

# Planned Parenthood Provides Essential Services That Improve Women's Health

Hal C. Lawrence, MD, and Debra L. Ness, MS

For more than 100 years, Planned Parenthood has served communities in need of affordable, safe, and accessible care. Across 50 states, 491 counties, and 650 clinics, Planned Parenthood provides comprehensive, quality health care to 2.5 million women and men in the United States each year. Despite these deep and trusted ties to communities across the nation, U.S. congressional leadership recently announced its intention to defund Planned Parenthood. As leaders of the American Congress of Obstetricians and Gynecologists, the nation's leading professional organization of health care providers for women, and the National Partnership for Women and Families, a leading women's health advocacy organization, we adamantly oppose this decision.

The move to defund Planned Parenthood is part of an effort to shut down access to abortion care altogether. Already, Medicaid funding cannot be used for abortion care in most instances because of the harmful Hyde Amendment. Defunding Planned Parenthood health centers would exclude them from serving patients in the Medicaid program, reducing access to primary and preventive care services. If Congress were to block all Medicaid patients from seeking care at Planned Parenthood health centers, the Congressional Budget Office estimates that 390 000 women would lose access to these essential services altogether, and up to 650 000 women might face reduced access to preventive health care within a year (1). Women suddenly would have dramatically fewer options for where to receive care.

Proponents of Planned Parenthood defunding often assert that other providers will fill the gap. They are wrong. Our health system is unprepared to meet that need. Both obstetrician-gynecologists and primary care physicians face workforce shortages. Planned Parenthood health centers help minimize the gap in primary care and reproductive health services in rural and medically underserved communities, with 54% of their health centers located in those areas (2). Services provided range from annual well-woman examinations to vaccinations. In a single year, Planned Parenthood health centers conduct more than 270 000 Pap tests and more than 360 000 breast examinations—essential services for detecting cancer (3). Three in 5 patients who come to Planned Parenthood for preventive care rely on federal programs for their care. In many areas, Planned Parenthood health centers are the only family planning option for those patients.

Forcing the closure of Planned Parenthood health centers would put immense pressure on private and unaffiliated health care providers, especially

obstetrician-gynecologists and primary care physicians, to assume care for patients previously seen at those clinics while their own practices already are at full capacity. With much lower reimbursement rates from Medicaid than private insurance, providers would need to address how to provide care for more Medicaid patients while continuing to see enough privately insured patients to financially sustain their practices. In reality, Medicaid managed care plans already face extreme provider shortages (4), and this is unlikely to change suddenly.

Planned Parenthood addresses this access issue. It is unparalleled in its ability to meet the preventive, contraceptive, and primary care needs of women who rely on Medicaid and other safety net programs. In fact, other safety net health centers that cannot offer the same level of contraceptive care often refer women to Planned Parenthood clinics (5). Although its centers accounted for only 10% of publicly funded clinics in 2010 (the last year with available data), Planned Parenthood provided contraceptive care to 36% of publicly funded contraceptive clients that year (6). As a result, contraceptive services provided by Planned Parenthood prevent approximately 579 000 unintended pregnancies annually (2).

Contraceptive services are essential to women's lives and futures. Women's health, economic security, equity, and dignity are closely tied to their ability to plan whether and when to have children. The loss of the services Planned Parenthood provides would disproportionately affect women of color and women living in rural areas and other medically underserved communities. When a local Planned Parenthood health center closes, women may face long trips to access a publicly funded clinic, creating a barrier to scheduling and keeping health care appointments. Delaying care may lead to delayed diagnosis and management of disease. Nobody wins, especially not their families, when the care women need becomes difficult or even impossible to access.

The experience in several states whose legislatures have denied public funds for Planned Parenthood is a cautionary tale. When politicians in Texas excluded Planned Parenthood from a state program serving low-income patients, the number of women using the most effective methods of birth control decreased by 35% and the number of births covered by Medicaid increased by 27% (7). In Indiana, when cuts to public health funding forced many clinics, including Planned Parenthood centers, to close, rural areas of the state experienced one of the largest and most rapid HIV outbreaks the country has ever seen (8). It is possible that

access to Planned Parenthood's free testing for sexually transmitted diseases may have curtailed this outbreak.

Providers, patients, and communities benefit when they have more care options. 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. Moreover, defunding Planned Parenthood would have a devastating effect on many women. Women's access to the full range of reproductive and preventive health services is essential not only to their health and well-being but also to their ability to pursue an education, hold jobs, support their families, achieve economic security, and function as free and equal members of society. Without access to the full range of reproductive health services, all that is in jeopardy.

Congress should never deny coverage of the health care services patients need from any qualified provider, including Planned Parenthood.

From the American Congress of Obstetricians and Gynecologists and National Partnership for Women and Families, Washington, DC.

**Disclosures:** Authors have disclosed no conflicts of interest. Forms can be viewed at [www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M17-0217](http://www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M17-0217).

**Requests for Single Reprints:** Hal C. Lawrence, MD, American Congress of Obstetricians and Gynecologists, 409 12th Street Southwest, Washington, DC 20024; e-mail, [evp@acog.org](mailto:evp@acog.org).

Current author addresses and author contributions are available at [Annals.org](http://Annals.org).

*Ann Intern Med.* doi:10.7326/M17-0217

## References

1. Congressional Budget Office. Cost estimate: H.R. 3134, Defund Planned Parenthood Act of 2015. Accessed at [www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf](http://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf) on 25 January 2017.
2. Planned Parenthood Federation of America. The urgent need for Planned Parenthood health centers. Accessed at [www.plannedparenthood.org/files/4314/8183/5009/20161207\\_Defunding\\_fs\\_d01\\_1.pdf](http://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf) on 25 January 2017.
3. Planned Parenthood Federation of America. This is who we are. Accessed at [www.plannedparenthood.org/files/6814/6833/9709/20160711\\_FS\\_General\\_d1.pdf](http://www.plannedparenthood.org/files/6814/6833/9709/20160711_FS_General_d1.pdf) on 25 January 2017.
4. U.S. Department of Health and Human Services, Office of Inspector General. Access to care: provider availability in Medicaid managed care. Accessed at <http://oig.hhs.gov/oei/reports/oei-02-13-00670.pdf> on 25 January 2017.
5. Wood S, Goldberg D, Beeson T, Bruen B, Johnson K, Mead H, et al. Health Centers and Family Planning: Results of a Nationwide Study. Washington, DC: George Washington University; 2013.
6. Frost JJ, Zolna MR and Frohwirth L. Contraceptive needs and services, 2010. Accessed at [www.guttmacher.org/report/contraceptive-needs-and-services-2010](http://www.guttmacher.org/report/contraceptive-needs-and-services-2010) on 25 January 2017.
7. Stevenson AJ, Flores-Vazquez IM, Allgeyer RL, Schenckan P, Potter JE. Effect of removal of Planned Parenthood from the Texas Women's Health Program. *N Engl J Med.* 2016;374:853-60. [PMID: 26836435] doi:10.1056/NEJMs1511902
8. Peters PJ, Pontones P, Hoover KW, Patel MR, Galang RR, Shields J, et al; Indiana HIV Outbreak Investigation Team. HIV infection linked to injection use of oxycodone in Indiana, 2014-2015. *N Engl J Med.* 2016;375:229-39. [PMID: 27468059] doi:10.1056/NEJMoa1515195

**Current Author Addresses:** Dr. Lawrence: American Congress of Obstetricians and Gynecologists, 409 12th Street Southwest, Washington, DC 20024.

Ms. Ness: National Partnership for Women and Families, 1875 Connecticut Avenue Northwest, Suite 650, Washington, DC 20009.

**Author Contributions:** Conception and design: H.C. Lawrence.

Drafting of the article: H.C. Lawrence, D.L. Ness.

Critical revision for important intellectual content: D.L. Ness.

Final approval of the article: H.C. Lawrence, D.L. Ness.

Administrative, technical, or logistic support: H.C. Lawrence.