

Defunding Planned Parenthood: An Attack on Public Health

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Planned Parenthood is a vital and trusted health care provider for millions of people in the United States. As one of the nation's leading providers of high quality, affordable health care for women, men and young people, Planned Parenthood provides vital services such as contraception, screening and treatment for sexually transmitted infections (STIs), abortion care and breast and cervical cancer screenings.

Anti-abortion members of Congress are determined to cut off access to care at Planned Parenthood by excluding the organization and its 650 U.S. health centers from the Medicaid program. When it comes to choosing a health care provider, Planned Parenthood is the first choice for women, men and young people from many communities and every income level. Defunding Planned Parenthood would put all of these communities – especially low-income individuals and people of color – at risk and bar them from accessing necessary health care services.

Millions of Individuals Rely on Planned Parenthood for Care

Planned Parenthood provides 2.5 million patients with essential preventive health services.

- ▶ Planned Parenthood provides important preventive health services, including cancer screenings, birth control and more. In 2015 alone, Planned Parenthood provided more than 4 million STI tests and treatments, more than 360,000 breast exams, more than 270,000 cervical cancer screenings, and contraceptives for more than 2 million people.¹ More than half of Planned Parenthood health centers are located in rural or underserved areas where it is often the *only* health care provider offering these services.
- ▶ Proponents of defunding Planned Parenthood argue that Community Health Centers (CHCs) can meet the need for sexual and reproductive health care,² but that is not true.

“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 in “Planned Parenthood, Community Health Centers and Women’s Health: Getting the Facts Right,” *Health Affairs Blog*, Sept. 2, 2015

- ▶ In a study of CHCs, a majority reported referring their patients to family planning providers like Planned Parenthood health centers for family planning care.³ Only 19 percent of CHCs reported both prescribing and dispensing all contraceptive methods on-site.⁴ On the other hand, Planned Parenthood health centers are significantly more likely to provide at least 10 reversible contraceptive methods on-site, provide at least a six-month pill supply, use rapid-result testing for HIV, and offer Long Acting Reversible Contraceptives (LARCs) like intrauterine devices (IUDs) and implants with same-day insertion.⁵ Furthermore, unlike many other publicly funded health care providers, Planned Parenthood health centers are more likely to offer extended hours and same-day appointments and to have shorter wait times for initial visits, all of which improve patient access to care.⁶

Blocking Medicaid Enrollees' Access to Planned Parenthood Would Have a Devastating Impact on Public Health

Defunding Planned Parenthood would have a disproportionate impact on low-income, underinsured and uninsured individuals.

- ▶ Barring Medicaid from reimbursing Planned Parenthood for services blocks Planned Parenthood's low-income patients from accessing essential health care. Planned Parenthood is the only safety-net family planning provider in 21 percent of U.S. counties, and in 68 percent of counties, it serves at least half of all safety-net family planning patients.⁷ Because two-thirds of Planned Parenthood patients are at or below the federal poverty level and approximately 60 percent of Planned Parenthood patients access care through Medicaid and/or the Title X family planning program, defunding Planned Parenthood would disproportionately impact low-income and underinsured or uninsured women.⁸
- ▶ Women of color would be specifically at risk, particularly Black and Latina women who face substantially more barriers to accessing quality health care. The Congressional Budget Office estimates that at least 390,000 women would lose access, and approximately 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.⁹
- ▶ Defunding Planned Parenthood would have long-term effects on women's ability to decide if and when to become a parent. Planned Parenthood's services prevent nearly 600,000 unintended pregnancies every year.¹⁰

“Defunding Planned Parenthood is political interference that would limit the ability of physicians and patients to make shared health care decisions based on patients' health and needs rather than insurance coverage or payment capabilities.”

— Debra Ness of the National Partnership for Women & Families and Hal Lawrence of the American Congress of Obstetricians and Gynecologists in “Planned Parenthood Provides Essential Services That Improve Women's Health,” *Annals of Internal Medicine*, Feb. 2017

By defunding Planned Parenthood, politicians are playing a dangerous game with the health of our nation. This unconscionable effort would block access to the very providers that are the most qualified and best equipped to provide essential health care, jeopardizing the health of the millions of patients.

¹ Planned Parenthood. (2016). *Fact Sheet: This is Who We Are*. Retrieved 30 November 2016, from https://www.plannedparenthood.org/files/6814/6833/9709/20160711_FS_General_d1.pdf

² Bradner, E. (2017, January). Paul Ryan pressed on Planned Parenthood. *CNN Politics*. Retrieved 2 February 2017, from <http://www.cnn.com/2017/01/12/politics/paul-ryan-town-hall-planned-parenthood/>

³ Wood, S., et al. (2013). *Health Centers and Family Planning: Results of a Nationwide Study*. George Washington University. Retrieved 30 November 2016, from http://hsrc.himmelfarb.gwu.edu/sphhs_policy_facpubs/60/

⁴ Ibid.

⁵ Frost, J.J., Gold, R.B., Frohwirth, L., & Blades, N. (2012). *Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010*. Guttmacher Institute. Retrieved 11 January 2017, from https://www.guttmacher.org/sites/default/files/report_pdf/clinic-survey-2010.pdf; Zolna, M.R., & Frost, J.J. (2016, November). *Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols*. Guttmacher Institute. Retrieved 12 January 2017, from <https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015>

⁶ See note 5, Zolna & Frost.

⁷ Frost, J. J. (2015, August 14). Response to Inquiry Concerning Geographic Service Availability From Planned Parenthood Health Centers [Letter written to Lisa Ramirez-Branum, Congressional Budget Office]. Guttmacher Institute. Retrieved 30 November 2016, from <https://www.guttmacher.org/sites/default/files/pdfs/pubs/guttmacher-cbo-memo-2015.pdf>

⁸ Planned Parenthood. (2016). *Fact Sheet: The Urgent Need for Planned Parenthood Health Centers*. Retrieved 30 November 2016, from https://www.plannedparenthood.org/files/7814/8106/3998/20161207_Defunding_fs_d01.pdf

⁹ Congressional Budget Office. (2015). *Cost Estimate: H.R. 3134 Defund Planned Parenthood Act of 2015*. Retrieved 30 November 2016, from <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf>

¹⁰ Planned Parenthood. (2016). *Fact Sheet: By the Numbers*. Retrieved 30 November 2016, from https://www.plannedparenthood.org/files/7214/6833/9709/20160711_FS_PPNumbers_d1.pdf

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at NationalPartnership.org.

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