

August 3, 2015

Dear Senator,

The National Health Law Program and the National Women's Law Center strongly oppose S. 1881, a bill that would wreak havoc on our nation's safety net programs and millions' access to health care across the country. It is no overstatement to say that, if S. 1881 were to become law, our country would face a significant public health crisis. Excluding a highly trusted and qualified provider from a network that provides critical preventative health care would do nothing more than harm those who are in need of this health care the most.

S. 1881 would mean that millions of low-income individuals in the Medicaid program could lose their ability to access the provider they trust and choose for high quality health care. This conflicts with, and threatens to jeopardize, a longstanding protection for Medicaid enrollees, the "freedom of choice" provision.<sup>1</sup> This provision gives Medicaid recipients the right to choose to receive covered services from any qualified provider. Historically, Congress has singled out family planning for unique protection when it comes to freedom of choice. Freedom of choice is especially critical for receiving family planning services – it guarantees that women, men, and young people have ready access to family planning services they need when they need them, and from a provider they trust. S. 1881 attempts to eliminate Medicaid enrollees' ability to visit Planned Parenthood, whether for family planning services or the other critical services Planned Parenthood provides, such as well woman visits, testing and treatment for sexually transmitted infections, and life-saving cancer screenings. The end result could mean that Medicaid beneficiaries lose access to what may be the only source of primary and preventive care they have.

S. 1881 would also inflict serious harm on the chronically underfunded Title X program. Planned Parenthood is a critical component of this safety net program, as the health centers serve a disproportionate share of clients in the Title X system. While only comprising 13% of Title X clinics, Planned Parenthood clinics serve 37% of clients.<sup>2</sup> Each Planned Parenthood health care center serves nearly 3,000 patients for birth control services, far more than other clinic types.<sup>3</sup> Taking away Title X funding from Planned Parenthood would leave those who rely on the Title X program without a key provider that they trust and that provides the health care services they need.

Eliminating funding from Planned Parenthood would have a disproportionate impact on women of color. Hispanic and Black women more commonly access family planning or medical services from a Title X-funded clinic.<sup>4</sup> And women of color make up a disproportionate share of

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<sup>1</sup> 42 U.S.C. § 1396a(a)(23) (2015).

<sup>2</sup> Adam Sonfield et al., *Moving Forward: Family Planning in the Era of Health Reform*, GUTTMACHER INST. (2014), at 15, available at <https://www.guttmacher.org/pubs/family-planning-and-health-reform.pdf>.

<sup>3</sup> Jennifer J. Frost et al., *Contraceptive Needs and Services, 2010*, GUTTMACHER INST. (July 2013) at 12, available at <http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf>.

<sup>4</sup> Gladys Martinez et al., *Use of Family Planning and Related Medical Services Among Women Aged 15-44 in the United States: National Survey of Family Growth, 2006-2010*, NAT'L HEALTH STATISTICS REPORT, Sept. 5, 2013, available at <http://www.cdc.gov/nchs/data/nhsr/nhsr068.pdf>.

Medicaid recipients relative to their population.<sup>5</sup> Given that Planned Parenthood serves 36% of all clients who obtain care from the family planning health network,<sup>6</sup> and that women of color often turn to this network for their health care, taking away such a trusted, high-quality health care provider would have inflict particular harm on women of color.

Proponents of S. 1881 boldly suggest that individuals would not lose services because other providers will fill in the drastic void that would be left if Planned Parenthood clinics were shut down. Historical evidence and existing gaps in our country's public safety net suggest otherwise. For example, after Texas turned its preventative care and family planning program into a state-funded program in order to exclude Planned Parenthood from its network, 30,000 fewer low-income women received health care.<sup>7</sup> When Indiana defunding forced a Planned Parenthood clinic to shut its doors,<sup>8</sup> it led to an HIV outbreak in the county because there was no other clinic providing HIV education and testing. The suggestion that other providers can and will step up to fill this need defies common sense.

On a closing note, while we focus on the dramatic negative impact that S. 1881 would have on millions of lives across our country, it is imperative to place this attack in the context of the many other attacks on women's health. For example, some members of Congress are pushing to completely eliminate or further cripple the Title X program, as reflected in the current appropriations proposals.

Not only would S. 1881 mean that millions of women, men, and young people would lose access to birth control, cancer screenings, breast exams, and STI and HIV testing, but it also represents a direct attack by Members of Congress on women's ability to control their own reproductive health.

We strongly urge you to vote no on S. 1881, and stand strong in support of the millions who receive high quality health care through the Planned Parenthood health care centers.

Sincerely,

National Health Law Program  
National Women's Law Center

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<sup>5</sup> *What the Medicaid Eligibility Expansion Means for Women*, NAT'L WOMEN'S LAW CTR (Nov. 5, 2012), <http://www.nwlc.org/resource/what-medicaid-eligibility-expansion-means-women>.

<sup>6</sup> Adam Sonfield et al., *Moving Forward: Family Planning in the Era of Health Reform*, GUTTMACHER INST. (2014), at 15, available at <https://www.guttmacher.org/pubs/family-planning-and-health-reform.pdf>.

<sup>7</sup> Brittney Martin, *Report: Thousands Fewer Served Through Women's Health program Since State Takeover*, THE DALLAS MORNING NEWS, Mar. 24, 2015, <http://trailblazersblog.dallasnews.com/2015/03/report-thousands-fewer-served-through-womens-health-program-since-state-takeover.html/>.

<sup>8</sup> Indiana officials made a similar claim that other clinics would step up and take the place of Planned Parenthood, but as the later events show, this did not happen. *See As Law Cutting Off Funds Is Signed, Indiana Agency Says Every County Has Same Services as Planned Parenthood*, THE AMERICAN INDEPENDENT INSTITUTE, <http://www.americanindependent.com/183538/as-law-cutting-off-funds-is-signed-indiana-agency-says-every-county-has-same-services-as-planned-parenthood> (“[Indiana's Family and Social Services Administration spokesperson] Barlow said he was confident that all 92 counties in Indiana have clinics offering the services defunded at PPIN such a contraception, pap smears and sexually transmitted disease prevention.”).