



Looking Forward with a New Lens



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Mission Statement:

We provide and protect the health care and information people need to plan their families and their futures.



Introduction

Greetings supporters and donors, and thank you for your essential role as champions of Planned Parenthood South Texas and the patients we serve. Our patients rely on the PPST health care staff, and rightly so, but in truth our patients, health care staff, management and volunteer leadership all rely on YOU. And for that we are ever grateful.

It is our custom for this report to present information about our financial and operational performance from the prior year, and you will find that information for 2019 herein. But our point of view for this report has to be more than retrospective because in this moment – *unlike those in which past reports were shared* – prior performance may not provide the predictive power which we have come to expect. The COVID-19 pandemic that began early in 2020 has brought extraordinary and significant changes – an economic downturn, stressors on the health care system, loss of life for more than 215,000 Americans (and counting), and illness for a great many more.

Separately but essentially simultaneously, a national reckoning on racial justice and a presidential election each have their own implications for the future of our work.

So while prior performance is always important to understand in planning for the future, smart organizations will look forward with a new lens. The pandemic and its related economic damage have changed nearly everything, including how we get things done at Planned Parenthood South Texas. Thus, this year, our report to you – our mission partners – is also forward-looking.

The challenge to all of us – the board of directors who govern Planned Parenthood South Texas, and the staff who work here every day – is to rethink and pressure-test the assumptions we held previously. What still works for us? What adjustments are necessary? What steps must we take to ensure we are prepared and on course for future success in our new reality?

Elise Ring Boyan
Board Chair

Jeffrey Hons
President & CEO



Summary of Financial Position*

Summary

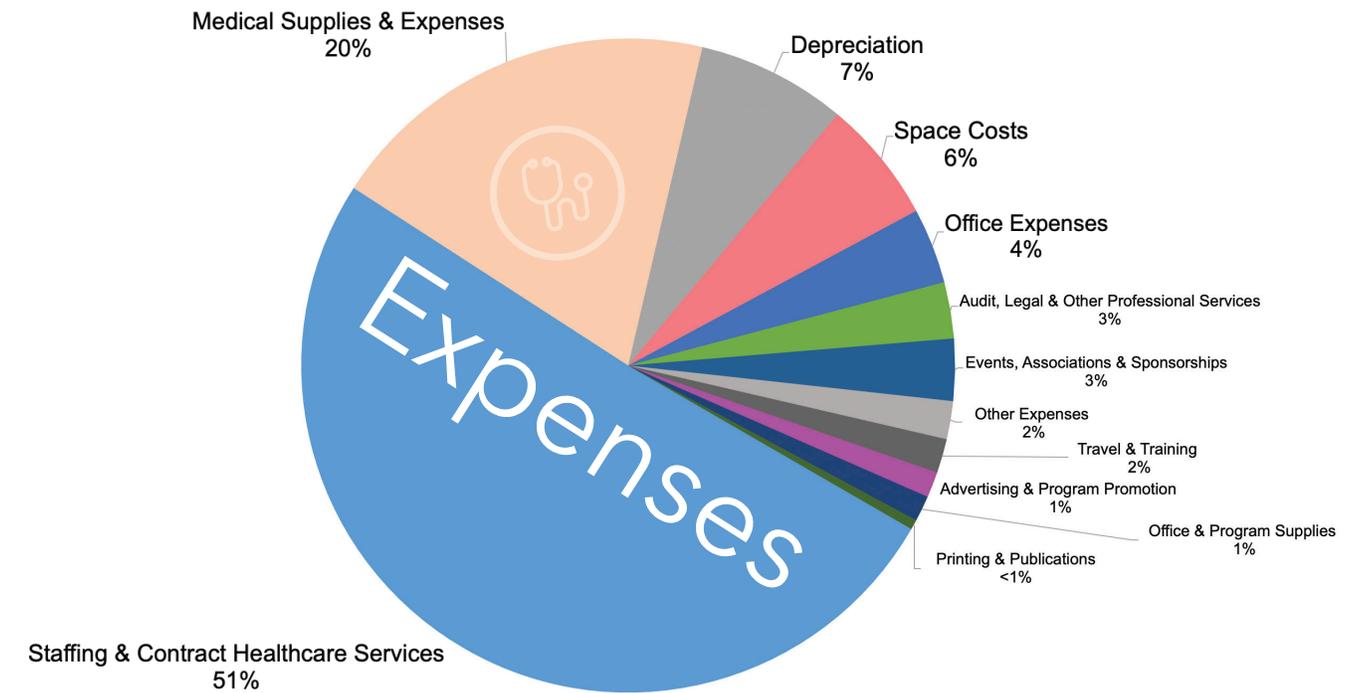
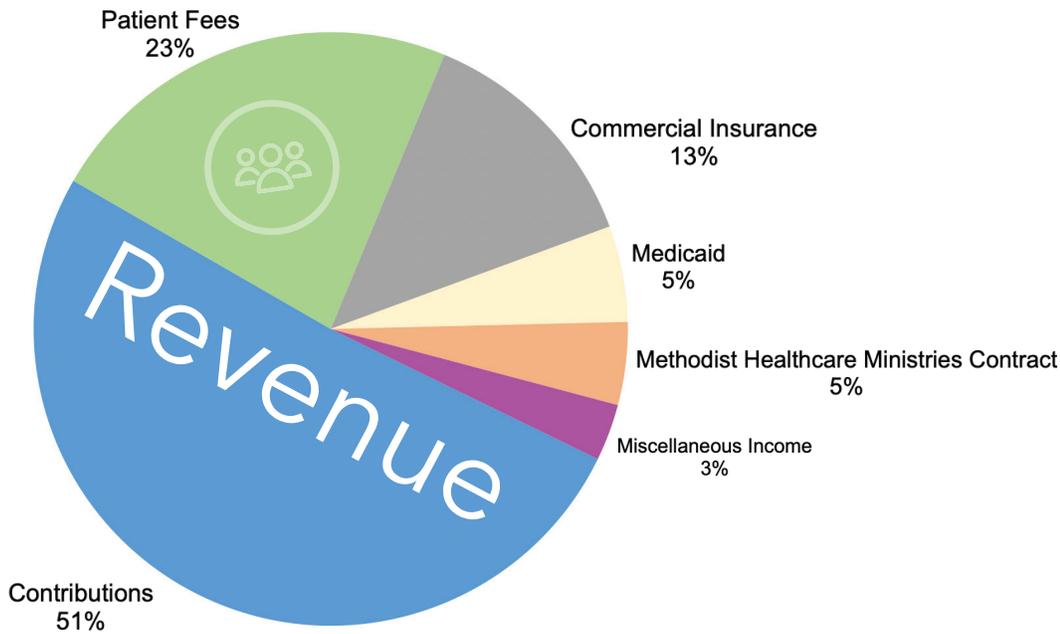
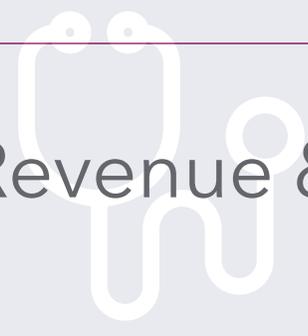
CURRENT ASSETS	2017	2018	2019
Cash & Cash Equivalents	2,663,294	2,082,698	2,291,888
Receivables	392,992	415,580	494,729 ^a
Inventory	96,046	147,954	190,859 ^b
Prepaid Expenses	59,495	63,708	80,356
Total Current Assets	3,211,827	2,709,940	3,057,832
NONCURRENT ASSETS			
Cash & Cash Equivalents - Restricted	201,265	164,146	620,326 ^c
Endowment	1,064,369	982,881	1,195,327 ^d
Property and Equipment - Net	8,145,838	9,184,543	8,859,189
Total Noncurrent Assets	9,411,472	10,331,570	10,674,842
Total Assets	12,623,299	13,041,510	13,732,674
LIABILITIES			
Accounts Payable	239,631	358,676	155,051
Accrued Expenses	586,558	581,604	621,786
Deferred Revenues	42,646	-	183,273 ^e
Loan Payable	2,208,292	2,181,162	2,091,513 ^f
Total Liabilities	3,077,127	3,121,442	3,051,623
NET ASSETS			
Without Donor Restrictions	8,929,809	9,215,136	10,022,738
With Donor Restrictions	616,363	704,932	658,313 ^g
Total Net Assets	9,546,172	9,920,068	10,681,051
Total Liabilities & Net Assets	12,623,299	13,041,510	13,732,674

- a. Receivables are up, but when considered in light of our increased revenues resulting from commercial insurance reimbursement, this makes sense given the long revenue cycle associated with these payers.
- b. Our increased volume with long-acting reversible contraceptives (LARCs) and medication abortion accounts for much of this increased inventory value, as both are expensive items.
- c. We adopted a new cash policy that called for an increase to our emergency reserve, and that is responsible for the increase you see in cash & equivalents restricted.
- d. Healthy gains for our endowment invested funds.
- e. New revenue recognition rules now require that luncheon sponsorships for the coming year be shown as deferred revenue on the balance sheet. Such monies will be recognized on the income statement in the year of the fundraising event for which the sponsorship is intended.
- f. This is a note we have at Frost that allowed us to develop our San Pedro property.
- g. These are donor-designated funds within our endowment.

*Financial data derived from audited financial statements for the 12-month period ending 12-31-2019



Revenue & Expenses



Revenue: 2019 over 2018



REVENUE	2018	2019	Difference	Change
Federal Family Planning Contract	599,324	-	(599,324)	-100% ^a
Medicaid	472,812	502,885	30,073	6% ^b
Commercial Insurance	1,039,482	1,263,680	224,198	22% ^b
Patient Fees	2,029,387	2,205,935	176,548	9% ^b
Methodist Healthcare Ministries Contract	440,650	434,100	(6,550)	-1% ^c
Contributions – Annual Fund	3,506,453	4,916,314	1,409,861	40% ^c
Miscellaneous Income	4,038	297,578	293,540	7269% ^d
Total Revenue	8,092,146	9,620,492	1,528,346	19%^e

- a. In 2019 we received no Title X Federal Family Planning support.
- b. We made solid gains in earned income revenue, most notably in commercial insurance. This corresponds with our growth in the total unduplicated patient count.
- c. Contributions to our annual fund (philanthropy), stood out as a dramatic increase over prior year. It is important to note that much of this strong 2019 performance is attributable to two gifts, one of which is certain not to renew.
- d. This is overwhelmingly unrealized gains on our invested endowment. It looks particularly high because in 2018 we posted an unrealized loss, hence the difference between the two years is wide.
- e. This dramatically favorable year, compared to 2018, is remarkable given the loss of Federal Family Planning funds. Our success is attributable to earned revenue from the clinical operation and fundraising success.

Revenue



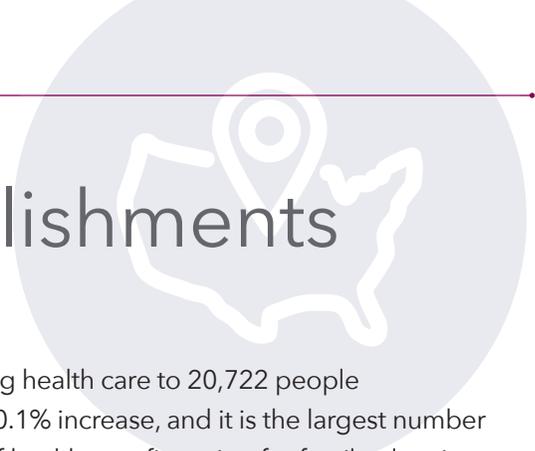
Expenses: 2019 over 2018

EXPENSES	2018	2019	Difference	Change
Staffing & Contract Healthcare Services	4,129,598	4,500,478	370,880	9% ^a
Medical Supplies & Expenses	1,365,603	1,729,085	363,482	27% ^b
Office & Program Supplies	94,400	112,333	17,933	27% ^b
Printing & Publications	51,467	43,456	(8,011)	-16%
Office Expenses	299,331	331,234	31,903	11%
Travel & Training	147,515	149,109	1,594	1%
Space Costs	519,712	540,027	20,315	4%
Advertising & Program Promotion	83,330	112,598	29,268	35% ^c
Audit, Legal & Other Professional Services	131,870	246,305	114,435	87% ^d
Events, Associations & Sponsorships	175,105	271,379	96,274	55% ^e
Other Expenses	244,912	166,731	(78,181)	-32% ^f
Depreciation	475,407	656,774	181,367	38% ^g
Total Expenses	7,718,250	8,859,509	1,141,259	15%
Net Income	373,896	760,983	387,087	104%

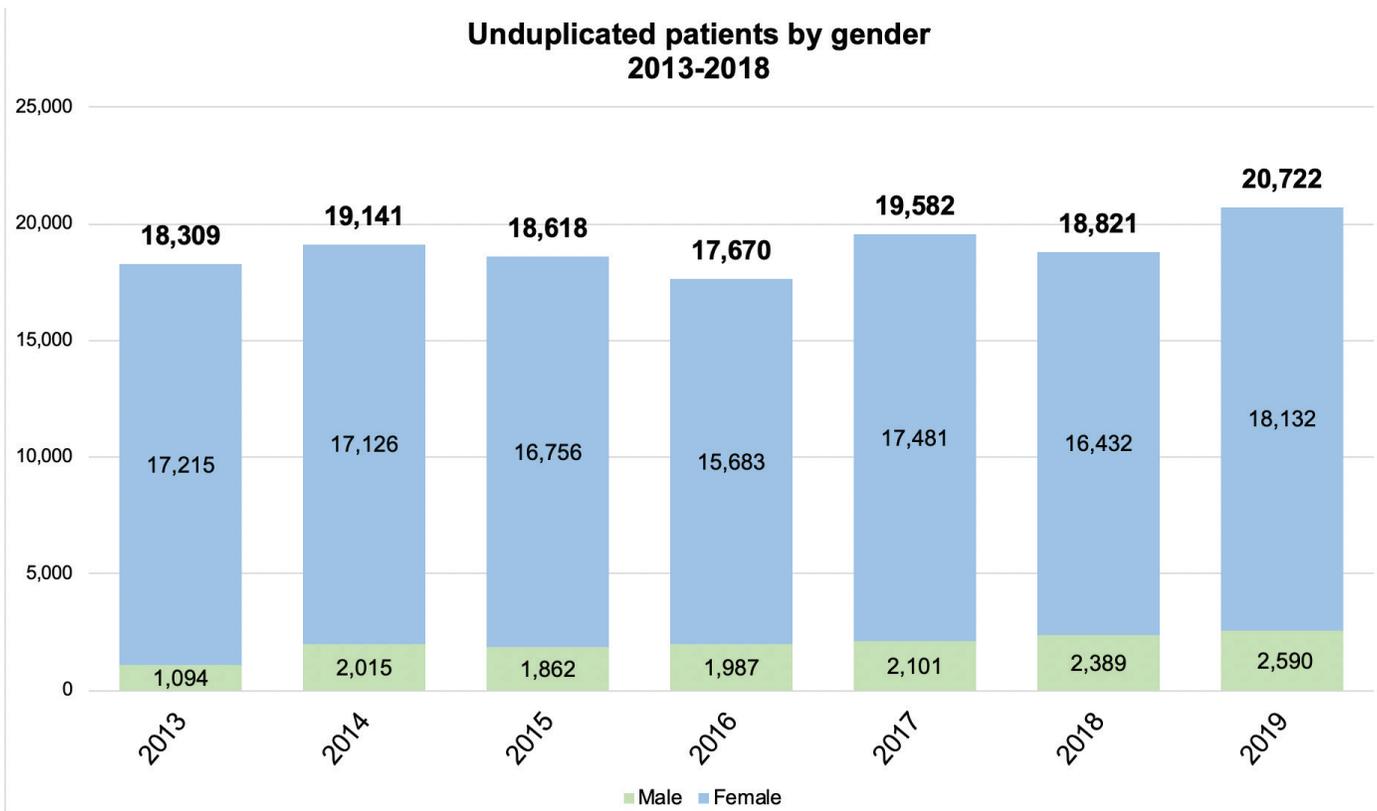
- a. Expected merit increases account for some of this, but we also augmented our staffing pattern with an additional full-time physician.
- b. Our provision of LARCs (expensive items) grew 48% over 2018, so this expense increase is understandable. Also, we experienced a 28% increase in our provision of mifepristone (medication abortion), which is an expensive pharmaceutical.
- c. We planned for increased expenses to promote our health care services to more people.
- d. The increase in audit, legal and professional fees is multi-fold. In 2018 our national organization dues were waived; they resumed in 2019, resulting in a \$46,000 unfavorable variance to prior year. We spent an additional \$15,000 in legal fees, but that is certainly money well spent. Expanding lab services and related additional external quality oversight added nearly \$50,000.
- e. Annual luncheon expenses in 2019 were \$40,000 higher over 2018 due to unique savings in 2018. Donor cultivation and stewardship increased \$18,000, which is reasonable given the importance of contributed income in relation to overall revenue.
- f. The savings in Other Expenses is the result of an audit adjustment wherein we zeroed out accrued accounts payable relating back to 2017 and 2018. This adjustment was made as a negative expense in Other Expenses in the final month of the year.
- g. We completed our real estate development project at San Pedro in late 2018, hence the work in progress became part of the regular depreciation schedule in 2019.



Organizational Accomplishments



In 2019, we increased the number of patients, substantially, providing health care to 20,722 people – an increase of 1,901 over the 18,821 people we saw in 2018. That’s a 10.1% increase, and it is the largest number of unduplicated patients in seven years – since the terrible dismantling of health care financing for family planning engineered by the Texas Legislature in 2011 and 2013.



Some growth was expected, specifically in the number of abortion procedures because we established a second location for providing abortion care; this clinic opened in February 2019 near downtown San Antonio at 920 San Pedro Ave. In 2019, we provided abortion 402 times more often than we did in 2018. But that increase in abortion procedures explains only 21% of the additional people we saw. The other 79% received services other than abortion. (See gray text box on next page)

Our patient assistance funds are essential to PPST's successful health care operation. In 2019 donor support provided underwriting for \$2.1 million in charity care to our patients, averaging \$176,000 per month. In 2020, we're trending toward a 14% increase over 2019. Between the stay-at-home orders in March and April and the pent-up demand returning to our clinics in May and June, there have been fluctuations from month to month; however, year to date 2020, we're providing an average of \$200,000 in charity care each month.

It is too early to draw firm conclusions on how the economic damage associated with the COVID-19 pandemic might be driving increased need for financial assistance in our clinics. Management is monitoring this closely. What is clear is that Planned Parenthood South Texas is an effective provider of health care and health care financing, thanks to your support.

Our **health center on San Pedro Avenue** in San Antonio is a success story well beyond a straightforward clinic relocation. Yes, it is the home for what was our clinic on Ashby, but it is so much more. The Ashby health center had three exam rooms in rented space that was not very attractive. At San Pedro we own our building, we have created two medical office spaces with a total of six exam rooms, and we've secured a license to provide abortion care. Further, with this new facility, we were able to hire an additional physician who provides the full range of our care, including abortion services. All of this is cleverly structured amidst two of our health care subsidiaries (this sort of organizational separation has served us well for years) and aesthetically presented

Seventy-nine percent of PPST's growth in patient care is not attributable to abortion services. This is important, and an essential talking point, for at least two reasons. First, from fans and friends of our mission, I have heard worry that if abortion becomes illegal, "Well, how is PP South Texas going to remain a viable health care provider?" In 2019, we provided abortion care to 8.95% of our patients. Ninety-one percent of our patients come to us for other reasons. While I am deeply committed to abortion care and will fight to protect its legality, I am certain that PPST is a going concern with or without abortion care.

Second, there are people (some are not fans, but I hear this from some friends, too) who suggest that with every passing year, Planned Parenthood becomes more and more focused on abortion. The data shows this is clearly untrue. More and more, people are accessing long term, reversible contraception. More and more, people see Planned Parenthood as the one health care provider who believes your sexual health care is, well, health care. So I am going to start asking these people: Why, with each passing year, do *you* become more and more focused on abortion?

in a building that is far more attractive compared to Ashby. This project has proven itself successful. At San Pedro, we saw 4,428 unduplicated patients in 2019. Its predecessor, our clinic on Ashby, saw 2,876 patients in 2016. **This facility at this location produced 54% growth in three years.** Fantastic in itself, it also proves the concept: Converting a simple clinic into a more robust facility at the right location with augmented staff is worth it. We can do this again, elsewhere. It takes

investment capital but it pays dividends on the mission.

We have **only begun to embrace telehealth** and its ability to advance our service delivery. In the fall of 2018, our new app, PP Direct, became available in Texas. This pilot has proven successful, and in 2019 more than 600 people who live throughout South Texas, including small towns and rural areas, were

able to access care through PPDirect. Developed by the Planned Parenthood family, this app allows the patient to use her smartphone to access oral contraceptives, the contraceptive ring, the contraceptive patch, emergency contraception and prescriptions to treat urinary tract infections – no visit to the clinic so long as no contraindications for these pharmaceuticals are identified. In Texas, one of our sister organizations runs the pilot as a joint venture for all of the Planned Parenthood clinics in Texas.

Based on the success of PP Direct and the increased need for telehealth that has emerged during the pandemic, **PPST is standing up telehealth** more

fully. Accessible via a smartphone app, a laptop, or a desktop computer, our new telehealth service is fully integrated with our electronic medical records so that everything from a virtual visit becomes part of the patient's electronic medical record, fully accessible if/when we see the patient for an in-clinic visit another time. Telehealth is able to serve patients who cannot come to our clinics, and it also allows a patient to complete a significant portion of an in-clinic visit before she arrives. We have just begun seeing patients virtually and offering digital check-in for in-clinic visits. These initial experiences are helping the engineers find and fix imperfections in the software, and our health care team is quickly developing fluency with this platform, which we have named PP My Care. Questions remain. Over time, will PP My Care reduce visit volume inside of our clinics? It could in that some of what we do in our health centers could now happen virtually. But it could also lead to new patients who, eventually, may need to come into the clinic for some aspect of their care – a physical examination, a blood draw, or a procedure. What about reimbursement? Will Medicaid and

commercial insurance payments continue as they do with in-clinic visits, or will there be challenges? And what about our patient assistance funds? We

still have work to do to in order to build the bridge between our charity care discounts and PP My Care. Telehealth was moving slowly in the United States before the pandemic but that has changed, accelerated, and so must PPST.

In recent years we have organized and increased our efforts to **ensure and strengthen employee engagement**. When the team is feeling good about their performance and their connection to organizational success, the patient experience is superior – that simple truth is fundamental and powerful. We use Press Ganey (an industry leader) to assess employee engagement, and our 2019 scores are well above the national average for the health care sector and among the top 10 for Planned Parenthood organizations nationwide.

Most recently, we have begun work on a multi-prong effort to explore **diversity, equity and inclusion** at PPST. We have a proud history of fairness and being a welcoming workplace where discrimination is not tolerated in

“When I think about the world around us and the changes we see in multiple directions, it can feel as though fences have appeared out of nowhere. I work to turn those fences into bridges so that PPST keeps moving forward. This is how we’ve approached challenges before. We’re good at this; we’ve been forced to become good at this. It wasn’t fun to face all those fences over the years, but it has made us all the better to handle what is before us today, probably better than most organizations that have not known struggle the way we do.”

– Valerie Mascorro, Associate Vice President
for Operations & Growth

diversity, equity and inclusion at PPST. We have a proud history of fairness and being a welcoming workplace where discrimination is not tolerated in

“I realize it is a very challenging world out there, and the health care we provide in our clinics doesn’t solve food insecurity or bring an end to systemic racism, but the people struggling with those issues and others don’t need another hit. I know that access to health care alone will not create all the change that we need to see in the world, but I believe that providing our patients with the tools they need to care for themselves and plan the size and timing of their families makes our patients and their families ready for the fight. I believe what we do makes people better equipped to overcome other obstacles, imagine their best future and seize their opportunities. And that helps to make the future a little healthier, more equitable and kinder for thousands of South Texans and their families. Our care gives our patients a fighting chance in a world that remains unfair for too many. I am proud of PPST – standing for social justice while we provide vital health care.”

– Angela Koester, Vice President for Community Engagement

any way. But the long-overdue national reckoning on racial justice demands that we take an even closer look at ourselves. What does this moment in the nation’s history mean for our patients and our employees, especially for Black patients, Black staff and others who have been systematically excluded from the nation’s structures of power and privilege, and even basic protection? We must ensure that the entire team at PPST understands this moment and how the policies at PPST – impacting patients and employees – must be decidedly anti-racist. Beyond our doors, our people live in a world where they encounter implicit bias, stereotyping, structural inequality, and at times, unfortunately, even violence. Because we welcome the authentic self of each patient and each staff member, then we must see ourselves as essential allies with responsibilities to take action on racial justice, fairness and equity. PPST will once again participate in remaking the

world, this time by ensuring that our workplace, our health centers, are shining examples of how things should be. Racial justice, equality and equity cannot only be things we say. We have to do something – walk it like we talk it. Our patients and our employees expect no less, deserve no less.

This imperative is inextricably linked to the values and concerns identified in our public affairs agenda, adopted by the PPST Board of Directors in 2017.

That agenda includes women’s rights, racial equity, health care reform, immigrant rights, LGBTQ+ equality, environmental and climate issues, voting rights, and economic justice.

External Environment and Operating Assumptions



“Regardless the outcome of the November 2020 presidential election, the governor of Texas and much of the Texas leadership remains in place, and that means many of the difficulties we live with now will persist. Women will have difficulty affording their birth control, and terrible abortion regulations remain. I’m not being pessimistic; that’s reality. That means our patients will need us tomorrow just like they do today. And it’s my job to be sure our clinics are ready to provide care.”

– Polin Barraza, RN, Senior Vice President & COO

The **policy and regulatory environment surrounding our work** remains unfavorable and relatively unchanged from where we were in 2018.

- Texas continues its policies of very low health care financing for family planning.
 - o Texas leadership refuses to expand Medicaid eligibility under the Affordable Care Act, even though significant federal funds are available to pay for most of that expansion.
 - o What little state family planning dollars exist are not available to Planned Parenthood because we remain steadfast in our support for an individual’s right to make their own decisions about pregnancy, including abortion, and we intend to continue providing abortion care directly. Either of those commitments is sufficient to exclude us categorically.
- The Trump administration was successful in attaching similar abortion-related restrictions to federal family

planning dollars; as such, we were forced out of that revenue source which, previously, helped to underwrite care for people with low incomes.

- Abortion remains legal today, but the precarious nature of legal abortion remains, and a future Supreme Court ruling has the potential to fully destabilize nationwide legal abortion as we know it.
- Texas continues laws and policies that make abortion access difficult, including waiting periods, medically unnecessary ultrasounds, and state-mandated patient information that is medically inaccurate. Many states allow nurse practitioners to provide medication abortion, but not Texas. Further, several pilots are underway nationwide demonstrating the safety of telehealth and postal delivery for medication abortion, but not in Texas. With each passing day, abortion in Texas exists amidst an antiquated regulatory framework.
- Texas continues to pursue efforts to exclude Planned Parenthood categorically from Medicaid.

Contraceptive method choices continue to evolve with increased demand for long-acting reversible contraception (LARCs) as well as increased demand for the contraceptive shot. At the same time, the amount of oral contraception (the pill) we provide in our clinics fell in 2019, although the pill remains the most commonly used method of birth control overall. This pattern is not new, but the pace of this trend accelerated in 2019.

When all methods of contraception are translated into the number of weeks of protection provided, 2019 saw a 31.4% increase in our provision of family planning protection.

CONTRACEPTIVE TYPE	2016	2017	2018	2019
Condoms	12,899	10,086	11,246	5,437
Emergency contraception	934	989	1,281	1,391
Oral contraceptives (one-month pack)	19,121	17,602	16,072	11,414
Contraceptive patch	219	509	481	6
Vaginal ring	178	292	289	52
Hormonal shot	4,009	3,770	3,495	4,066
Total non-LARCs	37,360	33,248	32,864	22,366
Hormonal implant	306	460	563	830
Copper IUD	97	93	75	154
Hormonal IUD	98	156	148	177
Total LARCS	501	709	786	1,161
Total contraceptive units	37,861	33,957	33,650	23,527
Total weeks of protection	306,099	356,779	360,453	473,754

These trends impact visit volume in our health centers. A patient using oral contraception might visit our clinics once a year (and pick up 13 cycles of pills) or every few months, depending on her preference. A patient who selects a LARC might have several years in between her clinic visits, depending on other gynecological needs. A patient who uses the contraceptive shot will come to us every 3 months for her next injection. Contraceptive method choices, telehealth, and possible regulatory changes all have the potential to have dramatic effect on our in-clinic volume.

There does not appear to be any changes, namely increases, in the **provision of family planning and sexual health care by other organizations**. Interestingly, over the past decade as Planned Parenthood South Texas has been systematically targeted to lose public financing for family planning, where is the expansion of service delivery from those who now have those government funds? News coverage and investigative reporting suggests no such expansion exists. There is no evidence that other health care providers are stepping forward with a priority on family planning and sexual health care. And there are no new providers of abortion care. Planned Parenthood South Texas remains essential.



2020 YTD Operations

For many nonprofit organizations, the COVID-19 pandemic has had a chilling effect on programming, service delivery, and for some organizations, even need. Not so for PPST. The “program” at PPST is our health care operation, and demand remains strong despite the pandemic. For many people this pandemic has only increased their desire, daresay

need, to maintain firm control over when they become pregnant and when they increase the size of their families. PPST remains committed to the principle that the individual is best suited to determine whether, when and how many children to have. That remains unchanged by this pandemic.

Visit volume is surprisingly strong. Many people continue to say the pandemic has “changed everything.” Well, not entirely, because visit volume in our clinics suggests the need for family planning and sexual health care is undiminished. Through Q3 2020, visit volume is running 35.9% above prior year. Does this mean that our unduplicated patient count is similarly growing? Has the pandemic changed something here,

increasing the number of people who want to avoid pregnancy at this time? Has pent-up demand and deferred care somehow distorted visit volume patterns in ways we do not yet understand? And are the new people coming to us in need of financial assistance to pay for their care? Visit volume has previously been a strong predictor of unduplicated patient count,

but we won’t be able to answer these questions definitively until we conduct the 2020 data crunch in January of 2021.

Along the way, our **financial performance** in 2020 is stable amidst a world of great instability. Through Q3, donors and foundations have contributed \$2.809M in vital financial support. This generosity is essential to the operation and deeply appreciated. Through Q3, net income is \$550,279, but \$221,000 of this is an audit adjustment of donations in 2019 that were reclassified into 2020 (deferred revenue). Setting aside that adjustment, YTD net income feels more like \$330,000. Further, Q4 2020 is projected to produce negative income of some \$370,000, more than canceling out YTD positive net income. With any luck, we end 2020

“Optimism is everywhere, and if you don’t see it then you’re just not looking hard enough. That’s my motto and it has served me well. Optimism doesn’t mean you will get what you want all the time; it means you always have to see the possibility and reach for it. No excuses. I can see a future where someone reasonable is the Secretary of Health and Human Services, and therefore ridiculous anti-abortion rules are removed from federal family planning funding. That same HHS Secretary would incentivize states to expand Medicaid coverage to cover all people living in poverty. These are reasonable positions that are gaining ground. With these two changes, PPST would be able to make plans for significant regional growth, establishing clinics in places where more people need us.”

– Jeffrey Hons, President & CEO

at breakeven. Such projections are certainly subject to change. Earlier in the pandemic our prospects were much worse when visit volume in March and April fell dramatically, and all external information indicated that would remain for many months. The rebound in volume has improved our projections significantly, and yet, questions remain. Should we plan for this volume to continue? And even if our clinics stay this busy, does this volume mean we have many more people who need financial assistance because they cannot fully pay for their care?

As reported in previous publications, we are resetting **our real estate plans and strategy**. We have paused our plans to construct a building that was to be a new home for the Marbach health center in San Antonio (an effort to replicate our great success at San Pedro). We continue leasehold improvements for New Southeast in San Antonio that will move us into a better location at a rent that is below what we currently pay for more space than we need. Management will closely monitor the performance of our new telehealth functionality and visit volume in order to develop a better understanding of our physical footprint needs going forward.

In 2018 we developed and adopted **a new cash policy** to put some guardrails in place and guide our decision-making. We maintain compliance with that policy even as the economy is experiencing significant changes resulting from the pandemic. It is essential that PPST maintain financial stability as we operate amidst an external environment where government is not our partner. This was underscored dramatically when the governor of Texas issued executive orders during the early days of the pandemic that made abortion impermissible in Texas. We must always be ready to fight the good fights, and that requires a position of strength. Additionally, the cash policy allows us to make plans for capital expenses with a multi-year forecast, report those clearly to the board, and do so while maintaining necessary resources for the ongoing health care operation that more than 20,000 patients rely on.

Our **five-year modeling** shows that it is possible for PPST to maintain positive operating income and achieve capital expenditures that our facility footprint will require, but that modeling includes you and your strong support. PPST is a smart philanthropic investment with exceptional returns for the individual patient and for the community as a whole. We hope you agree and that Planned Parenthood South Texas will be part of your future financial plans.

Thank you to our generous funders

Planned Parenthood South Texas deeply appreciates all donors and supporters. Special thanks to institutional funders, including but not limited to:



A grant from the Beulah M. and Felix J. Katz Memorial Trust and John L. Santikos Charitable Foundation of the San Antonio Area Foundation

A grant from the COVID-19 Response Fund, a community fund jointly managed by the San Antonio Area Foundation and the United Way of San Antonio.



Health Care Services

GYNECOLOGY

Pelvic exams; tests and treatment for vaginal infections and urinary tract infections; clinical evaluation of menopause and hormonal replacement therapy when indicated; clinical breast exams that can detect abnormalities, including the early signs of breast cancer; mammogram referrals.

PREGNANCY TESTING

Urine, blood-based testing, and human chorionic gonadotropin (HCG) based testing (a critical test that helps diagnose an ectopic pregnancy).

ABORTION CARE

The abortion pill and in-clinic procedures. In 2019, 74% of the abortion care we provided was medication abortion, and 94% of all abortion care was in the first trimester. In February 2019, we opened a second health center to offer abortion care just north of downtown San Antonio at 920 San Pedro Ave.

MALE SEXUAL HEALTH EXAMS

Examination of the genitals and perianal region, including hydrocele, varicocele, and signs of sexually transmitted infections; clinical examination of the testicles to screen for abnormalities that could become cancer and patient instruction on performing self-examination.

GENDER-AFFIRMING HORMONE THERAPY

Estrogen or testosterone for patients who are transgender, non-binary or gender-nonconforming. This service is available for patients 18 years old and older at all of our health centers.

FERTILITY SERVICES

Diagnosis of common causes of infertility and provision of initial treatment options.



BIRTH CONTROL

Our focus since our founding in 1939.

Includes condoms, several types of birth control pills, long-acting reversible contraceptives (IUDs and implants), the birth control shot, the vaginal ring, the hormonal patch, and emergency contraception.

STI TESTING AND TREATMENT

Testing and treatment for sexually transmitted infections, including the latest rapid-based testing for some of the more frequently requested tests that can provide results at the time of visit.

STOP CERVICAL CANCER

Pap tests to check cervical cells for abnormalities that may indicate cancer; human papillomavirus (HPV) tests to check cervical cells for the sexually transmitted infection that causes most cases of cervical cancer; the HPV vaccine; clinical evaluation of abnormal Pap test results; medical treatments to remove precancerous cells; patient navigation to immediate oncological care for women with invasive cancer.

REFERRAL FOR PRENATAL CARE AND ADOPTION

Planned Parenthood respects all decisions by patients regarding their pregnancies. We provide patients who decide to continue their pregnancy with information and referrals for prenatal care and adoption services.

WELLNESS SCREENINGS

Because we know that for many of our patients we are their only regular health care provider, all patients receive physical examination of chest, heart, lungs, abdomen, as well as testing for glucose (blood sugar), iron, and hypertension, as indicated.

PRE-EXPOSURE PROPHYLAXIS (PrEP)

Prescription for daily medication to lower the risk of contracting the virus for people at higher risk of HIV infection.