

Republican House and Senate Health Care Plans Jeopardize Access to Essential Preventive Health Care Proposal to Defund Planned Parenthood Would Have Far-Reaching Consequences for Maine Women and Families

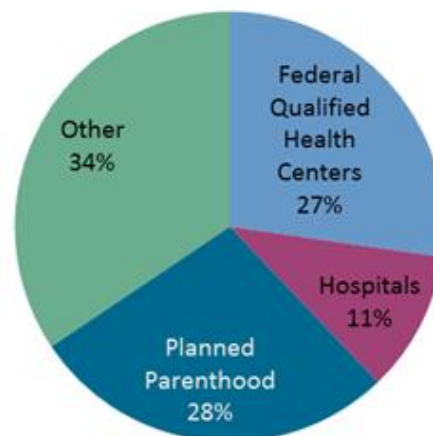
Comprehensive reproductive health care services like those provided by Planned Parenthood boost economic security for Maine women and families and contribute to the state’s economy. Access to birth control improves labor-force participation among women. It also enables parents—particularly women—to take better care of their families, pursue their education, and maintain employment.

In Maine, nearly one in three women served by publicly funded health centers obtains comprehensive reproductive health care services through Planned Parenthood.

Republicans in Congress have passed, or are proposing legislation that jeopardizes access to comprehensive reproductive health services including family planning for low-income women by prohibiting federal Medicaid payments to Planned Parenthood for one year. Federal law already prohibits the use of federal dollars for abortions except when a woman’s life is at stake or her pregnancy is the result of rape or incest. Nonetheless, the low-income population served by Maine’s four Planned Parenthood health centers relies on Medicaid for access to health care. Currently, 49 percent of the revenue for services provided at Planned Parenthood health centers comes from federal sources.¹

Planned Parenthood Accounts for a Significant Share of Publicly Funded Family-Planning Services for Low-Income Women in Maine

Distribution of Patients by Provider, 2015



Total = 25,460 female contraceptive patients

Source: Frost JJ, Frohwirth LF, Blades N, Zolna MR, Douglas-Hall A, & Bearak. Publicly Funded Contraceptive Services At U.S. Clinics, 2015. Guttmacher Institute, April 2017.

Maine’s health care infrastructure is already ailing as a result of the state’s failure to expand access to health care for tens of thousands of Mainers by accepting available federal Medicaid dollars. Federal action that cuts off funding for Planned Parenthood will make matters worse.

Access to Planned Parenthood is a Life-Line for Low-income Women

Publicly funded reproductive health care services are critical to low-income women, especially those who lack health insurance. In Maine, nearly one in three women served by publicly funded health centers obtains those services through Planned Parenthood.

By singling out Planned Parenthood, Congress will undercut vital health services for low-income women in Maine. These services include among others family planning, counseling, and contraception; cancer screening, prevention, and treatment; testing and treatment for sexually transmitted infections (STIs); and pregnancy testing. The economic value of these services extends well beyond the projected \$9.5 million in gross annual savings associated with avoiding unintended pregnancies and preventing the spread of STIs (see appendix for details) making them an extremely cost-effective public investment.

Low-income women are more than five times as likely to experience an unintended pregnancy.

In Maine, existing service providers do not have the capacity to absorb Planned Parenthood's patient load and, in many instances, lack the ability to deliver comprehensive family planning services in as cost-effective manner. In addition, low-income women in need of services will be less likely to get them, resulting in more unintended pregnancies and poorer health outcomes for affected women and children. Low-income women are more than five times as likely to experience an unintended pregnancy,² which has significant implications for social mobility given that unplanned childbearing is associated with higher rates of poverty, less family stability, and worse outcomes for children.

Table 1: Planned Parenthood Covers the Majority of Maine's Female Contraceptive Clients in Counties Where Its Health Centers Are Located (2015)

County	Publicly-funded health centers			Female contraceptive clients at publicly-funded health centers		
	Total	Planned Parenthood	Planned Parenthood share of total	Total	Planned Parenthood	% served by Planned Parenthood
Cumberland	12	1	8%	5,950	3,970	67%
Sagadahoc	2	1	50%	1,280	1,060	83%
York	5	2	40%	2,170	2,040	94%
Total	19	4	21%	9,400	7,070	75%

Note: Patients obtaining services where a health center is located may not necessarily be from the county where services were provided.
 Source: MECEP analysis of : Frost JJ, Frohwirth LF, Blades N, Zolna MR, Douglas-Hall A, & Bearak. Publicly Funded Contraceptive Services At U.S. Clinics, 2015. Guttmacher Institute, April 2017.

Access to Planned Parenthood Improves Financial Security

Access to affordable reproductive health care allows women to plan ahead for their futures. Preventing unintended pregnancies means that women, especially low-income women, are less likely to drop out of school, more likely to stay in employment, and have greater financial security.

Starting a family is a major responsibility that can have a dramatic impact on a woman's life. When women are able to choose when to start their own families, they are in control of their economic future. Only half of teen mothers obtain a high school diploma or equivalent by age 22, compared to 90 percent of young women who don't give birth in high school.³ For working women, having a child impacts their future earning potential, and even their ability to remain in the workforce. An unplanned pregnancy can seriously impair or even derail a woman's career plans. Historically, women with access to birth control have earned eight percent more per year than their peers without.⁴

Conclusion

It is essential that Maine's congressional delegation protect access to a robust network of publicly funded family planning health centers that include Planned Parenthood. At a time when infant mortality and unintended pregnancy is on the rise and when there is a need to support greater labor force participation in order to grow the state's economy, access to health care and, in particular, access to family planning services is vital to Maine's economic future.

Appendix: Summary of Annual Savings Associated with Services Provided at Planned Parenthood Health Centers in Maine (2014)

Contraceptive Care

In 2014, Planned Parenthood in Maine provided female contraceptive care to 7,781 patients, providing the following benefits:

# of unintended pregnancies prevented	1,950
# of unplanned births prevented	960
# of abortions prevented	660
# of miscarriages following unintended pregnancies prevented	320
# of unplanned births after short (<18 months) interpregnancy intervals prevented	250
# of unplanned preterm/low-birth-weight births prevented	120
Maternal and birth-related gross costs saved from contraceptive services provided	\$9,193,820
Miscarriage and ectopic pregnancy gross costs saved	\$250,940
Averted abortions gross costs saved	\$670

Sexual Health (STIs)

In 2014, Planned Parenthood in Maine provided STI screening to 15,716 patients, providing the following benefits:

# of chlamydia infections prevented	100
# of PID cases prevented	10
Gross costs saved from STI testing	\$81,570

Cancer Screenings and Treatments

In 2014, Planned Parenthood in Maine provided 1,617 breast exams, and 982 pap tests, providing the following benefits:

# of abnormal cervical cell cases prevented	20
Gross costs saved from Pap and HPV testing and vaccinations	\$17,240

Totals

Total gross savings	\$9,544,240
Less costs of family planning services	\$1,623,550
Net savings	\$7,920,700

Source: MECEP analysis of: Frost JJ, Frohwirth LF, Blades N, Zolna MR, Douglas-Hall A, & Bearak. Publicly Funded Contraceptive Services At U.S. Clinics, 2015. Guttmacher Institute, April 2017.

Acknowledgements

About MECEP

The Maine Center for Economic Policy (MECEP) provides citizens, policy-makers, advocates, and media with credible and rigorous economic analysis that advances economic justice and prosperity for all Maine people. MECEP is an independent, nonpartisan organization founded in 1994.

About the Author

James Myall is MECEP's policy lead on education, health care, and poverty and is a skilled policy researcher and analyst. He has a master's degree in public policy and management from the University of Southern Maine and a master's degree in ancient history and archaeology from the University of St. Andrews in Scotland.

End Notes

¹ Revenue sources of affiliates, as reported by Planned Parenthood Annual Report, 2015-16. Available at https://www.plannedparenthood.org/uploads/filer_public/18/40/1840b04b-55d3-4c00-959d-11817023ffc8/20170526_annualreport_p02_singles.pdf

² Finer LB and Zolna MR. *Declines in unintended pregnancy in the United States, 2008–2011*, New England Journal of Medicine, 2016, 374(9):843–852. Available at <http://nejm.org/doi/full/10.1056/NEJMsa1506575>.

³ Perper K, Peterson K, Manlove J. *Diploma Attainment Among Teen Mothers*. Child Trends, Fact Sheet Publication #2010-01: Washington, DC: Child Trends; 2010.

⁴ Bailey M, Hershbein B, Miller A. *The Opt-In Revolution? Contraception and the Gender Gap in Wages*, University of Michigan, May 13, 2012.