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**2011 Texas Legislation Lead to Family Planning Clinic Closures,
Reduced Services, and Uncertain Future**

AUSTIN, Texas (April 6, 2015) — Legislation enacted in 2011 by the Texas legislature left large gaps in the reproductive health care safety net for low-income Texas women by cutting funds for family planning and restricting which providers could deliver services.

In a study recently published online in the *American Journal of Public Health*, researchers at the [Texas Policy Evaluation Project](#) (TxPEP) found that 25% of publicly funded family planning clinics in Texas closed in 2011-2013, and the ones that remained opened served 54% of the clients that they had in the previous period. Planned Parenthood affiliates and other specialized family planning providers, which were the targets of the legislation, experienced the largest reductions in services, but other agencies were also adversely affected.

Effects of Family Planning Funding Cuts

- In FY2012–2013, organizations had less funding overall to provide family planning services, but reductions in funding were substantially greater for specialized family planning providers than for other organizations (including public agencies providing family planning services and nonpublic agencies providing family planning services in addition to comprehensive primary care).
- 82 clinics closed or discontinued family planning services because of decreased funding. Many providers reported reduced hours and the elimination of evening or weekend hours. Reduced funding also led organizations to implement or expand systems requiring women to pay fixed fees (vs. as sliding scale) for services.
- Organizations' ability to provide women the full range of contraceptive methods was constrained. They were particularly limited in their ability to provide women with long-acting reversible contraceptives (such as the IUD and hormonal implant) – which provide the greatest protection from pregnancy – since these methods have a high upfront cost.
- There were fewer sites where minors could access contraceptive services without parental consent in 2012-2013. This is particularly problematic because adolescents in Texas have the 5th highest birth rate in the country.

“The 2011 funding cuts really had a dramatic impact on services for many organizations—including those who were not the targets of the legislation. They were simply unable to serve many women in need in their communities, and it will probably take some time before they are able to rebuild those connections and level of service,” said Dr. Kari White, assistant professor of Health Care Organization & Policy at the University of Alabama at Birmingham and lead author of the study.

Background on 2011 Legislation

In fiscal year 2011, the Texas Department of State Health Services (DSHS) administered almost \$50 million in federal funding, including Title X, Title V (Maternal and Child Health), Title XX (Social Services), and block grants, which together funded 72 organizations throughout the state to provide family planning services to low-income populations. These organizations included public health departments, federally qualified health centers, Planned Parenthood affiliates, and other private nonprofit health centers. Of the close to 218,000 women receiving care through this funding, 40% obtained services from Planned Parenthood and other specialized family planning agencies.

In the 2011 session, Texas state legislators passed several measures that expanded on initiatives carried out in previous years to defund Planned Parenthood affiliates. First, the family planning budget was cut from \$111 million per biennium to \$37.9 million for the 2012–2013 budget.

The second legislative measure allocated the remaining funds through a three-tiered priority system in which public agencies providing family planning services (e.g., health departments) and federally qualified health centers were in the highest priority tier, tier 1, and specialized family planning providers were in the lowest tier, tier 3; the remaining agencies that provided comprehensive preventive and primary care in addition to family planning were classified as tier 2.

Recommendations for Future Funding

Following the 2011 changes, the state legislature allocated \$140 million for family planning and, in the current session, has proposed several other measures which may restore access to contraception and reproductive health care in the state. Based on the findings from this study, TxPEP researchers believe such measures will be successful only if funding goes to organizations with necessary experience and training for efficient delivery of family planning services and if all Texans in need of services are eligible. Dr. Kristine Hopkins, research assistant professor at The University of Texas at Austin and a co-author of the study, said “our evidence points to wide variation among providers in the accessibility of highly effective methods of contraception. Any future changes to state family planning programs and funding should support all qualified providers to widely offer the full range of methods to all low-income Texas residents.”

About TxPEP

The Texas Policy Evaluation Project (TxPEP) is a five-year, comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the 82nd and 83rd Texas Legislatures. The project team includes researchers from The University of Texas at Austin’s Population Research Center, Ibis Reproductive Health, and the University of Alabama-Birmingham.

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If you would like to receive more information about this topic or schedule an interview with Dr. White, Dr. Hopkins, Dr. Aiken, Ms. Stevenson, Ms. Hubert, Dr. Grossman, or Dr. Potter, please contact Jennifer Potter-Miller at jpottermiller@prc.utexas.edu.