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Public Funding of Family Planning is Essential, Even Under Health Reform

By [Britt Wahlin and Amanda Dennis](#)

March 22, 2011 - 11:35pm

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This week, as we celebrate the first anniversary of the Affordable Care Act, which promises to bring great benefits to women in this country, new threats to women's health care have emerged. Last month the House of Representatives voted to eliminate federal funding of Planned Parenthood and cut entirely the Title X program, which supports family planning clinics across the country. Though the Senate has since rejected this proposal, House Republicans have vowed to continue to push for these cuts.

Many have spoken out about the harm this would have on low-income women, who rely on Planned Parenthoods and other family planning clinics for important preventive care like contraception and cancer screenings. Even in Massachusetts, where 98 percent of residents have health insurance due to groundbreaking state health reform, such cuts would be devastating.

Massachusetts has a robust network of family planning clinics, Planned Parenthood among them, which offer contraceptive services and counseling, sexually transmitted infection testing and treatment, and cervical and breast cancer screening on a sliding fee scale. In the wake of Massachusetts reform, family planning clinics continue to play a role in providing services to the Commonwealth's most vulnerable residents.

In 2008, a year after Massachusetts' health reform law took effect, Ibis Reproductive Health and the Massachusetts Department of Health Family Planning Program undertook research to explore the impact of reform on low-income women's access to contraception. We conducted a survey and interviews with family planning providers and also held focus groups with English- and Spanish-speaking low-income women.

We found that health reform has provided a number of benefits to women and many women expressed relief over finally having insurance.

But our research also uncovered new barriers. Information about insurance plans and what is covered is confusing and difficult to navigate. For women new to insurance, having to get a prescription for contraception filled at a pharmacy instead of getting one's method onsite at the clinic required education and support. Many women struggled to keep up with the numerous paperwork requirements to prove eligibility for state-subsidized plans and were pushed on and off insurance plans as a result, which likely affected their ability to consistently stay on contraception.

Providers also worried that teenagers on their parents' insurance would not seek out family planning services for fear of their parents' finding out.



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Immigrant women also reported experiencing barriers to health care. Many do not qualify for subsidized insurance plans under reform and some have stopped seeking health care because they are afraid of being fined or deported if authorities find out they are undocumented and uninsured.

Our research also showed that family planning providers—in addition to their traditional role of providing sexual and reproductive health care—were taking on the challenge of addressing barriers for these populations most in need. Family planning clinic staff helped women enroll in insurance plans, determined their eligibility for state-subsidized plans, and spent time helping women decipher what their plans cover.

Family planning clinics also addressed patients' other primary health care needs, including in some cases helping managing chronic conditions like diabetes and mental illness. They have also been a safety net for the uninsured and underinsured—they will never turn anyone away.

When Massachusetts health reform was first in effect, the Commonwealth made enrollment grants to health care agencies to help them get their clients signed up for health insurance. In spite of dramatic reductions to those grants, and after massive cuts to the state budget following the recession, family planning providers continue to serve women above and beyond what they have the resources to do.

Federal funds from the Title X program and state funds support Massachusetts' 11 family planning agencies, which include 81 clinics located across the Commonwealth. If Congress succeeds in eliminating funding for Title X, it will succeed in eliminating subsidized services for the women who need them most. It will also lead to increased costs in Massachusetts and other states, because investments in family planning save dollars. We can hardly afford to stop funding cost-saving programs in the current economic environment.

The major goal of health reform—both in Massachusetts and nationally—is to achieve universal health care coverage. Even with the great strides Massachusetts has made, we still need a safety net. Continued support for Title X and family planning providers, including Planned Parenthood, supports the goals of health reform and ensures access to critical preventive health services for the most vulnerable women.

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