

# The Urgent Need for Planned Parenthood Health Centers

## The Evidence Shows Blocking Patients from Accessing Care at Planned Parenthood Comes at Too High a Cost

**Planned Parenthood is one of the nation's leading providers of high-quality, affordable health care for women, men, and young people, and the nation's largest provider of sex education. Approximately one in five women has relied on a Planned Parenthood health center for care in her lifetime.**

- Last year alone, Planned Parenthood health centers saw 2.5 million patients and provided more than 4 million sexually transmitted tests and treatment, more than 360,000 breast exams, more than 270,000 Pap tests, and birth control for 2.1 million people.
- Fifty-four percent of Planned Parenthood health centers are in health professional shortage areas, rural or medically underserved areas. Planned Parenthood health centers provide primary and preventive health care to many who otherwise would have nowhere to turn for care.
- Ob-gyn providers, including Planned Parenthood health centers, play a critical role in providing primary and preventive care to women in the United States. Nearly 60 percent of women report seeing an ob-gyn on a regular basis and 35 percent view their ob-gyn as their main source of care – this is especially true for low-income women and women of color.<sup>1</sup>
- Planned Parenthood leads the country with the most up-to-date medical standards and guidelines for reproductive health care. We use new clinical research findings and get updates from groups like the Centers for Disease Control, the World Health Organization, the American College of Obstetricians and Gynecologists and the Society of Family Planning.
- The majority of Planned Parenthood health centers offer extended hours, same-day appointments, and have shorter wait times for an initial visit, compared with all other types of publicly-funded health care providers.<sup>2</sup>
- Seventy-five percent of Planned Parenthood patients have incomes at or below 150 percent of the federal poverty level (FPL), and approximately 60 percent of Planned Parenthood patients access care through the Medicaid program and/or the Title X family planning program.

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<sup>1</sup>PerryUndem Research & Communication. "Women & OB/GYN Providers". Research conducted for Planned Parenthood Federation of America, November 2013.

<sup>2</sup>Frost, Jennifer J, et al. (2012). "Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010," New York: Guttmacher Institute. [Online.] [https://www.guttmacher.org/sites/default/files/report\\_pdf/clinic-survey-2010.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/clinic-survey-2010.pdf).

## **“For many women in America, Planned Parenthood is the only place where they are able to get needed quality care.”**

– Mark S. DeFrancesco, MD, MBA, FACOG  
Immediate Past President of the American Congress  
of Obstetricians

### **Without Planned Parenthood’s approximately 650 health centers across the country, many patients would not have timely access to basic preventive health care services.**

- Planned Parenthood is the only safety-net family planning provider in 21 percent of U.S. counties, and in 68 percent of counties, Planned Parenthood services at least half of all safety-net family planning patients.<sup>3</sup>
- The Congressional Budget Office (CBO) estimates that 390,000 women would lose access and up to 650,000 women could face reduced access to preventive health care within a year if Congress were to block all Medicaid patients from seeking care at Planned Parenthood health centers.<sup>4</sup>
- The CBO also projects that barring Planned Parenthood health centers from being reimbursed through Medicaid would result in a net cost of \$130 million to taxpayers over 10 years, due to an increase in unintended pregnancies without the high-quality contraceptive care Planned Parenthood provides.<sup>5</sup> In fact, it is estimated Planned Parenthood health centers prevent 579,000 unintended pregnancies each year.
- When Texas eliminated Planned Parenthood from its state family planning program, researchers found that women had reduced access to the full range of contraceptive methods and likely experienced higher rates of unintended pregnancy. Specifically, researchers found a 35 percent decline in women using the most effective methods of birth control and a dramatic 27 percent spike in births among women who had previously used injectable contraception.<sup>6</sup>
- Following the closure of Planned Parenthood health centers in Wisconsin and Texas, researchers found that an increase of 100 miles to the nearest health center resulted in a 6 percent decrease in women obtaining breast exams, and a 9 percent decrease in women accessing Pap tests.<sup>7</sup>

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<sup>3</sup> Letter from Jennifer J. Frost, Principal Research Scientist, Guttmacher Institute, to Lisa Ramirez-Branum, Analyst, Congressional Budget Office (CBO). (2015, August 14). [Online] <https://www.guttmacher.org/sites/default/files/pdfs/pubs/guttmacher-cbo-memo-2015.pdf>

<sup>4</sup> CBO. (2015, September 16). “Cost Estimate: H.R. 3134 Defund Planned Parenthood Act of 2015.” Washington, DC: CBO, <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf>

<sup>5</sup> Letter from Keith Hall, Director of CBO, to Representative Kevin McCarthy, Majority Leader, U.S. House of Representatives. (2015, September 22). [Online] <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/ltrpermanentdefundplannedparenthood.pdf>, accessed Sept. 27, 2015.

<sup>6</sup> Stevenson, Amanda J, et al. (2016). “Effect of Removal of Planned Parenthood from the Texas Women’s Health Program,” *New England Journal of Medicine*. 2016; 374:853-860

<sup>7</sup> Lu, Yao, et al. (2014). “The Impact of Family Planning Funding Cuts on Preventive Care,” Princeton University, Center for Health and Wellbeing. [Online.] <https://chw.princeton.edu/publications/working-papers>



**Planned Parenthood health centers often provide preventive services that other safety-net family planning providers simply do not offer. In a study of Community Health Centers (CHCs) 69 percent reported referring their patients to family planning providers, like Planned Parenthood health centers, for family planning care.<sup>8</sup>**

- Only 19 percent of CHCs reported that their largest sites both prescribe and dispense offer all contraceptive methods on-site. Approximately half of CHCs receiving Title X funding provide IUDs or implants on-site, and 25 percent do not provide oral contraceptives on-site.<sup>9</sup>
- Another survey of providers offering publicly funded family planning care – including health departments, federally qualified health centers (FQHCs), and Planned Parenthood health centers – found that Planned Parenthood health centers are most likely to provide at least 10 reversible contraceptive methods on-site, provide at least a six-month pill supply, offer IUDs and implants, and use rapid-result testing for HIV, which increases access to testing and quickly links people with HIV to treatment.<sup>10</sup>

**“The assertion that community health centers could step into a breach of this magnitude is simply wrong and displays a fundamental misunderstanding of how the health care system works.”**

– Sara Rosenbaum, J.D.  
Founding Chair of the Department of Health Policy at George Washington University Milken Institute School of Public Health<sup>11</sup>

**Planned Parenthood health centers play an outsized role in meeting the family planning needs for those who rely on federally funded health care programs.**

- Nationwide, Planned Parenthood serves 36 percent of women receiving contraceptive care from safety-net family planning centers, even though they comprise only 10 percent of such centers.<sup>12</sup> In 18 states, Planned Parenthood health centers serve more than 40 percent of women receiving contraceptive care from safety-net family planning providers.<sup>13</sup>
- Many of the people with Medicaid coverage that Planned Parenthood serves would experience significant challenges in accessing Medicaid-covered preventive services without Planned Parenthood. According to the Government Accountability Office (GAO), more than two-thirds of states reported difficulty in ensuring provider participation in Medicaid, with states being especially challenged in recruiting ob-gyns.<sup>14</sup>
- A report from the HHS Office of Inspector General (OIG) found that Medicaid managed care plans had extreme provider shortages, with only 42 percent of in-network ob-gyn providers able to offer appointments.<sup>15</sup>
- Recognizing Planned Parenthood’s significant role in providing preventive care through federally funded health care programs, the Obama administration issued guidance to lawmakers in all 50 states in April 2016 and June 2011, making it clear that politically motivated efforts to block Planned Parenthood patients from accessing care through Medicaid violates long-standing federal law.<sup>16</sup>

- <sup>8</sup> Wood, Susan, et al. (2013). "Health Centers and Family Planning: Results of a Nationwide Study," Washington, DC: George Washington University.
- <sup>9</sup> Wood, Susan, et al. 2013.
- <sup>10</sup> Frost, Jennifer J, et al. (2012). "Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010," New York: Guttmacher Institute. [Online.] [https://www.guttmacher.org/sites/default/files/report\\_pdf/clinic-survey-2010.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/clinic-survey-2010.pdf)
- <sup>11</sup> Rosenbaum, Sara. (2015, September 2). "Planned Parenthood, Community Health Centers and Women's Health: Getting the Facts Right," Health Affairs Blog. [Online]. <http://healthaffairs.org/blog/2015/09/02/planned-parenthood-community-health-centers-and-womens-health-getting-the-facts-right/>
- <sup>12</sup> Frost, Jennifer et al. (2013). "Contraceptive Needs and Services." 2010. New York: Guttmacher Institute. [Online.] <http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf>.
- <sup>13</sup> Frost, Jennifer et al. (2013).
- <sup>14</sup> United States Government Accountability Office (GAO). (November 2012). "Report to the Secretary of Health and Human Services. GAO-13-55 Medicaid Access," Washington, DC: GAO, <http://www.gao.gov/assets/650/649788.pdf>
- <sup>15</sup> United States Department of Health and Human Services Office of Inspector General (OIG). (December 2014). "Access to Care: Provider Availability in Medicaid Managed Care," Washington, DC: OIG, <http://oig.hhs.gov/oei/reports/oei-02-13-00670.pdf>
- <sup>16</sup> United States Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS). (April 2016). "Clarifying 'Free Choice of Provider' Requirement in Conjunction with State Authority to Take Action against Medicaid Providers," Baltimore, MD: CMCS, <https://www.medicare.gov/federal-policy-guidance/downloads/smd16005.pdf>

