

MAINE STATE LEGISLATURE

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1 SECOND REGULAR SESSION
2

3 ONE HUNDRED AND TWELFTH LEGISLATURE
4

5 Legislative Document

No. 2124

6
7 S.P. 835

In Senate, March 4, 1986

8 Approved for introduction by a majority of the Legislative Council
9 pursuant to Joint Rule 26.

10 Reference to the Committee on Appropriations and Financial Affairs
11 suggested and ordered printed.

JOY J. O'BRIEN, Secretary of the Senate

Presented by President Pray of Penobscot.

12 Cosponsored by Senator Gill of Cumberland, Representative Nadeau of
13 Lewiston and Representative Cahill of Woolwich.

14 STATE OF MAINE
15

16 IN THE YEAR OF OUR LORD
17 NINETEEN HUNDRED AND EIGHTY-SIX

18 AN ACT to Provide Community Education and
19 Family Health Services.

20 Be it enacted by the People of the State of Maine as
21 follows:

22 **Appropriation.** The following funds are appropri-
23 ated from the General Fund to carry out the purposes
24 of this Act.

	<u>1985-86</u>	<u>1986-87</u>
26 <u>HUMAN SERVICES,</u>		
27 <u>DEPARTMENT OF</u>		
28 Community Information		
29 and Education Program		
30 Positions		(6.4)
31 Personal Services		\$142,158
32 All Other		<u>110,436</u>
33 Subtotal		252,594

1	Family Planning		
2	Clinic Services		
3	All Other	<u>\$80,000</u>	<u>157,967</u>
4	TOTAL	\$80,000	\$410,561

5 STATEMENT OF FACT

6 Money appropriated in this bill will fund the de-
7 livery of community based sexuality education and
8 family planning health services at a level to meet
9 current demands from communities and individual cli-
10 ents across the State.

11 Major studies show that although unintended
12 pregnancies occur across all socioeconomic groups, a
13 significant portion of those pregnancies are concen-
14 trated among the poorest and youngest women in our
15 society. It is currently estimated that 71% of all
16 teenage pregnancies and 40% to 60% of all pregnancies
17 to low income women are unintended. The human and so-
18 cial costs of such pregnancies and childbearing are
19 evident. A startling proportion of unplanned child-
20 bearing results in increased costs of public assist-
21 ance programs like Medicaid, AFDC, food stamps and
22 WIC. Adolescent parents and their children face lim-
23 its in their educational, vocational, economic and
24 social achievements. There is an increasing amount
25 of evidence that unplanned and unwanted childbearing,
26 especially among young, poor families, results in in-
27 creased incidence of child abuse and neglect.

28 The recent Alan Guttmacher Institute study re-
29 sults clearly have shown that increasing the legiti-
30 macy and availability of contraception and sexuality
31 education, in its broadest sense, has been an impor-
32 tant aspect in reducing teenage pregnancy rates in
33 other developed countries.

34 In 1979 the Legislature appropriated \$150,000 for
35 family planning with a primary emphasis on education
36 by funding the Community Information and Education
37 Program. During the past 6 years, there have been
38 small inflationary increases raising the dollar level

1 to \$165,380 for state funded community education. The
2 Governor, Legislature, Department of Educational and
3 Cultural Services, school personnel, parents and com-
4 munity organizations are aware of the need for com-
5 prehensive sexuality education and support adoles-
6 cents receiving that education. In 1985 the State
7 adopted graduation requirements specifying that high
8 school students shall receive a semester long course
9 in health education, a curriculum that must include
10 family life and sexuality education.

11 During fiscal year 1984, community educators
12 served 18,268 people, 12,356 adolescents and 5,912
13 adults. Contacts varied from teaching a 10 session
14 family life education program in a school system to
15 presenting a one session information night to par-
16 ents. At this time, family planning community educa-
17 tors are unable to respond to current demands by com-
18 munities because there are too few educators, sup-
19 plies and travel dollars to serve such a large geo-
20 graphic area. The new graduation requirements un-
21 doubtedly will result in even more demands for such
22 programs.

23 In terms of clinic services, Maine family plan-
24 ning programs and clients are already feeling the im-
25 pact of a \$237,967 shortfall for fiscal year 1986 and
26 fiscal year 1987. The Alan Guttmacher Institute has
27 identified 82,630 Maine women to be in need of or-
28 ganized, subsidized family planning services. Maine
29 family planning clinics were able to serve 32,000
30 clients in 1984, 91% of which 29,000 were low income,
31 including 11,250 teens. Federal and state funds for
32 clinic services have not kept pace with the tremen-
33 dous increases in the cost of providing health care
34 services. To partially bridge the financial gap, cli-
35 ent fees have been maximized and staff and physical
36 facilities have been pressed to capacity. It is fully
37 expected that the numbers of poor and low-income cli-
38 ents in need and seeking family planning services
39 will continue to increase. In addition, because of
40 reimbursement rates and other factors, an increasing
41 number of private physicians are refusing to accept
42 Medicaid clients.

43 Unless the necessary funds are made available
44 during the current financial crisis, what will result

1 are reductions in client numbers and clinic hours and
2 locations as well as increases in waiting times for
3 appointments and services rendered.

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