNE's Reputation and Reduce Patient and Community Trust in PPNNE.

41. The Rule will also injure PPNNE's reputation in communities we serve and damage patient goodwill and trust. We are trusted by patients and the communities we serve to provide nonjudgmental, science-based counseling on reproductive health and sexuality. Indeed, in many areas that our health centers are located, we are the only health care provider that provides such counseling and care.

42. We have had patients tell us that they seek care at our health centers because they know we provide nonjudgmental care and will provide patients with information about all of their options. This is especially true for our patients who come in with or suspect that they have an unintended pregnancy and who are looking for information about abortion.

43. It is critical to our mission and reputation that the counseling services we provide be accurate, science-based, and balanced. If patients are not receiving complete, science-based information about their reproductive health options, it will undermine patients' trust in PPNNE, and result in a loss of goodwill in the community. Similarly, if patients encounter staff at our health centers who refuse to care for them or provide them with the information they are seeking, they are likely to feel stigmatized and lose trust in Planned Parenthood.

C. The Rule Poses a Security Threat to PPNNE and Its Staff and Patients.

44. Planned Parenthood's mission is to provide comprehensive reproductive and

complementary health care services and information in settings that preserve and protect the essential privacy and rights of each individual. For this reason, PPNNE has developed a screening process for employees and other staff members to ensure we work with qualified individuals who are committed to providing nonjudgmental care to all patients—regardless of the services they seek and their identity. A key aspect of the screening process is determining whether prospective employees, interns, trainees, and contractors are actually willing to provide or assist with the health services that we offer to our patients.

45. We also view our screening process as essential to maintaining the safety and security of PPNNE, its staff, and its patients. PPNNE has developed procedures to screen out applicants who may pose a security threat. Although certainly not all individuals opposed to providing or assisting with services we provide have bad intentions, it is a sad reality that there are individuals who strongly oppose Planned Parenthood because we provide abortion services and they will take extreme action to obstruct the delivery of abortion services and even hurt those providing abortion services. Several of our health centers have been targeted by anti-abortion protestors, and anti-abortion advocates have posted the name of PPNNE's medical director on a website that encourages people to harass anyone associated with abortion. Other affiliates and PPFA, our national office, have also been the subject of large-scale operations to sabotage Planned Parenthood by individuals whose mission is to destroy the organization. Abortion providers have been harassed and even killed. Thus, we take the security of our staff, their families, our patients, and organization very seriously.

46. We have had individuals in the past apply for a job with PPNNE who we believed to be opposed to Planned Parenthood or the services Planned Parenthood provides, but through our screening processes were able to detect their true motives and prevent them from being hired.

47. It is my understanding that the Rule prohibits us from asking applicants basic questions about whether they have objections to providing or assisting with any service. As a result, the Rule will fundamentally alter the screening processes I described above, which depend on our ability to ask these questions of applicants.

48. The required changes to our screening process will impair our mission, forcing us to bring on board a potentially unlimited number of staff who are unwilling to perform core aspects of their jobs and our services. The Rule will also pose a security threat by limiting the tools at our disposal to root out applicants with malicious intentions; these individuals, if hired, may have access to our staff and patients, including our patients' most private health information. I also fear that under the Rule even more such individuals will apply for jobs at PPNNE because they will know that we cannot affirmatively ask them in the screening process whether they object to providing or assisting with our services.

D. The Rule Permits Conduct Inconsistent with Our Providers' Professional Obligations.

49. Planned Parenthood's Medical Standards & Guidelines clarify that health care providers must inform their patients about *all* relevant options for treatment—regardless of whether the provider finds any of those options morally objectionable—in order to abide by the principles of informed consent. If physicians have religious or moral objections to providing a particular procedure, their ethical obligation is to refer patients to another provider who will treat them. In emergency situations in which a referral is not possible, they must provide the care the patient requires.

50. By allowing health care workers to refuse to provide patients with care or information about their options, even in emergencies, the Rule would facilitate a violation of these foundational principles of ethics—elevating health care workers' personal beliefs above their

patients' health. For example, a health care worker may refuse to provide gender affirming care to a transgender patient on religious or moral grounds, leaving that individual without necessary care in the short term, and discouraged from accessing other health care in the long term. And if a health care worker at one of our leanly staffed, rural health centers refused to provide a pregnant patient with information about all of her options, including abortion, the patient could be prevented from accessing abortion until later in pregnancy, when risks of complication are higher. The pregnant patient may even be delayed past the point in pregnancy when abortion is available in her state. In all these instances, the health care workers would be putting their personal beliefs above a patient's health, or even life.

E. The Rule Will Impede Our Patients' Access to Care That Depends on Other Entities.

51. In addition to threatening patient care offered directly by PPNNE, the Rule, once effective, would impair our patients' access to care that depends on other providers. For example, while abortion is a very safe medical procedure, some of PPNNE's abortion patients who experience complications need to seek care at hospitals. Other patients are not experiencing a complication, but are concerned about signs or symptoms and will seek care at hospitals or with other providers. I am worried that if the Rule takes effect, these patients may be denied care by a practitioner who refuses to treat them because they are seeking care related to an abortion.

52. In addition, a patient who chooses to continue her pregnancy to term may either spontaneously abort (this is commonly called miscarriage), or develop a medical complication so serious that it is medically advisable to terminate the pregnancy. These patients need to have their pregnancies ended or their abortions completed and a denial of care could threaten their lives, health, or future fertility.

53. The substantial percentage of PPNNE's patients who rely on health insurance may also face impediments to care erected by insurance companies and permitted by the Rule. For example, Vermont has a law that requires group health insurance plans sold in the state to provide coverage for contraceptive drugs and devices if the plan provides prescription drug coverage. I am concerned that some insurance companies may refuse to provide contraception for reasons they deem permitted by the Rule, frustrating patient access to care. If an insurance company does not reimburse for contraception, our health centers would bill the patient on a sliding-fee schedule, potentially at increased cost to the patients.

F. The Rule Will Force PPNNE to Expend Substantial Resources for Compliance.

54. I understand that, under the Rule, PPNNE will have to certify compliance with the Rule, even though there are many aspects of compliance that we simply do not understand.

55. If the Rule takes effect, we will have to review and revise our interviewing processes and our guidelines for supervisors, and revise and reprint our employee personnel manual—all of which will take a significant amount of staff time. We will also need to organize and conduct new trainings for human resources staff and supervisors who handle personnel matters at all of our health centers about our obligations under the Rule. Any such significant policy changes require legal review, and we will likely need to obtain outside employment counsel.

56. In addition, we will most certainly have to seek legal advice to help us navigate all the questions the Rule raises but does not address. For example, the Rule raises serious questions about our training regime. Currently, all of our clinicians are trained in the basics of abortion care and contraceptive care. In addition, we provide ongoing training to our clinicians, including by having a site manager or assistant site manager observe a clinician to assess his or her competency in counseling patients.

57. The Rule also raises questions about whether Planned Parenthood must keep on staff individuals who refuse to perform primary job functions, whether patients can be denied care or information even in emergency or life-threatening situations, and what is a "persuasive" enough justification for inquiring about employee objections more than once per year. It also does not address what would happen if an employee developed an objection after having already told the employer that he or she has no objections.

58. The Rule also does not clarify how far an employer must go to accommodate an objector to avoid unlawful discrimination. For example, must an employer take religious objections into account when making scheduling decisions, or would that instead be considered discrimination? Is an employer allowed to require employees to tell someone when they have refused to provide care to a patient? Similarly, the Rule says that "an entity subject to any prohibition in this part shall not be regarded as having engaged in discrimination against a protected entity where the entity offers and the protected entity [e.g., an employee or volunteer] voluntarily accepts an effective accommodation for the exercise of such protected entity's protected conduct, religious beliefs, or moral convictions." 84 Fed. Reg. at 23,263. But it is unclear what providers should do when an employee does not "voluntarily accept[]" an offered accommodation and instead demands an accommodation that would put patients at risk or otherwise compromise patient care.

59. In addition, I understand that the Rule states: "The employer may also inform the public of the availability of alternate staff or methods to provide or further the objected-to conduct, if doing so does not constitute retaliation or other adverse action against the objecting individual or health care entity. For example, an employer may post such a notice and a phone number in a reception area or at a point of sale, but may not list staff with conscientious objections by name if

such singling out constitutes retaliation." This simply does not provide any guidance and instead suggests that were we to post such notice we could be found to have engaged in discrimination and risk that an enforcement action be taken against PPNNE.

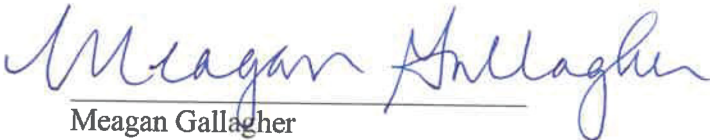
THE IMPACT OF A LOSS OF FEDERAL FUNDING ON PPNNE

60. Given the breadth of the Rule and the numerous unanswered questions about how we must comply with the Rule, I am very concerned that we may run afoul of the Rule's onerous and vague requirements. If PPNNE lost federal funding, we would not be able to continue our operations as they exist today. Our health care centers are already operating at a budget deficit. While we currently are able to cover these gaps through temporary measures and fundraising, we would not be able to make up for the loss of all or a significant portion of our federal funding.

61. A complete loss of federal funding would likely result in a significant decrease in our size and ability to provide health care services to our patients. We estimate that it would require the closure of between 8 and 11 health centers, which would likely impact between 11,000 and 19,000 patient visits. We would likely have to eliminate staff positions in those health centers as well as reduce our administrative and centralized support staffing. In addition to these closures, we would have to consider reducing our hours and staffing at the remaining health care centers, and/or increasing what we charge for our services.

62. If PPNNE had to close health centers, reduce hours, reduce staffing, or increase its fees, these changes would significantly undermine (and at a minimum, delay) low-income individuals' access to the critical reproductive health services we provide. There are not enough other health care providers in the region to take care of our patients if we are forced to cut back. In particular, other providers in our communities do not have the capacity to take our Medicaid patients, nor do I believe they would want to do so given Medicaid reimbursement rates.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and that this declaration was executed on June 13, 2019.



Meagan Gallagher