

Good afternoon Chairman Sinrud, members of the Committee. My name is Stephanie McDowell, and I am the development director for Bridger Clinic in Bozeman where we serve primarily Gallatin, Madison and Park Counties.

I am here in support of House Bill 638 and thank you for the time to provide you with information about how this bill will affect our services and clients.

At Bridger Clinic, we saw over 5,900 patients in the 2006 calendar year. Of those patients, 61% are women aged 20-29 years old and 60% do not have Health Insurance.

Although we refuse services to no one, the poverty patient remains our priority at 37% of our clientele and receives services on a donation only basis.

52% of our patients are at 150% of the poverty level and pay 25% of our full fees. To give you an example, this would be a family of 4 living on a gross monthly income of less than \$2500.

In our 2006 patient satisfaction survey, 84% of those who responded stated affordable fees as the reason why they chose Bridger Clinic and stated they would have little options available to them if Bridger Clinic was not an option for their reproductive health care.

In terms of medical services, during calendar year 2006, we provided 3,381 cervical cancer screenings and 4,498 breast cancer screenings.

In addition, mothers who use family planning services in the two years before conception are more likely to begin prenatal care early and receive adequate levels of care throughout pregnancies. This is likely due to early detection of pregnancy and the accompanying referral from a family planning provider for prenatal care. In 2006, Bridger Clinic made 144 referrals for prenatal care.

We are the sole source of health care for many women and men in the Gallatin Valley who want to plan for their families in a responsible way. The cost of reproductive healthcare is a barrier for many families in need of annual breast and cervical cancer screenings, as well as, contraception.

The cost of contraception for couples not yet ready to have a child, or more children, is far outweighed by the costs of unintended pregnancy, abortion and birth to Medicaid, Chip and private insurance.

Couples who can access reproductive health care and contraception with the guidance of a healthcare professional are far less likely to have an unintended pregnancy that could result in an abortion and are more likely to practice responsible parenting by planning of their families.

These are the women and families that we serve and who we are asking you to support: Patients who want to plan for their families in a responsible way. If we help these women and their partners, then we are also helping their children and communities.

Thank you,
Stephanie McDowell