

# The Irreplaceable Role of Planned Parenthood Health Centers

**Planned Parenthood is a leading provider of high-quality, affordable health care for women, men, and young people, and the nation's largest provider of sex education. Planned Parenthood health centers provided millions of people in the U.S. with contraception, testing and treatment for sexually transmitted infections (STIs), lifesaving cancer screenings, and safe, legal abortion. One in five women has relied on a Planned Parenthood health center for care in her lifetime.**

- In 2016, Planned Parenthood health centers saw 2.4 million patients and provided more than 4.4 million tests and treatments for sexually transmitted infections, more than 335,000 breast exams, more than 280,000 Pap tests, and birth control to nearly 2 million women.
- Planned Parenthood leads the country with the most up-to-date medical standards and guidelines for reproductive health care and uses clinical research to advance health care delivery to reach more people in need of care.
- Fifty-six percent (56%) 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 family planning care.
- More than one third (38%) of Planned Parenthood patients are people of color, with more than 560,000 patients who identify as Latino and more than 380,000 patients who identify as Black.
- Of Planned Parenthood patients who report their income, nearly 75 percent live with incomes at or below 150 percent of the federal poverty level (FPL), and at least 60 percent of Planned Parenthood patients access care through the Medicaid program and/or the Title X family planning program.

**For many people, Planned Parenthood is their only source of care – making our health centers an irreplaceable component of this country's health care system. And as experts in reproductive health care, Planned Parenthood health centers often provide family planning services that other safety-net providers simply do not offer.**

- For many women, Planned Parenthood health centers are their main source of primary and reproductive health care. Research has shown that four in ten (41%) patients rely on a family planning clinic as their only recent source for health care services.<sup>1</sup>

<sup>1</sup> Frost, Jennifer J., et al. (2012). "Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women's Health Care Needs," Guttmacher Institute. New York, New York. [Online]. <https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/j.whi.2012.09.002.pdf>

- In a study of community health centers (CHCs), over two-thirds (69%) reported referring their patients to family planning providers, like Planned Parenthood health centers, for family planning care.<sup>2</sup>
- Planned Parenthood health centers serve more contraceptive clients than any other publicly funded health care provider, serving 32 percent of all contraceptive patients, even though Planned Parenthood health centers comprise just 6 percent of the provider network.<sup>3</sup>
- The average FQHC site offering contraceptive care serves 320 contraceptive patients in a year. The average Planned Parenthood health center serves 2,950 contraceptive patients in a year. That's more than nine times as many contraceptive patients each year.<sup>4</sup>
- Many FQHC sites do not offer reproductive care. In fact, in 2015, 40 percent of FQHC locations provided contraceptive care to fewer than 10 patients. In stark contrast, nearly all Planned Parenthood health centers offer the full range of contraceptive method options, compared to only 52 percent of FQHC sites.<sup>5</sup>
- In 57 percent of counties with a Planned Parenthood health center, Planned Parenthood serves at least half of contraceptive patients seeking care at publicly funded providers. In 26 percent of the counties with a Planned Parenthood health center, Planned Parenthood serves five times as many contraceptive patients as FQHCs.<sup>6</sup>

**Blocking people from accessing family planning and preventive care at Planned Parenthood health centers comes at too high a cost. Without Planned Parenthood, many people would have nowhere else to turn for care. Those who already face barriers to accessing health care - especially people of color, people with low incomes, as well as people who live in rural areas – would be impacted the most.**

- The Congressional Budget Office (CBO) estimates that 360,000 women would completely lose access to care if Congress were to block all Medicaid patients from accessing care at Planned Parenthood health centers.<sup>7</sup>
- The CBO also projected that permanently barring Planned Parenthood health centers from participating in federal programs 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>8</sup> It is estimated Planned Parenthood health centers prevent nearly 400,000 unintended pregnancies each year.
- When Texas eliminated Planned Parenthood from its state family planning program, researchers found 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>9</sup>

2 Wood, Susan, et al. (2013). "Health Centers and Family Planning: Results of a Nationwide Study," Washington, DC: George Washington University.

3 Hasstedt, Kinsey. (2017). "Federally Qualified Health Centers: Vital Sources of Care, No Substitute for the Family Planning Safety Net," Guttmacher Institute. [Online.] [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2006717\\_0.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2006717_0.pdf)

4 Ibid.

5 Ibid.

6 Ibid.

7 Congressional Budget Office. (2017). "Congressional Budget Office Cost Estimate: American Health Care Act." March 13, 2017. [Online.] <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/americanhealthcareact.pdf>

8 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>

9 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

- 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>10</sup>

**The public health community has been clear - community health centers (CHCs) cannot absorb Planned Parenthood's patients. Blocking patients from coming to Planned Parenthood would cause a national health care disaster, with many completely losing access to the timely health care they need.**

- "... [FQHCs] cannot be expected to deliver contraceptive care to the large numbers of women who currently rely on Planned Parenthood or other Title X-supported providers. In fact to suggest otherwise willfully oversimplifies the considerable challenges FQHCs would face in doing so, and ignore how these proposals put millions of U.S. women at very real risk of being unable to obtain the basic care they need." - [The Guttmacher Institute](#)
- The head of the American Public Health Association, called the proposal to defund Planned Parenthood and redirect funding to FQHCs "[ludicrous.](#)" - Dr. Georges Benjamin, president, American Public Health Association, [USA Today](#)
- "Proponents of Planned Parenthood defunding often assert that other providers will fill the gap. They are wrong." - Hal Lawrence, Executive Vice President & CEO, American Congress of Obstetricians and Gynecologists & Debra Ness, president, National Partnership for Women & Families, [Annals of Internal Medicine](#)
- "To assume that health centers are in a position to fill the void left by barring a health care provider of Planned Parenthood's importance to Medicaid beneficiaries ... is simply wrong." - Sara Rosenbaum, George Washington University, [Health Affairs](#)
- "The AMA cannot support provisions that prevent Americans from choosing to receive care from physicians and other qualified providers, in this specific case, those associated with Planned Parenthood affiliates, for otherwise covered services." - [The American Medical Association](#)

10 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>