



# Timely Access to Contraception at Medicaid Providers Following the Exclusion of Planned Parenthood from Texas' Medicaid Program

Brooke Whitfield, Anna Chatillon, Elsa Vizcarra, Rachel Wolleben, Kari White

In 2015, the state of Texas excluded Planned Parenthood from receiving funding from the state's Medicaid program. After more than five years of legal challenges, the exclusion officially went into effect March 10, 2021. As a result, Texans can no longer use Medicaid to pay for any services or medications provided by Planned Parenthood, which has a wide network of health centers across the state. This exclusion violates the free choice of provider clause for federally funded programs, which requires that Medicaid beneficiaries be able to obtain medical services from any qualified organization or person.<sup>1,2</sup>

As of 2019, approximately 8,000 Medicaid clients relied on Planned Parenthood health centers in Texas for family planning services.<sup>3</sup> These patients are among those with the fewest financial resources: for an adult to qualify for Medicaid in Texas they must have a child enrolled in Medicaid and cannot earn more than 17% of the federal poverty level annually.<sup>4</sup> For a mother of two, this equates to less than \$230 per month.

Texas has implemented other policies that have excluded Planned Parenthood from a range of reproductive health programs, and prior studies have demonstrated the adverse effects on Texans' healthcare access. After policies implemented in 2013, former Planned Parenthood clients had difficulty finding other providers<sup>5</sup> and experienced reduced access to the most effective forms of contraception, including intrauterine devices (IUDs) and implants.<sup>6</sup> Some patients were unable to obtain injectable contraception on time and became pregnant as a result.

Difficulty finding other providers may be due, in part, to the fact that less than one third (30%) of women's health physicians in Texas are accepting new Medicaid patients.<sup>7</sup> The exclusion of Planned Parenthood, coupled with few available Medicaid providers outside the Planned Parenthood network, leaves many of the most vulnerable Texans without a source of reproductive health services.

In this brief, we summarize findings from 194 mystery client calls to Medicaid providers located near Planned Parenthood health centers after the exclusion went into effect in order to assess the capacity of these other providers to accommodate new Medicaid patients. We report on the availability of injectable contraception and IUDs, commonly preferred and used methods, and the timeliness of appointments for new patient visits, including providers' capacity to provide single-visit placement of a caller's requested contraception within two weeks.

## ■ The Texas Medicaid website listed incorrect or unreachable numbers for over one in four sampled providers.

In our sample, drawn from the Texas Medicaid & Healthcare Partnership website, the phone numbers for one in four providers (27%) were invalid or unreachable within three attempts. Nineteen percent were incorrect numbers, and 8% were not in service. The remaining 73% of providers were reachable by phone.

### IMPLEMENTATION OF TEXAS POLICIES EXCLUDING PLANNED PARENTHOOD FROM HEALTH PROGRAMS

- 2011 – State-administered family planning programs for low-income Texans
- 2013 – Medicaid family planning waiver program
- 2015 – Breast & Cervical Cancer Services program
- 2021 – Medicaid for low-income families



**Only one third of sampled providers both offered the caller's requested contraception and accepted their Medicaid plan.**

Overall, 57% of providers in the sample offered the contraceptive method requested (injectable contraception or the IUD). Only 34% both had that method available and accepted the caller's Medicaid health plan as payment for contraception. Staff at other sites frequently told callers that they only accepted Medicaid for pregnant patients, that they did not accept Medicaid for contraception, or that the only provider(s) who accepted Medicaid had left the practice.

**Only 14% of sampled providers accepted the caller's Medicaid plan for their requested contraception and had a timely appointment available.**

Common indicators of timely care include the third next available appointment within two days or an appointment within two weeks.<sup>8</sup> We assessed appointment availability within two weeks, as this most closely reflected the information clinic staff relayed on a call. Although up to 60% of providers in some areas accepted the caller's Medicaid plan for contraception and had an appointment available in two weeks, in many other areas, none of the providers contacted were able to meet these criteria. Overall, 14% of sampled providers offered the method requested, accepted the caller's Medicaid plan for contraception, and had an appointment available within two weeks.

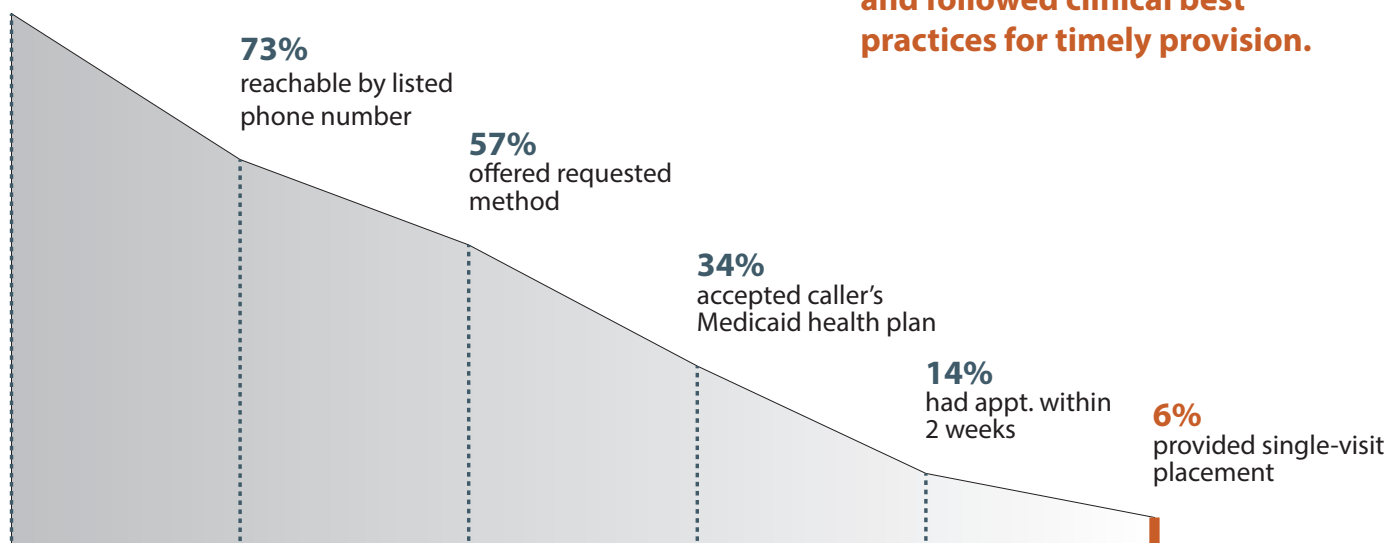
**Just 6% of sampled providers could provide the caller's requested method in a single visit.**

Single-visit contraceptive provision is considered clinical best practice,<sup>9</sup> yet few callers were told they could expect to make just one visit. Clinic staff gave callers various reasons why they required at least two visits before receiving contraception, including: having to establish the caller as a new patient with an annual exam, needing to verify insurance after the initial appointment, requiring contraceptive counseling, or needing to order the method after the initial appointment. Moreover, several sites advised callers that they might experience a wait of up to four weeks between their first and second appointments.

**PROVIDERS HAD LIMITED CAPACITY TO PROVIDE TIMELY CONTRACEPTION THROUGH MEDICAID**

**194**  
OB-GYN providers  
sampled

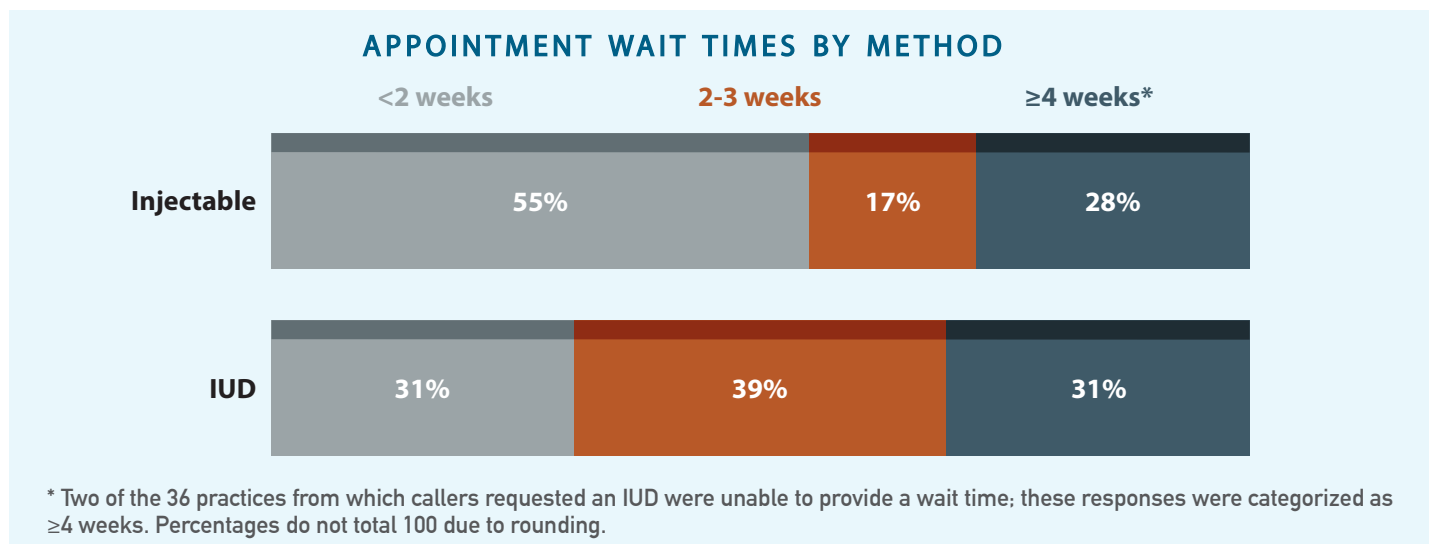
**Only 6% of providers accepted Medicaid for IUDs and injectables and followed clinical best practices for timely provision.**





**Callers requesting an IUD faced longer wait times and were asked to make more appointments than those requesting injectable contraception.**

Over half (55%) of callers requesting injectable contraception could get an appointment in less than two weeks, as compared to less than a third (31%) of callers requesting an IUD. Moreover, four fifths (81%) of callers requesting an IUD were told they would need to come in for more than one visit, compared to one third (38%) of callers requesting injectable contraception.



**Conclusions**

Clinical best practice indicates that patients should be able to receive single-visit provision of contraception within two weeks. However, only 6% of our callers were informed they would be able to do this. Barriers we identified included: incorrect numbers for providers; providers not accepting Medicaid for contraceptive services; a lack of availability of requested methods; long wait times for the next available appointment; and requirements to make multiple appointments. These barriers were more common for callers requesting IUDs than for those requesting injectable contraception.

Staff at many sites stated that they were only accepting regular Medicaid for pregnancy-related care, not for contraceptive services. However, current Medicaid policies require coverage of contraception and do not limit services to only pregnancy-related care. The inaccurate information callers received from clinic staff about their Medicaid coverage may reflect a misinterpretation of regular Medicaid coverage guidelines or a conflation of Medicaid and the Healthy Texas Women program, which covers limited women’s health benefits for Texans with incomes ≤200% of the federal poverty level. Staff responses may also reflect a lack of training or a general disconnect between staff members who answer the phone and those who verify insurance. Regardless of cause, these responses may leave people enrolled in Medicaid unable to access the care they need.

Given that many Medicaid-eligible patients in Texas have caregiving responsibilities and may be living with health conditions or disabilities, these challenges to care disproportionately affect people who already have the fewest time and financial resources to attend multiple appointments.<sup>10</sup> Additionally, they may not have time to contact multiple providers to identify one who both accepts Medicaid for contraception and can see them in a timely manner. Together, these barriers may lead to delays in care or prevent people from obtaining essential reproductive healthcare, highlighting the consequences of denying Texans free choice of provider.



## ■ Recommendations

- **Reinstate Planned Parenthood as an eligible Medicaid provider in Texas.** Based on the sample of Medicaid providers called, few practices in Texas' Medicaid network are able to accommodate new patients seeking common contraceptive methods in a timely manner. If Planned Parenthood is permitted to participate in the program once again, patients would be able to re-establish care and avoid many of the challenges locating and scheduling appointments with a new provider.
- **Train front desk staff and providers on Medicaid coverage benefits.** Staff education about Medicaid coverage for contraceptive services would reduce confusion between staff and callers. Increased Medicaid knowledge would prevent staff from conveying inaccurately to callers that Medicaid-covered benefits are not available and/or that patients need to go elsewhere for care.
- **Create an up-to-date, comprehensive list of providers who accept new Medicaid patients.** Updating the Texas Medicaid & Healthcare Partnership website with providers currently accepting new Medicaid patients and including accurate contact information would make it easier for people to find a provider.
- **Update quality measures to prioritize patients seeking appointments for contraception and other time-sensitive care.** This update would reduce wait times for appointments to under two weeks, minimizing disruptions in contraceptive initiation and continuation, and help people avoid unwanted pregnancy due to delayed care.
- **Eliminate unnecessary barriers to same-day contraceptive service delivery.** If methods are in stock, providers can more easily administer same-day contraception. Implementing funding mechanisms that enable providers to stock small quantities of injectable contraception and IUDs (as well as subdermal hormonal implants) on site would reduce the need for multiple appointments.

## ■ Methods

We used the Texas Medicaid & Healthcare Partnership website to create a list of obstetrics/gynecology providers located within five miles of a Planned Parenthood health center. This list included private practices, federally qualified health centers, hospitals, university-affiliated providers, and others. We then randomly selected up to 10 providers in each zip code where a Planned Parenthood health center was located, using Excel's RANDARRAY() and UNIQUE() functions. After deleting duplicate entries, we selected a total of 194 locations.

We used a mystery client call approach to document the availability of services between June and September 2021. Two researchers, each calling as a person seeking services, contacted each site during regular business hours and inquired about making an appointment to obtain Depo-Provera injectable contraception or an intrauterine device (based on random assignment) using their Medicaid insurance. The researchers made up to three calls to each site and documented whether the provider was accepting new patients; if the method they requested was available; if the provider accepted Medicaid; if the caller would be able to get the requested method in one appointment; and the date of the next available appointment. Callers did not schedule appointments. We logged the information on a standardized form and analyzed the data using Stata 16.



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The [Texas Policy Evaluation Project](#) (TxPEP) is a multidisciplinary group of researchers based at The University of Texas at Austin Population Research Center who evaluate the impact of legislation and policies in Texas related to family planning and abortion. TxPEP receives funding from the Collaborative for Gender + Reproductive Equity and the Susan Thompson Buffett Foundation. Infrastructure support for the Population Research Center is provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Funders of the Texas Policy Evaluation Project have no role in the design and conduct of the research, interpretation of the data, approval of the final manuscript or brief, or decision to publish.