



NARAL
Pro-Choice America

Defunding Laws Would Devastate the Country's Family-Planning System

For decades, anti-choice politicians have been frustrated by their inability to shutter abortion clinics completely and make abortion illegal outright. Consequently, they have resorted to more and more creative ways to make abortion services as inaccessible as possible. One such tactic is to pass laws that disqualify health centers that offer abortion services from seeing patients in government health-care programs, such as Title X and Medicaid. These laws are sometimes called “defunding laws.”

The first ones appeared in states in the 1990s. The federal effort began in earnest a decade later, when Sen. David Vitter (R-LA) and former Rep. Mike Pence (R-IN) introduced legislation (S.85/H.R.614 in the 111th Congress) to make any organization that provides abortion care with separate funds ineligible for a Title X family-planning grant. These bills never came to the floor for a vote; however, Rep. Pence also offered amendments to the FY'08 and FY'10 Labor, Health and Human Services, and Education appropriations bills and the FY'11 continuing resolution that would have disqualified Planned Parenthood from receiving any federal funds. The FY'11 proposal passed but was ultimately blocked in the Senate and by President Obama's steadfast opposition, but not before anti-choice lawmakers brought the federal government to the brink of a shutdown.

The most recent attacks were triggered in 2015, after a group calling itself the Center for Medical Progress released a series of videos claiming that Planned Parenthood illegally sold fetal tissue for a profit. In response, anti-choice lawmakers introduced another flurry of bills to defund Planned Parenthood, held a series of circus-like hearings, and forced multiple floor votes on the issue.¹ House anti-choice leaders also created a special committee purportedly to “investigate” fetal-tissue donation and abortion. Over the course of several months, the anti-choice-dominated panel has held hearings and issued reports filled with half-truths and innuendos, all intended to defame women, abortion providers, and individuals involved in fetal-tissue research.

In the meantime, states have continued this line of attack. As of mid-year 2016, 17 states have defunding laws on the books that ban abortion providers from receiving public funds to provide other health services. These laws can take several forms. While some anti-choice legislation targets Planned Parenthood specifically by name, other proposals target abortion providers more generally. Some of defunding bills also disqualify Planned Parenthood or abortion providers from receiving any public funds, while others are specific to family-planning funds.

Defunding laws make it harder for clinics to keep their practices open and prevent patients from seeing the doctor of their choice. In doing so, these laws pose a serious threat to women's health.

Defunding Laws Can Force Reproductive-Health Clinics to Close Their Doors Altogether

Defunding laws aim to reduce the availability of abortion by starving providers of financial resources and ultimately forcing clinics to close. On their face, defunding laws appear to simply put parameters on who can participate in public health-care programs and sometimes do not even mention abortion providers by name. However, the truth of the matter is that disqualifying abortion providers from participating in major health-care programs can cause clinics to shutter their doors and ultimately reduce the number of sites available for women to get all types of medical care. These laws are designed to protect anti-choice lawmakers from the political backlash of banning abortion directly and sadly, have proven successful in many states.

- In 2011, Kansas enacted a law that effectively barred abortion clinics from providing services in the Title X program by prioritizing funding for public-health departments and hospitals over clinics. At the time of the law's enactment, three Kansas family-planning clinics participated in Title X. Three years later, two of the three clinics had closed. The remaining clinic sees fewer patients and no longer can afford to provide no-cost contraception.²
- In 2001, Missouri passed legislation that blocked state family-planning funds from going to clinics if they provided abortion information on request.³ After Missouri enacted this highly restrictive policy, 19 agencies lost—in a period of just three months—more than \$535,000 in state family-planning funds that had been designated to support services for 3,567 clients. During the same three-month period, six county-health departments lost \$34,350 in state family-planning funding earmarked to serve 229 clients. Due to the loss of state funds, clinics were forced to lay off staff and reduce clinic hours, detrimentally impacting access to care for low-income patients.⁴
- When just one state, Indiana, cut off Planned Parenthood from participating in the Medicaid program altogether, it left 9,300 women without access to any medical care. Before Indiana's law was enjoined, Planned Parenthood struggled to find other temporary resources to cover the cost of care for these women.^{5, 1}
- In 2011, Texas decided to walk away entirely from the Medicaid family-planning program because state politicians insisted upon excluding abortion providers – a move

¹ After the law was enjoined, anti-choice politicians continued their attacks against family-planning clinics in the form of budget cuts, signed into law by anti-choice governor Mike Pence (R). These funding cuts ultimately forced clinics to close their doors and later contributed to an HIV outbreak in the state, as communities were left without HIV-testing centers.

that violated federal Medicaid rules. The loss of federal funding meant that the program's budget shrunk by 90 percent and nearly 20,000 people were forced out of the program (9 percent of all participants).⁶

Access to Family Planning is the Collateral Damage

Banning abortion providers from serving patients in major health-care programs also has the collateral effect of reducing access to family-planning services. Ensuring that couples have all the health-care information they need in order to plan their families—which would also help reduce the need for abortion—should be a goal upon which all Americans can agree. Unfortunately, with defunding laws, anti-choice lawmakers are working directly against this objective. Reducing access to family-planning services raises the risk of unintended pregnancies and increases the need for abortion. Here are some of the services that are at stake with defunding laws:

- Publicly funded contraceptive services annually prevent 2.2 million unintended pregnancies, which would result statistically in 1.1 million unplanned births, 760,000 abortions, and 363,000 miscarriages.⁷ Without such services, the number of abortions each year in the United States would be approximately 40 percent higher. In fact, over the past 20 years, Title X clinics in particular have helped to avoid nearly 20 million unintended pregnancies, nine million of which would have ended in abortion.⁸
- Publicly funded family-planning clinics are also vital to STD screening and treatment. Nearly 20 million new cases of STDs occur in the United States each year, approximately half of which occur among men and women aged 15-24.⁹ One in three women who received STD testing, treatment, or counseling did so at a publicly funded family-planning clinic. This ratio increases to one in two when considering low-income women who used these services.^{10,11}
- Every government dollar spent on family-planning services saves the public more than \$7 in funds that otherwise would have been spent on Medicaid-related costs. This is because of the approximately 1.1 million women who would have given birth in the absence of publicly funded contraceptive services. Without publicly funded family-planning clinics, the nation would spend an additional \$7 billion for Medicaid through state and federal expenditures each year.¹²
- Many women enter the health-care system through a family-planning provider. In fact, six in 10 women who receive services at a publicly funded family-planning center consider it their primary source of medical care.¹³

Defunding Laws are Based on a False Premise

Anti-choice activists claim that despite numerous laws that block federal funding for abortion care in almost all government health-care programs, there are still ways that taxpayer funds could flow into abortion care. Even accepting the premise that the federal government should not fund abortion services (which NARAL and the pro-choice community does not), this claim is false.

In addition to widespread abortion-coverage bans, federal law also prohibits Title X family-planning funding from being used for abortion services. Section 1008 of the Title X law specifies: “None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”¹⁴ At the demand of anti-choice lawmakers, program requirements also ensure that privately funded abortion activities remain separate and distinct from Title X projects through policies including, but not limited to, separate accounting practices.¹⁵ Yet apparently these restrictions are not sufficient: family-planning opponents claim that total defunding of the entire clinic is necessary to stop taxpayer subsidization of abortion services. In fact, such “subsidization” does not occur. Strict policies already ensure this separation, and no known violation of this requirement has been reported in the program’s history.

Moreover, federal law allows for such segregation of funds within organizations in other contexts. For instance, faith-based organizations, such as religious schools, receive government funds for a variety of secular programs and are not accused of misappropriating the money for religious activities. Rather, anti-choice lawmakers lean on this fraudulent argument in defunding debates in order to mislead the public into thinking that clinics are using taxpayer money for abortion care.

Anti-Choice Organizations See Defunding Laws as a Revenue Source – For Themselves

Anti-choice lawmakers claim that there are other organizations, known as crisis pregnancy centers (CPCs), that can pick up the slack if abortion providers close their doors. In a 2015 press interview, National Right to Life Committee President Carol Tobias said that money stripped away from Planned Parenthood should be given to CPCs.¹⁶ CPCs are anti-choice organizations that often pose as comprehensive reproductive-health centers, when, in fact, their sole purpose is to block women from exercising their right to choose. CPCs use deceptive advertising and intentionally mislead and misinform women with lies about the “consequences” of abortion. These organizations are not legitimate medical providers and they pose a real danger to women seeking health-care services. They are in no way an appropriate substitute for medical care.

The Public Opposes Defunding Laws

- A 2015 poll found that a large majority of voters – 63 percent – oppose disqualifying Planned Parenthood from receiving federal funds.¹⁷
- Moreover, eighty-seven percent of Democratic voters said they would not support defunding Planned Parenthood.¹⁸

January 1, 2017

Notes:

¹ NARAL Pro-Choice America, *2015 Congressional Record on Choice* (2015), at <http://www.prochoiceamerica.org/assets/download-files/2015-congressional-record.pdf> (last visited Aug. 8, 2016).

² Roxana Hegeman, *Kansas lost federal funds stripped from Planned Parenthood*, Associated Press, Aug. 21, 2015, at <http://www.sfgate.com/news/article/Kansas-lost-federal-funds-stripped-from-Planned-6458421.php> (last visited Aug. 25, 2015).

³ H.B.10, 91st Gen. Assemb., 1st Reg. Sess. (Mo. 2001).

⁴ NARAL Pro-Choice America Foundation, *The Proposed Vitter Amendment is Unconstitutional: The Existence of Missouri Law Does Not Remedy the Constitutional Flaws* (Oct. 5, 2001) (internal document).

⁵ Michael Grogan, *Planned Parenthood finds temporary funding, but says it's not enough*, EXAMINER, May 14, 2011, at <http://www.examiner.com/article/planned-parenthood-finds-temporary-funding-but-says-it-s-not-enough> (last visited Sept. 4, 2015).

⁶ Kinsey Hasstedt, *How Texas Lawmakers Continue to Undermine Women's Health* (May 2015) at <http://healthaffairs.org/blog/2015/05/20/how-texas-lawmakers-continue-to-undermine-womens-health/> (last visited Aug. 25, 2015).

⁷ Jennifer J. Frost et al., *GI, Contraceptive Needs and Services, 2010*, at 21 (July 2013) at <http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf> (last visited Sept. 4, 2015).

⁸ Heather E. Boonstra et al., *GI, Abortion in Women's Lives*, at 21, 33 (2006) at <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf> (last visited Sept. 4, 2015).

⁹ Centers for Disease Control and Prevention, *Reported STDs in the United States: 2013 National Data for Chlamydia, Gonorrhea, and Syphilis* (December 2014) at <http://www.cdc.gov/nchstp/newsroom/docs/std-trends-508.pdf> (last visited Aug. 21, 2015).

¹⁰ *GI, Facts on Publicly Funded Contraceptive Services in the United States* (Aug. 2014) at http://www.guttmacher.org/pubs/fb_contraceptive_serv.html#15a (last visited Sept. 4, 2015).

¹¹ In 2012, Title X clinics screened approximately 2.4 million clients for Chlamydia, 2.7 million for gonorrhea, 1.2 million for HIV, and 715,000 for syphilis. CI Fowler et al., *Family Planning Annual Report: 2012 National Summary*, at 42, 44 (2014), at <http://www.hhs.gov/opa/pdfs/fpar-national-summary-2012.pdf> (last visited Sept. 4, 2015).

-
- ¹² Jennifer J. Frost et al., *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program*, WILEY PERIODICALS, INC. 1, 30-31 (2014).
- ¹³ Rachel Benson Gold et al., GUTTMACHER INSTITUTE, *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System* at 4 (2009) at <http://www.guttmacher.org/pubs/NextSteps.pdf> (last visited Sept. 4, 2015).
- ¹⁴ 42 U.S.C.A. § 300a-6
- ¹⁵ 65 Fed. Reg. 128, 41281 at <http://www.gpo.gov/fdsys/pkg/FR-2000-07-03/pdf/00-16759.pdf> (last visited Oct. 7, 2014); For example see Michigan State's *Title X Family Planning Program Standards & Guidelines manual 2012* at http://www.michigan.gov/documents/Program_Guideline_Manual_FINAL_163127_7.pdf (last visited Dec. 16, 2015).
- ¹⁶ The Diane Rehm Show, *New Tactics in the Anti-Abortion Movement*, (Aug. 27, 2015) at <https://thedianerehmshow.org/audio/#/shows/2015-08-27/new-tactics-in-the-anti-abortion-movement/110891/@00:00> (last visited Aug. 28, 2015)
- ¹⁷ Geoff Garin, *New Polling Shows Continued Support for Planned Parenthood* (July 2015) at <https://www.womenarewatching.org/sites/default/files/20150728-hart-pp-poll-2.pdf> (last visited Aug. 26, 2015)
- ¹⁸ Geoff Garin, *New Polling Shows Continued Support for Planned Parenthood* (July 2015) at <https://www.womenarewatching.org/sites/default/files/20150728-hart-pp-poll-2.pdf> (last visited Aug. 26, 2015)