

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.

- In 2014, Planned Parenthood health centers saw 2.5 million patients and provided more than 4 million tests and treatments for sexually transmitted infections, more than 360,000 breast exams, more than 270,000 Pap tests, and birth control for 2 million people. Of Planned Parenthood patients in 2014, 15 percent were Black and 23 percent were Latino.
- 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.¹
- 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.²
- 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.

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

²Frost, Jennifer J, et al. (2016). "Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols," New York: Guttmacher Institute. [Online.] https://www.guttmacher.org/sites/default/files/report_pdf/publicly-funded-family-planning-clinic-survey-2015_1.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 and Gynecologists

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

- In 68 percent of counties with a Planned Parenthood health center, Planned Parenthood serves at least half of all safety-net family planning patients.³
- The Congressional Budget Office (CBO) estimates that 375,000 women would completely lose access to care if Congress were to block all Medicaid patients from seeking care at Planned Parenthood health centers.
- 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.⁴ 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.⁵
- 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.⁶

³ 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>

⁴ 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.

⁵ 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

⁶ 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>



Blocking access to care at Planned Parenthood would have a disproportionate impact on communities of color.

- Due to the intersection of racism, sexism, classism, xenophobia, and other systemic barriers, people of color in the United States are disproportionately unable to access and benefit from quality health care. People denied access to competent, affordable, accessible and humane health care see poorer health outcomes.⁷
- Inequity in health care access is linked to factors like income, and barriers like ability and time to go to a health care provider. This is compounded when politicians place additional barriers to essential and lifesaving health care. That is exactly what is happening in states that are targeting access to care at Planned Parenthood.⁸
- Black and Latina women face more barriers to accessing care than white women, and are less likely to receive preventive screenings. This means Black and Latina women have higher rates of being diagnosed at later stages and are more likely to experience poorer health outcomes when it comes to breast cancer.⁹
- A greater percentage of Latinas (20 percent) are uninsured than the women of any other racial or ethnic group and 21 percent are in poverty.¹⁰ Approximately 16 percent of Latinas have not visited a physician in the last two years and one-quarter of Latinas don't have a regular health care provider. Latinas are more likely to be diagnosed with cervical cancer than women of any other racial or ethnic group, and breast cancer is the leading cause of cancer death among Latinas.¹¹
- Nearly 14 percent of Black women are uninsured and 23 percent live in poverty. These barriers mean too often Black women are forced to delay care because they lack the resources to pay for it. Black women are 40 percent more likely to die of breast cancer than white women. Black women are twice as likely to lose their lives to cervical cancer as non-Latino white women.^{12 13}
- Many of the states where Planned Parenthood serves the highest percentage of Black and Latino patients are also where access to care has been threatened in the last year. There are now 24 states that have passed senseless legislation and regulations that have threatened over 300,000 Black and Latino patients' access to care at Planned Parenthood.

⁷ CDC. (2016, October 13). "Social Determinates of Health: Know What Affects Health." Washington, DC: CDC, <http://www.cdc.gov/socialdeterminants/>

⁸ CDC. (2016, October 13). "Social Determinates of Health: Know What Affects Health." Washington, DC: CDC, <http://www.cdc.gov/socialdeterminants/>

⁹ Cancer Awareness Survey Results. (March 2016). "National Survey of Women's Knowledge of Recommended Screenings for Breast and Cervical Cancer." 2016. Planned Parenthood Federation of America. [Online.] https://www.plannedparenthood.org/files/1314/7076/0158/cancer_survey_results_onepager_FINAL.pdf

¹⁰ Kaiser Family Foundation (2016, October 21). "Women's Health Insurance Coverage." Washington, DC: Kaiser Family Foundation. [Online.] <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

¹¹ Tucker, Jasmine, et al. (September 2016). "National Snapshot: Poverty Among Women & Families 2015." Washington, DC: National Women's Law Center. [Online.] <https://nwlc.org/wp-content/uploads/2016/09/Poverty-Snapshot-Factsheet-2016.pdf>

¹² Kaiser Family Foundation (2016, October 21). "Women's Health Insurance Coverage." Washington, DC: Kaiser Family Foundation. [Online.] <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

¹³ Tucker, Jasmine, et al. (September 2016). "National Snapshot: Poverty Among Women & Families 2015." Washington, DC: National Women's Law Center. [Online.] <https://nwlc.org/wp-content/uploads/2016/09/Poverty-Snapshot-Factsheet-2016.pdf>



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.¹⁴

- 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.¹⁵
- 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 implants¹⁶, and use rapid-result testing for HIV, which increases access to testing and quickly links people with HIV to treatment.¹⁷

“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 Health¹⁸

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 32 percent of women receiving contraceptive care from safety-net family planning centers, even though they comprise only 6 percent of such centers.¹⁹
- 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.²⁰
- 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.²¹
- 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.²²



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- ¹⁴ Wood, Susan, et al. (2013). "Health Centers and Family Planning: Results of a Nationwide Study," Washington, DC: George Washington University.
- ¹⁵ Wood, Susan, et al. 2013.
- ¹⁶ Frost, Jennifer J, et al. (2016). "Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols," New York: Guttmacher Institute. [Online.] https://www.guttmacher.org/sites/default/files/report_pdf/publicly-funded-family-planning-clinic-survey-2015_1.pdf
- ¹⁷ 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
- ¹⁸ 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/>
- ¹⁹ Frost, Jennifer et al. (2017). "Publicly Funded Contraceptive Services at US Clinics, 2015." New York: Guttmacher Institute. [Online.] https://www.guttmacher.org/sites/default/files/report_pdf/publicly_funded_contraceptive_services_2015_3.pdf
- ²⁰ 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>
- ²¹ 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>
- ²² 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>

