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Adolescent Reproductive Health Without Planned Parenthood

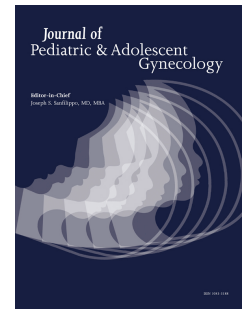
Paula J Adams Hillard, JPAG Editorial

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JPAG Editorial –Paula J Adams Hillard
 Adolescent Reproductive Health Without Planned Parenthood

How would the health of adolescents in the U.S. be affected if Planned Parenthood (PP) were to be “defunded”? I know that in writing about this possible eventuality and the problems it would cause for adolescents and young adults that we care for and care about, I risk angering some of my colleagues who firmly believe that this “defunding” would be a very positive thing. And honestly, I hesitated briefly before writing this editorial for that reason. There are also people who believe that there would be little effect on girls’ and women’s health if PP were to go away—that that other publicly-funded clinics would be able to provide care. Unfortunately, because three-quarters of PP patients had incomes at or below 150 percent of the federal poverty level, these women would need to rely on community health centers that are woefully unprepared to provide reproductive healthcare in lieu of Planned Parenthood.

The prospect that adolescents and young women (and men) would lose the opportunity to access preventive care at Planned Parenthood health centers seems to me unimaginable and unconscionable. The Journal of Pediatric and Adolescent Gynecology (JPAG) regularly publishes studies supporting the need for the provision of reproductive health services to adolescents and young adults. The evidence from articles published in JPAG and other medical journals indicates that reproductive health services are health-promoting for US teens. One in five American women has received care from Planned Parenthood at least once in her lifetime (<http://www.plannedparenthood.org>), and thus it’s likely that you, someone in your family, or someone you know well is healthier now because of Planned Parenthood.

To be clear, Planned Parenthood funding is not a line item in the federal budget. “Defunding” Planned Parenthood means blocking nearly 1.6 million Medicaid patients from accessing preventive care at Planned Parenthood health centers. Currently, federal funding is NOT used for any abortions, as was mandated by the 1976 Hyde Amendment that prevents federal dollars from paying for abortions. Thus “defunding” would not prevent abortions, but the health care at Planned Parenthood that would be prevented includes other reproductive health services and prevention, including contraception and STD services, as well as cervical and breast cancer screening. In fact, if contraceptive services were limited, abortions might well *increase*. In 2010, publicly funded clinics averted 1.7 M unwanted pregnancies, including 374, 000 teen pregnancies (Information from the Guttmacher Institute <http://www.guttmacher.org>).

The Title X National Family Planning Program is administered by the U.S. Department of Health and Human Services, and is the only federal program dedicated to supporting the delivery of family planning and related preventive health care through grants to public health departments and other private nonprofit agencies, including Planned Parenthood. Title X family planning clinics provide care to over 4 million people in the US in 2015¹. Approximately twenty-five percent of all Title X money goes to Planned Parenthood affiliates, and about 1/3 of all people that the Title X program serves are seen at planned parenthood centers. (www.plannedparenthoodaction.org/issues/health-care-equity/title-x) One third of women who received contraceptives from a publicly funded clinic which offers at least some of their

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