PPAF FACT CHECK: Other Providers Cannot “Absorb” Planned Parenthood Patients

At tonight’s GOP Presidential debate, Jeb Bush implied that defunding Planned Parenthood wouldn’t have a devastating impact on women’s health across the country, saying that instead other community-based health organizations could provide the same level of care.

The vast majority of federal funding Planned Parenthood receives is Medicaid reimbursement for providing basic, preventive health care to millions of Americans. The rest goes to providing low-income, uninsured individuals with basic preventive care like breast exams, lifesaving cervical cancer screenings, and birth control; to teen pregnancy prevention programs which have helped the country reach its lowest rate of teen pregnancy in 40 years; and to evidence-based sex education programs.

Since federal law already withholds funding for abortion — except in the dire circumstances of rape, incest, or when the life of the woman is in jeopardy — this means GOP “defund” efforts almost exclusively target preventive services — comprising more than 90% of the care Planned Parenthood provides — like breast and cervical cancer screenings, family planning services, sexually transmitted infection (STI) screenings and treatment including HIV tests, and well-woman visits for millions of Americans.

FACT: America is already facing a reproductive health care provider shortage:

- Across the nation, a majority of Medicaid programs are experiencing provider shortages, with over two-thirds of states reporting difficulty in ensuring enough providers, including specialty care (OB/GYN care, in particular) for Medicaid enrollees.

- According to the Government Accountability Office (GAO), among Medicaid-participating providers, less than half of primary care providers participating in Medicaid managed care programs offer appointments to patients.

FACT: Planned Parenthood health centers serve an outsized role in meeting the family planning needs for those who rely on federally-funded health programs:

- Per the Guttmacher Institute, although Planned Parenthood health centers comprise 10 percent of all publicly funded family planning centers, they serve 36 percent of all clients who obtain care from the family planning health center network. [See https://www.guttmacher.org/pubs/family-planning-and-health-reform.pdf (Fig. 2.3, p 15).]
• Similarly, the Guttmacher Institute reports that Planned Parenthood health centers serve a disproportionate share of clients in the Title X system: they comprise 13 percent of Title X clinics but serve 37 percent of clients. [See https://www.guttmacher.org/pubs/family-planning-and-health-reform.pdf (Fig. 2.3, p 15).]

• Each Planned Parenthood health center serves, on average, nearly 3,000 patients for contraceptive services each year— per the Guttmacher Institute, far more than other clinic types. [See: http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf, page 12.]

FACT: Community Health Centers --- or federally qualified health centers (FQHCs) --- that focus on primary care services aren’t necessarily equipped to fill an influx of reproductive health care patients -- and often already rely on local family planning providers, like Planned Parenthood, to fill that need:

• A 2012 Guttmacher report found that health centers that focus on primary care vs reproductive health care were less likely to offer at least 10 methods of contraceptives on-site (41% vs 67%).

• The report also found that primary care sites were less likely to offer at least one Long Acting Reversible Contraceptive (LARC) method than primary care sites than reproductive health-focused sites (57% vs. 75%).

• 69% of FQHCs reported making referrals for family planning services to local family planning providers: http://www.rchnfoundation.org/wp-content/uploads/2013/04/Health_Centers_and_Family_Planning-final-1.pdf (On page 26 of this report)

CASE STUDY: What happened in states when Planned Parenthood health centers were prevented from serving those who rely on publicly funded health programs?

• After Scott County, Indiana, forced the local Planned Parenthood health center to shut its doors in 2013, the community was left with nowhere to turn for HIV testing and education. Now the county is facing an unprecedented HIV outbreak, which Governor Mike Pence deemed an “epidemic.”

• In Texas, after the state cut Planned Parenthood health centers out of its family planning program for low-income women, the program served far fewer women.

  ○ The New York Times: “But with the exclusion of about 40 Planned Parenthood clinics — none of which performed abortions — from the Texas Women’s Health Program in 2013, records showed that claims for birth control and wellness exams dropped, as did enrollment numbers.”
Indeed, 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 and a lack of local providers among other barriers, with a particularly alarming impact on young, low-income, Spanish-speaking, and immigrant women.

- In 2011, Tennessee adopted legislation intended to defund Planned Parenthood that restricted Title X funds to public agencies, and in August 2011 Planned Parenthood Greater Memphis Region (PPGMR) was notified that — despite the need for affordable family planning health care in Shelby County, an area that ranks especially high in teen pregnancies — its bid for a contract was denied and the contract would be instead given to Christ Community Health Services, a faith-based entity that proposed to see fewer patients. Follow-up reporting by the Memphis Flyer in August 2012 found Christ Community was only doing 50 or so Title X visits a month when PPGMR had done about 700-800 a month the year prior --- a drop of approximately 1400%.

FACT: Planned Parenthood health centers serve a considerable proportion of all clients obtaining contraceptive care from safety-net family planning health centers.

The Guttmacher Institute recently published a report in response to a Congressional Budget Office (CBO) request on publicly funded contraceptive services offered by Planned Parenthood. The report underscores the outsize role Planned Parenthood plays for patients receiving publicly funded birth control in communities across the country.

- “In two-thirds of the 491 counties with a location, Planned Parenthood serves at least half of all American women who receive birth control from safety-net clinics. In one-fifth of these counties, a Planned Parenthood site is the only family planning center for clients who rely on subsidized help, the report found.”
- “Most women in the United States who say they need publicly supported contraceptives live in counties with a Planned Parenthood center.”
- “Planned Parenthood serves a bigger share of safety-net birth control clients than other types of providers that offer care to low-income women.”

ANALYSIS: Health Affairs: Planned Parenthood, Community Health Centers, And Women’s Health: Getting The Facts Right

Sara Rosenbaum, J.D. — the Harold and Jane Hirsh Professor and founding Chair of the Department of Health Policy, George Washington University School of Public Health and Health Services, and a Commissioner on the Medicaid and CHIP Payment and Access Commission, which advises Congress on federal Medicaid and CHIP policy — published a lengthy piece on the irreplaceable role that Planned
Parenthood health centers play in providing essential reproductive health care to millions of women and men across the country.

- “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 were Planned Parenthood to lose over 40 percent of its operating revenues overnight as the result of a ban on federal funding.”

- “For the millions of poor women who depend on Planned Parenthood clinics, this scenario would mean the loss of affordable and accessible contraceptive services and counseling, as well as breast and cervical cancer screenings and testing and treatment for sexually transmitted infections (STIs). 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.”

- “While community health centers constitute a vital component of the nation’s primary care safety net, three reasons underscore why it’s misguided to suggest community health centers could—overnight—compensate for the loss of affordable women’s health services at Planned Parenthood clinics.”
  - “One: For every patient served by a community health center today, nearly three residents of low-income communities remain without access to primary health care.”
  - “Two: A sudden cutoff in funding would create an immediate health care access crisis for millions of women, placing enormous strain on community health centers and other providers.”
  - “Three: Community health centers offer women’s health services as part of comprehensive primary care programs that must meet a broad array of health care needs among community residents of all ages. They cannot simply put their other responsibilities aside.”

- “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. Tens of millions of children and adults whose poverty creates health care access barriers depend on community health centers. But community health centers are not health care magicians. The health care system simply does not work this way.”

**CASE STUDY: TEXAS**

Years of hostile policies have left tens of thousands of Texas women without access to cancer screenings, birth control, HIV tests and other preventive care. A series of recent studies detail the real-world impact of devastating budget cuts and funding schemes that blocked care at Planned Parenthood health centers:

- One report showed that 55 percent of Texas women reported at least one barrier to accessing reproductive health care, including life-saving cancer screenings or family planning services.
Nearly 40 percent of women reported two or more barriers. Read more HERE from Texas Policy Evaluation Project.

- A study published in the American Journal of Public Health found that the state's family planning program served 54% fewer patients as a result of the 2011 budget cuts and tiered funding scheme. The researchers went on to write: “The tiered funding system placed organizations that had the greatest amount of experience providing these methods at a disadvantage and instead favored those that did not offer these methods as widely to their clients.”

- In January, the State of Texas Health and Human Services Commission issued a grim report revealing that 30,000 fewer women received health care through the Texas Women's Health Program (WHP) in 2013 than in 2011, following the state’s takeover of the program in order to ban Planned Parenthood. The Dallas Morning News reported that “the areas with the highest drops in the number of women served by the WHP occurred in areas where Planned Parenthood clinics shuttered.”

- The Brownsville Herald, October 29, 2011: “[Brownsville Community Health Center] executive director Paula Gómez said she is concerned more women will lose out on vital care now that the Southmost clinic is gone and state funding has been cut. ‘Planned Parenthood, in those cases, was the only form of healthcare for a majority of these ladies,’ she said. ‘We’ve always had a good working relationship with Planned Parenthood and I think we’ve always worked hand in hand trying to do as comprehensive care as we can given our financial situation and our staffing situations.”

- Huffington Post, May 11, 2011: “Those familiar with the mechanics of the [Women's Health Program], however, question the feasibility of other health centers picking up the 42,000 women who would no longer be treated by Planned Parenthood. ‘The coverage will continue, but that may not mean much if you look at the overall picture,’ said Jose E. Camacho, Executive Director of the Texas Association of Community Health Centers. ‘Health centers’ funding is being leveled, so we can’t say in good conscience that [Federally Qualified Health Centers (FQHCs)] have the capacity to take these women in.’ FQHCs are serving one million people, 230,000 of childbearing age. The future of health care for close to a quarter million clients is also hazy, Camacho says, considering the House’s recent cuts to Title XX, V, and X programs. To add 40,000-plus former Planned Parenthood patients would be a 20 percent increase and ‘just can’t be done over a night or two without funding.’”

- Austin Chronicle, April 22, 2011: “Put simply, says Randall Ellis, senior director of government relations for the well-respected Houston FQHC Legacy Community Health Services, it takes the entire spectrum of providers, including Planned Parenthood, to meet the needs of the growing population of low-income people without access to reproductive and other basic health care
services. 'We work in conjunction with Planned Parenthood for family-planning and HIV services. We do referrals back and forth, so that people can receive services in the setting that they're most comfortable in,' he said. '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."

Read more about the state of Texas women’s health from the Guttmacher Institute: [LINK].

**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](https://wwwusatoday.com/story/news/nation/2015/07/31/family-planning-budgets-crisis-planned-parenthood-controversy/31526221/)).

- “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.

- “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,” August 1, 2015](https://thehill.com/health/357869-questions-posed-about-planned-parenthood-cuts)).

- “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](https://thehill.com/health/357869-questions-posed-about-planned-parenthood-cuts)).

- “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 Aug. 3 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.”
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).

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.

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Planned Parenthood Action Fund is an independent, nonpartisan, not-for-profit membership organization formed as the advocacy and political arm of Planned Parenthood Federation of America. The Action Fund engages in educational and electoral activity, including voter education, grassroots organizing, and legislative advocacy.