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8 **UNITED STATES DISTRICT COURT**
9 **FOR THE EASTERN DISTRICT OF WASHINGTON**
10 **AT YAKIMA**

11 STATE OF WASHINGTON,

12 Plaintiff,

13 v.

14 ALEX M. AZAR II, et al.,

15 Defendants.

No. 1:19-cv-03040-SAB

DECLARATION OF
HEATHER MAISEN IN SUPPORT
OF NATIONAL FAMILY
PLANNING & REPRODUCTIVE
HEALTH ASSOCIATION'S
MOTION FOR A PRELIMINARY
INJUNCTION

16 NATIONAL FAMILY PLANNING &
17 REPRODUCTIVE HEALTH
18 ASSOCIATION, et al.,

19 Plaintiffs,

20 v.

21 ALEX M. AZAR II, et al.,

22 Defendants.

23
DECLARATION OF HEATHER MAISEN IN SUPPORT
OF NFPRHA'S MOTION FOR A PRELIMINARY
INJUNCTION

1 I, Heather Maisen, declare and state as follows:

2 1. I am the Manager of the Family Planning Program in the Public
3 Health Department for Seattle and King County, Washington (“Public Health-
4 Seattle & King County”). I hold Master of Public Health and Master of Social
5 Work degrees from the University of Washington. I have led Public Health-Seattle
6 & King County’s Family Planning Program for over nine years and been employed
7 in that program for 13 years. I submit this declaration in support of National
8 Family Planning & Reproductive Health Association’s motion for a preliminary
9 injunction.
10

11 2. Public Health-Seattle & King County’s mission is to achieve and
12 sustain healthy people and healthy communities throughout King County by
13 providing public health services that promote health and prevent disease. Public
14 Health-Seattle & King County is one of 16 subrecipients of the Title X grant
15 awarded to the Washington State Department of Health. Our Family Planning
16 Program has been providing Title X services since the inception of Title X almost
17 five decades ago.
18

19 3. As the Family Planning Program Manager, I am responsible for
20 overseeing all aspects of our Title X program, including supervising our Lead
21 Clinician and other program staff; establishing and monitoring program policies,
22 data reporting, and budgets; implementing periodic quality improvement and
23

1 strategic planning initiatives; hiring; and compliance with all Title X requirements.

2 4. Public Health-Seattle & King County's Family Planning Program
3 operates four family planning clinics and supports family planning services in four
4 school-based health centers.

5 5. Public Health-Seattle & King County is a member of the National
6 Family Planning & Reproductive Health Association ("NFPRHA"). I also serve
7 on the Board of Directors of NFPRHA, and served on the former Washington State
8 Family Planning Leadership Committee, an entity convened by the Washington
9 State Department of Health and composed of representatives from different types
10 of Title X providers to provide guidance and feedback on Washington's Title X
11 program.
12

13 6. Public Health-Seattle & King County will fight hard to avoid leaving
14 the Title X program, but the new Title X rule ("New Rule") forces recipients like
15 us and our clinical staff into having to choose among bad options, all of which
16 would be harmful to our patients and the public health.
17

18 7. Although Public Health-Seattle & King County could apply to
19 become a grantee even if the Washington State Department of Health is forced to
20 exit the Title X program, the New Rule will stand in the way of our doing so for all
21 the reasons discussed in more detail below: The rules would seriously interfere
22 with our ability to staff such a project, house such a project, or otherwise continue
23

1 in the Title X program.

2 8. Moreover, the New Rule mandates incomplete, substandard
3 pregnancy counseling and onerous separation requirements that would undermine
4 the quality and impact of our program. If we were to maintain Title X funding,
5 this mandate would harm our patients and force our providers to compromise
6 important medical care principles. If the New Rule instead forces us to leave the
7 Title X program, family planning in King County will also be harmed, because we
8 will have fewer resources to serve our very vulnerable patients, and will therefore
9 be faced with reducing clinic hours, laying off staff, or even closing one or more
10 locations—all of which mean serving fewer patients.

11 9. As described below, if the New Rule takes effect, it will cause
12 immediate, significant, and irreparable harm to Public Health-Seattle & King
13 County, our mission and the patients we serve, as well as to the other
14 approximately 4 million low-income patients around the country who depend on
15 the Title X program for access to critical, high-quality family planning care each
16 year.
17
18

19 **A. Background on Public Health-Seattle & King County's Family Planning**
20 **Program**

21 10. In 1964, Public Health-Seattle & King County opened the White
22 Center Public Health clinic, our first clinic providing family planning services for
23 low-income women; the clinic predated the federal Title X program by nearly 7

1 years.

2 11. Congress approved Title X in 1970, and Public Health-Seattle & King
3 County has received Title X funding from the time of the first grants until the
4 present. With the help of Title X dollars, Public Health-Seattle & King County has
5 greatly expanded its service locations and today operates family planning clinics in
6 Auburn, Eastgate, Federal Way, and Kent, and supports family planning care in
7 school-based health centers in Cleveland, Rainier Beach, Ingraham, and Kent
8 Phoenix Academy high schools.

10 12. The primary goal of the Family Planning Program is to provide no or
11 low cost clinical services to the most vulnerable in our community in order to
12 decrease the rate of unintended (unplanned) pregnancy and improve the
13 reproductive and sexual health of all King County residents.

15 13. In 2017, our family planning clinics served 5,489 clients during 9,300
16 clinic visits.

17 14. Our family planning clinics and the school-based health centers we
18 help support provide a comprehensive range of family planning services. We offer
19 all FDA-approved contraceptive options and provide counseling regarding all of
20 these options. Contraceptive supplies are stocked regularly to ensure all patients
21 can receive the method of their choice the same day of their visit, including long
22 acting reversible contraceptives (“LARCs”) like implants and intra-uterine devices.
23

1 We adhere to the “Quick Start” method under which clients can begin taking
2 certain types of contraception—oral and hormonal contraceptives—immediately,
3 rather than waiting until a certain point in their menstrual cycles.

4 15. We also provide pregnancy testing and counseling, testing and
5 treatment for STIs and minor gynecologic problems (such as vaginitis and urinary
6 tract infections) as well as HIV testing, cervical and breast cancer screenings,
7 preconception care and basic infertility counseling and screening.

8 16. For pregnant patients, all eight sites provide non-directive pregnancy
9 counseling. This includes information about and referral for abortion, if that is an
10 option that the patient is considering. In our four family planning clinics, we
11 provide clinical abortion referral packets containing information about the cost of
12 an abortion, local clinicians that provide abortion care, how late into pregnancy
13 people can obtain an abortion in Washington, the availability of birth control after
14 an abortion, how to contact emotional support centers, and taking care of yourself
15 after an abortion. Neither the Family Planning Program nor Public Health-Seattle
16 & King County provides abortions.

17 17. Title X also supports the FLASH sexual health curriculum. FLASH
18 has been adopted by all of the public schools in King County. The curriculum is
19 developed by Public Health-Seattle & King County and designed to prevent teen
20 pregnancy, sexually transmitted diseases, and sexual violence. Title X funds help
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22
23

1 pay for the educators that train teachers on the FLASH curriculum as well as the
2 educators that teach the curriculum in schools.

3 18. The FLASH high school curriculum has 15 lessons; Lesson #3 on
4 pregnancy contains pregnancy options and abortion information. One of the key
5 learning objectives of Lesson #3 is to ensure that students are able to access
6 medically accurate information about pregnancy, pregnancy options, and prenatal
7 care services. Teachers are to provide a Sexual Health Resource Sheet for all
8 students in the course of that lesson. All care providers included on that list must
9 provide for or refer for prenatal care, adoption, and abortion care. This lesson is
10 aligned with National Sexuality Education Standards, which requires information
11 about pregnancy options.
12

13 19. In 2017, our services prevented an estimated 1,030 unintended
14 pregnancies, 490 unplanned births, and 350 abortions resulting in net savings of
15 over \$6.5 million associated with maternal and birth-related care, miscarriages,
16 ectopic pregnancies, and abortions averted. An estimated 84% of female clients of
17 reproductive age served in 2017 left with some form of “moderately effective” or
18 “most effective” contraceptive method.
19

20 20. Public Health-Seattle & King County has shown our extraordinary
21 dedication to the Title X program since its inception, and as further described
22 below, we have worked hard to build an exemplary Title X program. Our Eastgate
23

1 Public Health Center Family Planning Clinic achieved the highest-level National
2 Center for Quality Assurance rating, Patient Centered Specialty Practice
3 Recognition Level 3. We have long-standing patients who value and rely on the
4 care we provide. In qualitative reviews of the clinics, one patient described
5 coming to our clinic “for 20 years ... [because she] ha[s] always been treated with
6 respect.” Another prizes the fact that “[e]veryone from the nurse to the client
7 services specialist was extremely helpful and their knowledge was very comforting
8 which made a wonderful experience.” Another appreciated that “[e]verything felt
9 safe and confidential.”
10

11 **B. The Family Planning Program’s Especially Vulnerable Patient Base**

12 21. Our program works with particularly vulnerable patient populations,
13 even in the context of Title X’s national low-income focus. Ninety-seven percent
14 of our clients have incomes at or below 250% of the federal poverty line and 71%
15 are at or below 100% of the poverty line. Both of these numbers are higher than
16 the national average for Title X providers. This reflects our hard work to provide
17 outreach to the most needy, and to make sure that they are aware the Family
18 Planning Program exists.
19

20 22. Similarly, forty-seven percent of our clients are uninsured. Sixty-
21 three percent of our clients are Latino/a and another 12% of our patients identify as
22 Black or African American, Asian, Native Hawaiian or Pacific Islander, American
23

1 Indian or Alaska Native, or more than one race. Over 25% of our clients are under
2 20 years old. Our clients face not only poverty, but also other vulnerabilities and
3 challenges in accessing health care. Many have little English or limited English
4 proficiency (“LEP”). To most effectively deliver care to our patient populations,
5 we have bilingual staff and robust interpretation and translation services available.
6 Our brochures are available in English, Spanish, and Vietnamese; those materials
7 are translated based on the languages most represented among the clinics’ patient
8 population. All written materials are developed using health literacy principles and
9 target a 6th grade reading level to ensure readability. After one recent Department
10 of Health site visit, one of the reviewers commented that we “shine[] in [our] LEP
11 [(Limited English Proficiency)] services, and offer[] a variety of languages and
12 resources to accommodate [our] clients.”
13
14

15 **C. The Family Planning Program’s Careful Efforts To Best Locate Our**
16 **Clinical Care Sites**

17 23. To best reach low-income patients in need of family planning care, we
18 have also worked hard to locate our clinics in strategic and easily accessible
19 locations. As a result, our clinical care sites are located in communities with
20 notable health disparities and fewer health care provider options, such as south
21 King County. The four standalone family planning clinics either have a bus stop or
22 a transit hub right in front of our clinic doors (as is the case for one clinic) or are
23 within a five-minute walk of bus stops; there are parking lots available as well. All

1 clinics are ADA accessible.

2 24. The four standalone family planning clinics are open five days a
3 week, between 8AM to 5PM or 9AM to 6PM depending on the day of the week.
4 We routinely conduct community surveys about ease of access to our facilities, and
5 include questions about ideal days and hours of operation to ensure that we are
6 meeting the needs of the communities we serve.
7

8 25. Similarly, the Family Planning Program selected our school-based
9 health centers because of the needs for contraceptive and other care in the teen
10 population. We focused our initial efforts on south Seattle and south King County
11 because of their disproportionately high teen pregnancy rates: Three of our four
12 school-based health centers are located in these areas. After selecting our school-
13 based family planning locations, our staff worked closely with the pre-existing
14 health center's personnel to have the family planning services operate in an
15 integrated and unobtrusive manner. As a result, the school-based health centers are
16 seen as very accessible, while still preserving teens' confidentiality.
17

18 **D. The Physical Layout of Public Health-Seattle & King County's**
19 **Administrative Offices**

20 26. The administrative offices of Public Health-Seattle & King County
21 are located in a government-owned building in Seattle, Washington. The Family
22 Planning Program shares the building with a number of different program offices
23 including First Steps, which provides maternity support services and infant case

1 management up to age two; the Women, Infants, and Children program (WIC),
2 which provides healthy foods, breastfeeding support, and nutrition information to
3 eligible pregnant women and caregivers with a child under five years old; Access
4 and Outreach, which is primarily responsible for enrolling eligible individuals in
5 Apple Health and other Medicaid programs; and a Primary Care program which
6 supports primary care health centers in King County. First Steps, WIC, Access
7 and Outreach, and the Primary Care programs are all outside the Title X program
8 and all provide information and referrals for abortion. In fact, they use the
9 abortion referral packets developed in our Title X program to do so.
10

11 27. Our Title X program offices are located on the same floor as two call
12 centers that assist the community in obtaining medical care. Public Health-Seattle
13 & King County operates both of those call centers. The Family Planning Program
14 helps support one of those call centers. The call center we support helps patients
15 learn about our family planning services, maternity services, dental services, and
16 the Special Supplemental Nutrition Program for WIC. For patients interested in
17 family planning services, this call center helps find the closest family planning
18 service site for them, schedule appointments, provide patients with detailed
19 information on how to get to the clinics, and, if necessary, obtain referrals for other
20 health care resources. The other call center, Community Health Access Program
21 (CHAP), provides more general community health care access information and
22
23

1 serves a Medicaid enrollment function. Currently, if a caller calls the call center
2 we help support and requests information about abortion services, the call center
3 operator would refer them to either our family planning clinics or the CHAP phone
4 line for more information.

5
6 **E. The New Rule’s Physical Separation Requirements Will Be Impossible
To Implement Within The Current Structure of Our Program**

7 28. The New Rule’s separation requirements demand that Title X
8 projects be physically separated from the provision of any information on abortion
9 or referral for abortion, even if that information is provided by others outside the
10 Title X project. All of the clinics within our Family Planning Program and the
11 school-based health centers that we support provide women with neutral abortion
12 counseling—which includes information and referral. If our Family Planning
13 Program wishes to keep providing neutral abortion counseling and comply with the
14 separation requirements of the New Rule, we would have to establish new,
15 duplicative facilities somewhere outside each of our existing sites in order to offer
16 that information— which as discussed below is not feasible for us to do.
17
18 Additionally, Title X patients could not be referred to or otherwise informed about
19 such a duplicative facility.

20
21 29. For example, the high schools we serve are housed in a single
22 building or small campus, each with a single health center facility. There is no
23 other separate physical location on the high school property that could be used for

1 Title X care and effectively reach teen patients. Similarly, our clinics are
2 strategically located in county-owned buildings or leased spaces, which we do not
3 want to vacate and that could not feasibly be duplicated. The same problem arises
4 within our program offices and the call center we support. To separate abortion
5 service information and referral from within the call center, we would have to
6 establish a separate phone number to provide abortion service information and
7 referral, hire an entirely separate call center staff, and physically separate that call
8 center from our existing call center. Doing so would not only be a financial
9 impossibility, but it would undermine the very premise of the call center, which is
10 to connect patients to the family planning care they need.
11

12 30. Even if we chose to stop providing neutral abortion counseling in
13 order to comply with the New Rule so that we might have a chance to stay in the
14 Title X program, some of our sites and our Title X administrative offices would
15 nonetheless *still* have to undergo separation simply because they are now co-
16 located with non-Title X programs that provide information about and referral for
17 abortion care.
18

19 31. For example, the separation requirement would be impossible to
20 implement within the four school-based health centers because the clinicians in
21 those centers provide a full range of non-family planning care in addition to family
22 planning services, the former of which includes as-needed information about and
23

1 referral for abortion care. As a result, to comply with the separation requirement,
2 we would still have to create two physically separate, duplicative health centers per
3 school campus: one for the provision of Title X care, and one for the provision of
4 other, general health care services as well as neutral abortion information and
5 referral. But as explained above, there is no physical location that could
6 accommodate such duplication on our high school campuses.
7

8 32. Separation would similarly be required for two of our standalone
9 family planning clinics that are housed under the same roof as a primary care
10 facility, even if we were willing to alter our own services to comply with the New
11 Rule. This separation too would be impossible because as discussed above, our
12 clinics are strategically located and could not feasibly be moved elsewhere, nor
13 could we move the primary care program elsewhere.
14

15 33. Same with our program offices and our call center. Our Family
16 Planning Program offices and our call center are on the same floor as the CHAP
17 call center; they share administrative systems and functions with the First Steps,
18 WIC, Access and Outreach, and the Primary Care programs. All of these other
19 programs provide abortion information and referrals. To comply with the
20 separation requirement we would have to physically separate from these programs.
21 However, there is no capacity within our county-owned office building or way to
22 rearrange it to permit physical separation from all these other county initiatives. It
23

1 would be impossible to separate our program offices and our call center from these
2 other programs.

3 34. In sum, to attempt to comply with the separation requirement we
4 would have to uproot our existing programs and find entirely new locations. That
5 would be an incredibly costly endeavor, exacerbated by the fact that moving out of
6 the schools or county-owned buildings and hiring new staff to comply with the
7 separation requirement would mean absorbing the entirety of those new
8 operational costs ourselves. It would also mean abandoning the locations we have
9 strategically selected and that our patients are used to visiting. Our family
10 planning program does not have anything approaching an adequate budget to do
11 this, nor would it serve our mission to do so.
12

13
14 **F. The New Rule Fails to Take Into Account Unitary Local Government
15 Systems**

16 35. In addition, there are other unitary county systems that we could not
17 “separate.” For example, under the New Rule, we would have to set up a separate
18 electronic health records system for the Title X program because non-Title X
19 health centers on the existing system provide nondirective pregnancy counseling
20 and referrals for abortion. Our electronic health records system is implemented
21 countywide to protect patients from medical errors, to ensure fully informed care,
22 and to facilitate the county’s administrative and billing requirements. We would
23 not be authorized (or have the funding) to use a different system for a subset of

1 county patients.

2 36. Likewise, as discussed above, we only have one administrative office,
3 within a county building, for our Title X program. We share part of certain staff
4 that also serve other Public Health-Seattle & King County programs, including
5 those where abortion might be discussed, to allow us to optimize our limited
6 resources and focus those as much as possible on providing family planning. All
7 of our Title X funding, including this use of shared administrative staff, is carefully
8 accounted for and documented in compliance with current Title X rules.

9
10 37. Public Health-Seattle & King County has extensive experience in
11 planning and administering major regional and national programs and proudly
12 holds an excellent track record of managing complex grants. In 2014 alone, Public
13 Health-Seattle & King County managed 70 federal grants totaling \$49 million as
14 well as a contract with the Washington State Department of Health that provided
15 \$11 million for 36 programs. None of Public Health-Seattle & King County's
16 other federal funding streams require us to artificially and physically completely
17 separate federally funded activity from other government efforts, or mandate the
18 waste of funds that would be necessitated by such complete physical separation
19 requirements. The targeted use of federal funds is instead accomplished through
20 our careful, exclusive use for and documentation of serving the federal purposes
21 for each grant, according to the strict, general federal grants management
22
23

1 requirements.

2 **G. The New Rule Will Drive Clinicians Away From Serving Our Health**
3 **Centers**

4 38. Just as we have spent considerable time, resources, and effort to locate
5 our family planning sites where patients need them, we have made similar
6 investment in recruiting committed, high quality family planning staff. However,
7 five of our sites have only one clinician. If any of those clinicians call in sick on a
8 given day, we generally have only one on-call clinician who can substitute in.¹ As
9 a result, in recent years, we have frequently had to shut sites down during days in
10 which we had no clinicians who were available to provide services.
11

12 39. Furthermore, at certain points in recent years, our family planning
13 sites have been faced with a number of vacancies, primarily due to retirements, and
14 we know that the market for these types of non-physician family planning
15 clinicians—the backbone of our program—is very tight.
16

17 40. If the New Rule takes effect, the counseling requirements would
18 mandate that we provide incomplete, misleading, and coercive pregnancy
19 counseling which violates the ethical and professional standards of clinicians. For
20 example, for those patients who present as pregnant and make clear that they are
21 only interested in abortion counseling, our providers would nonetheless have to
22

23 ¹ While we do have two additional on-call clinicians on staff, they are both only available one day per week.

1 provide them counseling on prenatal care and/or adoption. For those patients who
2 explicitly request abortion referrals, the New Rule prohibits clinicians from
3 providing those patients with any responsive information, frustrating and delaying
4 patients' access to wanted medical care. The New Rule would also mandate that
5 our providers refer patients for prenatal care, even if the patient does not wish to
6 receive that type of care.
7

8 41. These coercive and confusing new counseling steps contradict a key
9 aspect of Title X care to which Public Health-Seattle & King County is deeply
10 committed—that patients receive all the information they need to freely make
11 choices about the counseling and other care they receive. The New Rule's
12 intrusions on the clinician-patient relationship run counter to best practices, violate
13 HHS's own national standards of care for family planning services, and will erode
14 the trust between vulnerable patient populations and their health care professionals.
15 The New Rule's counseling requirements will also simply confuse and mislead
16 patients, requiring the opposite of the informative, supportive, and affirming care
17 the Family Planning Program seeks to provide.
18

19 42. I know that the New Rule's highly flawed counseling approach is not
20 acceptable to a number of our providers, from our meetings and planning for the
21 future. They have indicated that they would leave the program if these rules were
22 imposed on them, and I feel confident that they would easily be able to find
23

1 clinical positions elsewhere. In addition, it would be extraordinarily difficult for
2 me to recruit replacement providers, because of course they would be subject to the
3 same New Rule that is not acceptable to many clinicians. Thus, it is by no means
4 certain that we could even staff any, much less all, of the existing clinics, if we
5 attempted to maintain federal funding under the conditions imposed by the New
6 Rule.
7

8 **H. The Limited Funding for the Family Planning Program**

9 43. As described above, the New Rule will create vast new challenges for
10 Public Health-Seattle & King County to stay in the Title X program. It is far from
11 clear that we could find the clinicians, locations, and administrative solutions to do
12 so. Public Health-Seattle & King County has a deep commitment to its Title X
13 patients, but also a deep devotion to the highest standards of care, and so the New
14 Rule may end up forcing us to decide to leave the program. If that occurs, various
15 other harms will flow from the lost Title X funding. Either way, Public Health-
16 Seattle & King County and its patients lose under these new regulations: we will
17 either have a newly-constrained and hobbling Title X program, or we will have
18 significantly fewer dollars with which to try to maintain a non-Title X funded
19 family planning effort.
20
21

22 44. We receive over \$340,000 in Title X federal funds annually. Our
23 Title X project is also funded by state family planning funds which are available to

1 us as long as we remain Title X recipients. The sum of these two funding source is
2 approximately \$1,300,000. In addition, we collect other government funding along
3 with some client direct payment for services and reimbursement from third-party
4 payers, such as Medicaid.

5 45. For several years, both Title X funding and state family planning
6 funding have been flat. There is no certainty that, should the Title X funding
7 disappear, Public Health-Seattle & King County could fill that significant gap, with
8 ongoing funds.

9 46. Recent history shows that fiscal pressure can come from all directions.
10 Washington State enacted new revenue caps at the same time as the cost of
11 providing family planning and other health care was increasing. Public Health-
12 Seattle & King County suffered a structural gap in its finances. This meant that we
13 had to close three family planning clinics at the end of 2014, and we were at risk of
14 having to shut down the whole family planning program. Any loss of the Title X
15 dollars will similarly cause serious financial problems for our program.

16 47. If the New Rule pushes Public Health-Seattle & King County out of
17 the Title X program, and we thus lose over \$1,300,000 annually, we will have to
18 implement staff reductions, operational-hours reductions, and other budget-
19 tightening measures to accommodate the significant shortfall. These changes will
20 harm our patients and their access to care. Just as when financial disruptions hit us
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1 in the recent past, we may well be faced with closing some family planning sites
2 altogether.

3 48. Despite our experience and comparative success in obtaining grant
4 funding and running a very strategic, high-quality family planning program, we are
5 under constant financial pressure. There is no way that our program will be as
6 successful and treat as many patients as well if we lose our Title X funding. This
7 loss will harm our mission of protecting the public health of those in King County,
8 including through access to vital family planning clinical care.
9

10 49. In the wake of the 2014 clinic closures, some of our patients were
11 effectively turned away from obtaining care at other publicly-funded health care
12 providers in the area because the providers could not accommodate the sudden
13 influx of patients. Other patients who could make sacrifices and cope with new,
14 more challenging logistics to stay within our Family Planning Program took two to
15 three buses, traveling out of the city in which they reside, to come to one of our
16 other family planning clinics in a different part of the county.
17

18 50. We know that not all of our low-income patients have the time and
19 resources to navigate the loss of current locations and find a new provider
20 elsewhere. As one of our patients explained, in some cases, our clinics are their
21 “only option for any health care” and are “important part[s] of the community.” In
22 our qualitative review, this patient emphasized that, “We all hope that it stays open
23

1 [as an] available option for low income families to get help and advice.” If we let
2 those patients down, leave the program and have to reduce services, or if we
3 implement the mandatory, directive pregnancy counseling and other harmful
4 aspects of the New Rule, our reputation in the community and patients’ trust will
5 suffer either way.
6

7 *****

8 51. The New Rule would force us to choose between no good outcomes.
9 We will either be staying in the Title X program and providing substandard care, or
10 leaving the program and losing serious resources, which would reduce critical
11 patient care. Neither outcome is consistent with our almost five decades-long
12 commitment to providing vulnerable members of our community access to Title
13 X’s quality care, which we have done since the program’s inception.
14

15 52. For all these reasons, Public Health-Seattle & King County supports
16 NFPRHA’s request for an injunction barring implementation of the new Title X
17 regulations. The current Title X regulations should remain in effect to effectively
18 govern the program, as they have for many years, in order to avoid these myriad
19 harms.
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1 I declare under penalty of perjury that the foregoing is true and correct and that this
2 declaration was executed on 3-21-19 in Seattle, Washington.

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4 

5 Heather Maisen
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DECLARATION OF SERVICE

I hereby declare that on this day I caused the foregoing document to be electronically filed with the Clerk of the Court using the Court’s CM/ECF System which will serve a copy of this document upon all counsel of record.

DATED, this 22nd of March, 2019, at Seattle, Washington.

/s/ Emily Chiang
Emily Chiang, WSBA No. 50517