Texas tale shows need for Planned Parenthood

By Joseph E. Potter and Kari White

The Trump administration and the Republican-controlled Congress are pushing to prevent Planned Parenthood from receiving federal funds to pay for contraception and cervical and breast cancer screenings. Funding for the federal Title X program, which provides infrastructure support to a network of nearly 4,000 clinics across the country, also could be in jeopardy.

Five years ago, we learned in Texas what can happen when efforts to defund Planned Parenthood are carried out: The network of health care providers falls apart, and women lose access to essential preventive services. Now, Trump and his allies are poised to wreak the same havoc on the country that the 2011 Republican state Legislature imposed on Texas.

The motivation for the Texas action was the same as the motivation for what Congress plans to do: appeasing groups opposed to legal abortion. But none of these family planning programs pay for abortion care, which the law prohibits spending federal money on. Defunding Planned Parenthood only reduces access to contraception and other necessary health care. Indeed, by reducing unintended pregnancies, the programs Republicans want to cut Planned Parenthood out of actually reduce the number of abortions.

Our study of what happened in Texas provides some warnings of what to expect if the GOP carries out its plan.

In 2011, the Texas Legislature cut the two-year budget for funding family planning from $111 million to $38 million in an effort to defund Planned Parenthood. After these cuts, 82 Texas family planning clinics — 1 out of every 4 in the state — closed or stopped providing family-planning services. An unintended consequence of the law was that two-thirds of the clinics that closed were not even Planned Parenthood clinics. Organizations that remained open, many with reduced hours, were often unable to offer the most effective methods of contraception, such as IUDs and contraceptive implants, to women who wanted them.

Organizations also were forced to begin charging uninsured women fees for birth control and other health services that had previously been free or lower-cost.

In focus groups with low-income Texas women, some said they did not seek care at all because they were unable to pay the new fees.

Another component of the 2011 legislation prohibited any doctor or clinic associated with abortion care from participating in the Women’s Health Program, the state’s Medicaid fee-for-service, family-planning program. This effectively excluded Planned Parenthood, which until then had cared for more than 40 percent of the program’s clients. Over the two-year period following the funding cuts and exclusion from the Women’s Health Program, 31 of Planned Parenthood’s 74 Texas family-planning clinics closed.

Removing Planned Parenthood from the Women’s Health Program reduced access to IUDs and implants at a time when use of these methods was increasing in the rest of the country.

Comparing counties with and without a Planned Parenthood clinic, our research found that in counties with no clinic, there was a reduction of 36 percent in the provision of IUDs and implants and a reduction of 31 percent in the provision of injectable contraceptives.

In a survey we conducted among former Planned Parenthood clients who used injectable contraception in Houston and Midland, many reported difficulties finding a new provider, having to repeat exams or make multiple appointments before getting a method and being charged unauthorized co-payments.

Several years later, many were using less-effective methods, and some had become pregnant.

These findings represent a stark rebuttal to repeated assurances made by state leaders then — and Republicans in Congress now — that the gap left by Planned Parenthood would be easily filled by community health centers or women switching their care to private physicians. Perhaps voters are already aware that defunding Planned Parenthood brings a lot of unintended consequences.

In an October 2016 poll conducted by Politico and the Harvard School of Public Health, 58 percent of likely voters supported federal funding for Planned Parenthood, including almost half of Trump voters. As shown in a Quinnipiac poll last month, the proportion is even higher — 8 in 10 — when respondents are told that the money will be used for non-abortion services.

Rather than repeat the Texas experience, the new administration could be inspired by another era in Republican history. With the 1970 bipartisan passage of the Title X program, President Richard Nixon stated “no American woman should be denied access to family planning assistance because of her economic condition.” This national commitment to women should not be abandoned now.

Potter is the principal investigator and White is an investigator of the Texas Policy Evaluation Project. This commentary first appeared in the Washington Post.