Stand with Planned Parenthood

Planned Parenthood Plays an Irreplaceable Role in the U.S. Health Care System; Defunding Planned Parenthood Could Leave Millions without Basic Care

FACT: For nearly a century, Planned Parenthood has been 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.

“Planned Parenthood has provided compassionate and critical health care to women, men, and young people … and is an integral and necessary part of our health care system,” wrote 92 organizations, many of which work on behalf of those who rely on Planned Parenthood’s quality care, in a letter to congressional leaders on July 27, 2015. With a presence in all 50 states and Washington, DC, Planned Parenthood has 59 affiliates, which operate approximately 700 health centers serving a total of 2.7 million patients per year. More than 90 percent of the care Planned Parenthood provides is preventive, including lifesaving cancer screenings, birth control, and testing and treatment for sexually transmitted infections (STIs).

"Ending government funding of Planned Parenthood would have a terrible impact on the ability of women to get the care that they need. Worse, the women who would be hurt the most by this decision include many underserved, low-income women, who have nowhere else to turn. This is unacceptable. For many women in America, Planned Parenthood is the only place where they are able to get needed quality care," said Mark S. DeFrancesco, MD, MBA, FACOG, chair of the American Congress of Obstetricians and Gynecologists. OB/GYN providers, including Planned Parenthood health centers, play a critical role in providing primary and preventive care to women in the United States. Almost 6 in 10 women (58 percent) report seeing an OB/GYN on a regular basis and one-third of women (35 percent) view their OB/GYN provider as their main source of care (PerryUndem Research & Communication, “Women & OB/GYN providers,” November 2013).

“We strongly support Planned Parenthood … for its … work as one of the country’s largest providers of health care for women, especially poor women…. The contraception services that Planned Parenthood delivers may be the single greatest effort to prevent the unwanted pregnancies that result in abortions,” said George P. Topulos, M.D., Michael F. Greene, M.D., and Jeffrey M. Drazen, MD, in the New England Journal of Medicine, the world’s most prestigious medical journal according to the New York Times, in an editorial published on August 12, 2015. It is estimated half a million unintended pregnancies are averted each year by Planned Parenthood’s contraceptive services, which reach 2.1 million people.

“Any proposal to exclude Planned Parenthood from public health programs will severely curtail women’s access to essential health care services, including family planning, well-woman
exams, breast and cervical cancers screenings, and HIV testing and counseling," wrote 18 health care associations in a letter to congressional leaders on August 3, 2015. But Planned Parenthood is also a crucial entry point into the health care system for many women. Women feel more comfortable being open and honest with OB/GYN providers like Planned Parenthood than other providers, and Planned Parenthood regularly screens for obesity, high blood pressure, and tobacco use, and offers counseling, treatment, or referrals when results indicate that additional care management is needed (PerryUndem Research & Communication, “Women & OB/GYN providers,” November 2013).

In addition to offering high-quality contraceptive and abortion services, Planned Parenthood health centers routinely provide basic preventive screenings that are associated with averting more costly chronic conditions down the line. Howard Mell, a spokesperson for the American College of Emergency Physicians, has warned of a desperate and dangerous future without Planned Parenthood. “Women who can't find affordable family planning services sometimes end up in the emergency room…. Other women go without care altogether” (USA Today, “Family Planning Budgets in Crisis Before Planned Parenthood Controversy,” July 31, 2015).

FACT: Independent family planning providers, federally qualified health centers, private OB/GYNs, public health leaders and hospitals are speaking out in opposition to the claim that other providers are available to absorb the patients Planned Parenthood will no longer be able to see if they are defunded.

More than half of Planned Parenthood’s health centers are located in medically underserved areas, a fact that led Georges Benjamin, the executive director of the American Public Health Association (APHA), to say it is “ludicrous” to suggest other providers could simply take on Planned Parenthood’s patients (USA Today, “Family Planning Budgets in Crisis Before Planned Parenthood Controversy,” July 31, 2015).

“Planned Parenthood has become so dominant as a source of family planning that if you pulled it away, it would not be so easy to find places that provide those services as an alternative,” said Leighton Ku, a professor in the department of health policy at George Washington University, and one of the authors of a study that examined five counties in Texas where Planned Parenthood was operating. The report found Planned Parenthood was the “dominant” provider in the communities it serves and that other clinics would need to increase their capacity by “two- to five-fold” in order to handle Planned Parenthood’s patients, an unlikely prospect when the fact that they were already at or close to capacity (The Hill, “Questions Raised About Planned Parenthood Cuts,” August 1, 2015).

Calling efforts to end public funding for Planned Parenthood “one of the most disturbing battles over women’s health in recent years,” Sara Rosenbaum JD, the Harold and Jane Hirsh Professor of Health Law and Policy and Founding Chair of the Department of Health Policy at George Washington University School of Public Health and Health Services, said “...[A] claim
that community health centers readily can absorb the loss of Planned Parenthood clinics amounts to a gross misrepresentation of what even the best community health centers in the country would be able to do. 

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” (Health Affairs Blog, “Planned Parenthood, Community Health Centers, And Women’s Health: Getting The Facts Right,” September 2, 2015).

“Planned Parenthood health centers serve many more contraceptive clients per year than do other types of safety-net providers [according to research done by the Guttmacher Institute]. Planned Parenthood health centers serve an average of 2,950 contraceptive clients per year, many times more than any other type of publicly supported health center. By contrast, those operated by hospitals serve an average of 770 contraceptive clients, health departments serve an average of 750, Federally Qualified Health Centers serve 330, and centers operated by other types of agencies serve 680 contraceptive clients each year” (Health Affairs Blog, “Quantifying Planned Parenthood’s Critical Role In Meeting The Need For Publicly Supported Contraceptive Care,” September 8, 2015).

“In many communities, there are not other health care providers that would be equipped to fill the void created by the prohibition of funding for [Planned Parenthood,] a qualified, trusted family planning provider,” cautioned Clare Coleman, president and CEO of the National Family Planning and Reproductive Health Association. Indeed, “in two-thirds of the 491 counties in which they are located, Planned Parenthood health centers serve at least half of all women obtaining contraceptive care from safety-net health centers. In one-fifth of the counties in which they are located, Planned Parenthood sites are the sole safety-net family planning center,” found the Guttmacher Institute after conducting special tabulations of a previous report at the request of the Congressional Budget Office (Health Affairs Blog, “Quantifying Planned Parenthood’s Critical Role In Meeting The Need For Publicly Supported Contraceptive Care,” September 8, 2015).

“Planned Parenthood currently operates 115 health centers in California and serves nearly 800,000 patients through 1.5 million encounters annually. Eliminating Planned Parenthood from our state’s comprehensive network of care would put untenable stress on remaining providers,” wrote Andie Martinez Patterson, MPP, the director of government affairs for the California Primary Care Association. “We do not have the capacity for such an increase in care and building such capacity would require significant capital investment on par with the Patient Protection and Affordable Care Act expansion. Even then, the legislation would still eliminate patient’s ability to choose the provider with which they feel most comfortable.”

“Some of [the Community Health Centers] are at capacity, some of them also don’t provide the full range of services,” said Alina Salganicoff, director of women’s health policy at the Kaiser Family Foundation, noting that the feasibility of finding alternative providers could depend on where women live (The Hill, “Questions Raised About Planned Parenthood Cuts.”)
According to the Guttmacher Institute, “91 percent of Planned Parenthood health centers offer at least 10 of 13 reversible contraceptive methods, compared to between 48 percent and 53 percent of sites operated by other types of agencies. Moreover, Planned Parenthood sites are particularly likely to help women who choose oral contraceptives to get their pills without having to make an additional trip to a pharmacy: 92 percent of Planned Parenthood health centers offer oral contraceptive supplies and refills on-site, as do 86 percent of health department sites. Considerably smaller proportions of sites operated by FQHCs and other types of agencies—37 percent and 55 percent, respectively—do so” (Health Affairs Blog, “Quantifying Planned Parenthood’s Critical Role In Meeting The Need For Publicly Supported Contraceptive Care,” September 8, 2015).

“You can’t just cut Planned Parenthood off one day and expect everyone across the city to absorb the patients,” said Dr. Stephanie Taylor, the medical director overseeing programs to combat sexually transmitted infections for the State Office of Public Health and the director of Louisiana State University’s sexually transmitted infections program. “Planned Parenthood provides medical care, comprehensive services to many women, men and families in our community. We cannot afford to have those resources go away…. If you call around to any federally qualified health center, you’re going to find that there’s probably a lengthy wait period for new appointments,” said Noel Twilbeck, the chief executive of CrescentCare, a New Orleans-based group of three Federally Qualified Health Centers (New York Times, “Louisiana Lays Bare Difficulty in Push to Cut Planned Parenthood Funding,” September 1, 2015).

“No one should assume [women will] be able to get [their reproductive health care] needs met somewhere else,” said Lynn Paltrow, executive director of National Advocates for Pregnant Women (Modern Healthcare, “Women’s Health Services May Suffer as States Target Planned Parenthood,” August 13, 2015). Indeed, Planned Parenthood plays an outsized role in the nation’s family planning network. Although Planned Parenthood health centers comprise 10 percent of all publicly funded family planning centers, they serve more than one-third of all patients who obtain care from the family planning health center network (Guttmacher Institute, Moving Forward: Family Planning in the Era of Health Reform, 2014).

Joseph Potter, professor of sociology at the University of Texas at Austin and principal investigator of a five-year evaluation of the impact of women’s health restrictions in Texas, found “not all federally qualified health centers or other providers of comprehensive care at the community level are interested in taking up the bureaucratic and financial challenges — especially the low reimbursement rates — that are entailed in becoming a family-planning provider….” (San Antonio Express-News, “Tried in Texas – Defunding Planned Parenthood Hurt Women,” August 15, 2015).

Of those federally qualified health centers and public health departments that were willing to step in and become family planning providers in Texas, many “lacked clinical staff with necessary experience in women’s health care, such as training to insert IUDs (one of the
most effective forms of contraception) and offering evidence-based approaches for STI and cancer screening and contraceptive provision,” said Kari White, assistant professor in the department of Health Care Organization and Policy at the School of Public Health at the University of Alabama at Birmingham (Atlanta Journal-Constitution, “Defunding Would Hurt Women in Many Ways,” August 13, 2015).

“‘These family-planning providers, providers that specialize in family-planning services, provide these services in a much more cost-effective manner than do the other [providers] without the know-how – much more [cost-effectively] than Legacy or the other FQHCs … that don’t have the background’ or expertise in providing reproductive health care,” said Randall Ellis, senior director of government relations for the well-respected Houston, TX-based FQHC Legacy Community Health Services (Austin Chronicle, “The war on women’s health,” April 22, 2011). Indeed, after Shelby County, Tennessee — an area that ranks especially high in teen pregnancies — denied Planned Parenthood its bid for family planning funds in 2011 and gave the contract to Christ Community Health Services, a faith-based entity that did not have experience in family planning, follow-up reporting found Christ Community was only doing 50 or so Title X visits a month when Planned Parenthood of the Greater Memphis Region had done about 700-800 a month the year prior (Memphis Flyer, “Unplanned Parenthood,” August 23, 2012).

“[Not all] of the Medicaid services that would have been obtained from Planned Parenthood Federation of America would instead be obtained from other health clinics and medical practitioners,” predicted the nonpartisan Congressional Budget Office in an August 3, 2015 report. And the care that is lost could come at a big cost to the state and federal government: “[S]ome of the services…include those that help women avert pregnancies and deliveries. Reduced use of such services would be expected to lead to additional births, increasing federal spending, primarily for Medicaid.” On top of that, a study to publish in a forthcoming issue of American Economic Journal: Applied Economics evaluated the impact of Planned Parenthood health center closures in Texas and Wisconsin during the 2007–2012 period and found an increase of 100 miles to the nearest family planning health center results in a decrease in the annual utilization rate of a clinical breast exam by 6 percentage points and a Pap test by 9 percentage points, with the decreased utilization of a clinical breast exam much more severe for women with lower educational attainment -- at 14 percentage points (Lu, Yao and Slusky, David J.G., “The Impact of Family Planning Funding Cuts on Preventive Care, May 20, 2014).

FACT: The nation’s family planning program is already quite limited and has recently shouldered a 10 percent federal budget reduction — not including additional cuts to state-level funding — at a time when the need for publicly funded contraception has increased to 20.1 million women in the United States. The cuts to family planning have also affected services including Pap tests, clinical breast exams, and well-woman visits.
According to the Guttmacher Institute, “The number of women in need of publicly funded contraceptive services and supplies grew steadily between 2000 and 2010—an increase of 17% over the decade; by 2013, the number had increased by another 5%, or 918,000 additional women in need. Growth in need has been driven entirely by an increase in the proportion of adult women who are poor or low-income; the overall number of women of reproductive age has remained stable, and the number of teens in need has declined” (Guttmacher Institute, “Contraceptive Needs and Services, 2013 Update,” July 2015).

"[T]he demand for family planning services continue to go up and up and up," said Mary McDowell, the chief operating officer of the People’s Community Clinic in Austin, TX. But without an increase in funds, the clinic is no longer accepting new adult patients and now has to turn people away (USA Today, “Family Planning Budgets in Crisis Before Planned Parenthood Controversy,” July 31, 2015).

"The 2011 [Texas state budget] cuts were devastating to the women’s health safety net. A lot of communities lost the only providers they had," said Aimee Arrambide, a policy associate at the Texas Women's Healthcare Coalition (USA Today, “Family Planning Budgets in Crisis Before Planned Parenthood Controversy,” July 31, 2015).

In response to federal legislation that could impose even more cuts on the state, Kristin Adams, president and CEO of the Indiana Family Health Council, says it will be hard to find alternate providers if forced to make up for Planned Parenthood. “Our concern in Indiana is we are in a provider shortage area,” she explains (The Hill, “Questions Raised About Planned Parenthood Cuts,” August 1, 2015). Statewide cuts to family planning have already had a disastrous impact on health in Indiana. Soon after Scott County, Indiana, lost its sole HIV testing center when Planned Parenthood was forced to close its health center due to state funding cuts in 2013, the county has been facing an unprecedented HIV outbreak that Governor Mike Pence deemed an “epidemic” (Huffington Post, “Indiana Shut Down its Rural Planned Parenthood Clinics and Got an HIV Outbreak,” March 31, 2015).

**FACT:** Politicians who want to defund Planned Parenthood may try to reposition themselves as defenders of women’s health, but the reality is real women across America will be harmed if they succeed in slashing women’s health funding or preventing women from accessing Planned Parenthood health centers.

“[Defunding Planned Parenthood] is an outright attack on poor women,” says Deon Haywood, executive director of Women with a Vision, a New Orleans-based nonprofit working to improve the lives of marginalized women, their families, and communities. Across the nation, half of women ages 18-44 say they are more likely to see their OB/GYN on a regular basis than any other type of provider. When asked if their OB/GYN is their “main” source of care, more than one-third of women overall say “yes,” but an even greater proportion of low-income women and women of color report that OB/GYN providers, such as Planned Parenthood, are their main

“Even if women are able to find a new provider, they may have long waits to get an appointment, need to make multiple visits, or unnecessarily repeat exams before they can start or renew their contraceptive method or obtain other follow-up care,” predicts Kari White, assistant professor in the department of Health Care Organization and Policy at the School of Public Health at the University of Alabama at Birmingham, based upon her observations of the impact of defunding Planned Parenthood in Texas (Atlanta Journal-Constitution, “Defunding Would Hurt Women in Many Ways, August 13, 2015). This is a real possibility on a national scale, with more than half of Medicaid providers not offering appointments to new enrollees and over two-thirds of states reporting difficulty in ensuring enough providers, including OB/GYN care, in particular for Medicaid enrollees (Office of inspector General, Access to Care: Provider Availability in Medicaid Managed Care, December 2014; United States Government Accountability Office, Medicaid: States Made Multiple Program Changes, and Beneficiaries Generally Reported Access Comparable to Private Insurance, November 2012).

“Unable to access the contraceptive care they need, women would be left to pay the price, as more unintended pregnancies and abortions result. The last thing that the nation’s most vulnerable communities—and the community health centers that serve them—need is a blow of this magnitude,” writes Sara Rosenbaum JD, the Harold and Jane Hirsh Professor of Health Law and Policy and Founding Chair of the Department of Health Policy at George Washington University School of Public Health and Health Services (Health Affairs Blog, “Planned Parenthood, Community Health Centers, And Women’s Health: Getting The Facts Right,” September 2, 2015).

As a result of policies that bar public funding from Planned Parenthood, today, more than half of Texas women surveyed in a recent study reported the existence of at least one barrier in their access to reproductive health care services, citing the prohibitive cost of services or a lack of local providers after 82 health centers were forced to close their doors. These restrictions have had a particularly alarming impact on young, low-income, Spanish-speaking, and immigrant women (Texas Policy Evaluation Project, “Barriers to Family Planning Access in Texas,” May 2015). In 2010, New Jersey eliminated all state funding for family planning, and since that time 10 percent of family planning centers closed while others trimmed their hours. As a result, these health centers cared for at least 37,000 fewer women in recent years (Family Planning Association of New Jersey, “Testimony on the Proposed FY2016 State Budget,” March 24, 2015).

The bottom line is, “Policies that would deny Planned Parenthood public health funds only serve to cut millions off from critical preventive care,” according to the American Congress of Obstetricians and Gynecologists, the American Public Health Association, the National Family Planning and Reproductive Health Association, the National Hispanic Medical
Association, the Society for Adolescent Health and Medicine, the Society for Maternal-Fetal Medicine, and 12 other health care provider associations, in a letter to congressional leaders on August 3, 2015.

**FACT:** Politicians who want to defund Planned Parenthood do not understand the reality of the millions of people who rely on their approximately 700 health centers for care. That’s why so many patients have been speaking up to preserve their right to access health care at the provider they know and trust.

“Without Planned Parenthood, it’s not clear I would be here today,” said Brandi McWade, whose stage 2 B breast cancer was diagnosed after a clinical breast exam at Planned Parenthood when she was an uninsured at age 27. Planned Parenthood helped coordinate Brandi’s care and even secured a small grant to help ameliorate the cost of her diagnostic testing. “[I]t wasn’t just my life Planned Parenthood has helped save…. To these extremists and politicians, Planned Parenthood’s patients exist in theory. But I am here to let them know that we are very real: and we need real services from real doctors.” (*The Hill*, “Planned Parenthood Saved by Life,” September 18, 2015).

"I feel comfortable here,” said Jasmine, a 20-year-old high school graduate whose visits to Planned Parenthood are reportedly the only time she receives health care. "I can't go to Tulane or LSU and feel comfortable" (*The Times-Picayune*, “Planned Parenthood patients ponder fate as funding fight wages on,” August 27, 2015). What’s more, in suggesting there are plenty of other places people cared for by Planned Parenthood can seek care, the state of Louisiana provided a list of roughly 2,000 Medicaid providers in the state--but that list included "ophthalmologists, nursing homes, caregivers, dentists, ear nose and throat doctors, and even cosmetic surgeons" (*Mother Jones*, “Louisiana: Women Don’t Need Planned Parenthood. They Have Dentists,” September 10, 2015). The Louisiana Office of Public Health and Planned Parenthood were the only two organizations designated as "family planning" sites on that list (*The Times-Picayune*, “Planned Parenthood patients ponder fate as funding fight wages on,” August 27, 2015).