Reproductive Health Policies:

What Can Texas Teach the Nation?

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2017 Applied Demography Conference

University of Texas-San Antonio

January 13, 2017

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Assessing the Impact of Reproductive Health Legislation

TEXAS POLICY EVALUATION PROJECT

Outline

- **Family planning** budget cuts & program exclusions and impacts on the reproductive health safety net
  - Publicly-funded family planning providers
  - Low-income women
  - De-funding Planned Parenthood
- **Abortion** legislation and impacts
  - On number and type of abortions
  - Distance traveled to obtain an abortion
- What can these Texas-specific findings teach us about potential federal and other state policy changes?

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Texas reproductive health in brief

- 1.7 million women in need of publicly supported contraceptive services
- 33% of women in need of publicly supported contraceptive services are uninsured
- 2008: 301,000 unintended pregnancies (58 per 1,000 women aged 15-44)
- Teen birth rate 41 per 1,000 age 15-19
- Maternal mortality

  2000: 17.4 per 100,000 live births

  2016: 35.8 per 100,000 live births

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Guttmacher Institute; MacDorman et al, *Obstetrics & Gynceology* 2016

Dramatic Budget Cuts to Family Planning

- 2011 Texas Legislature cut funds by 2/3
  ($111m to $38m)

  and

- Created 3 tiers of funding priority that made it harder for Planned Parenthood and other specialized family planning clinics to get remaining $

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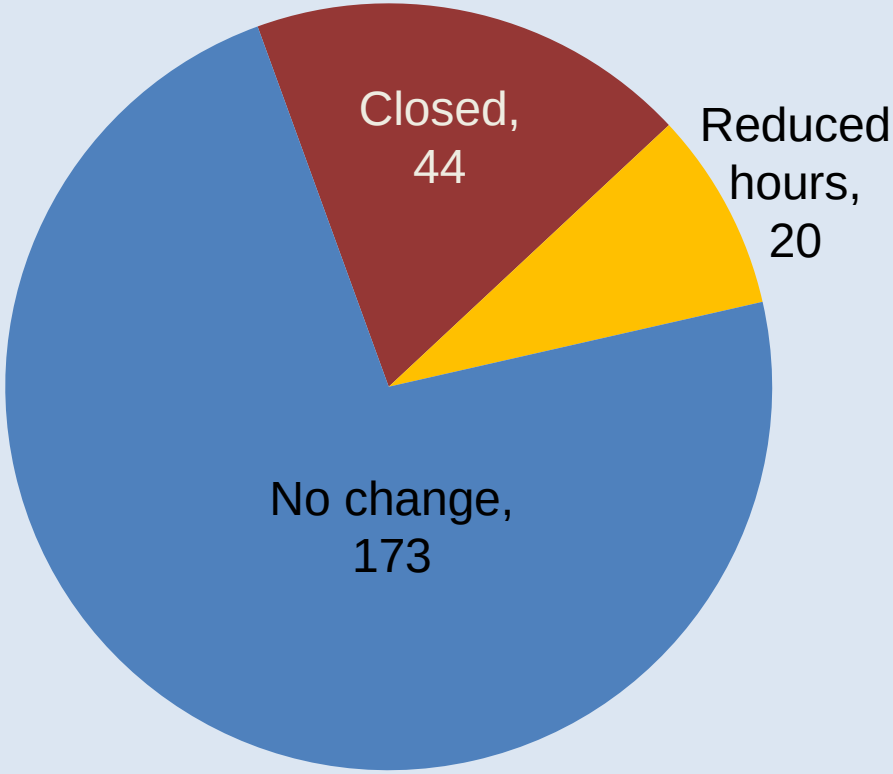
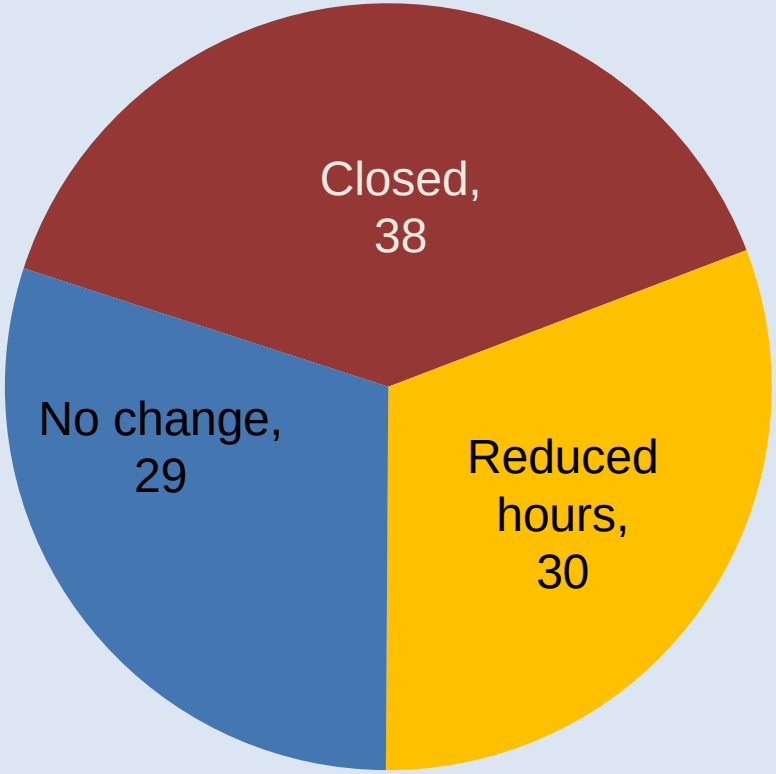
Impact of Budget Cuts & Tiering on Publicly Funded Clinics

Reductions in hours and sites from 2011 cuts



Tier 1 and 2 Clinics



Tier 3 Clinics

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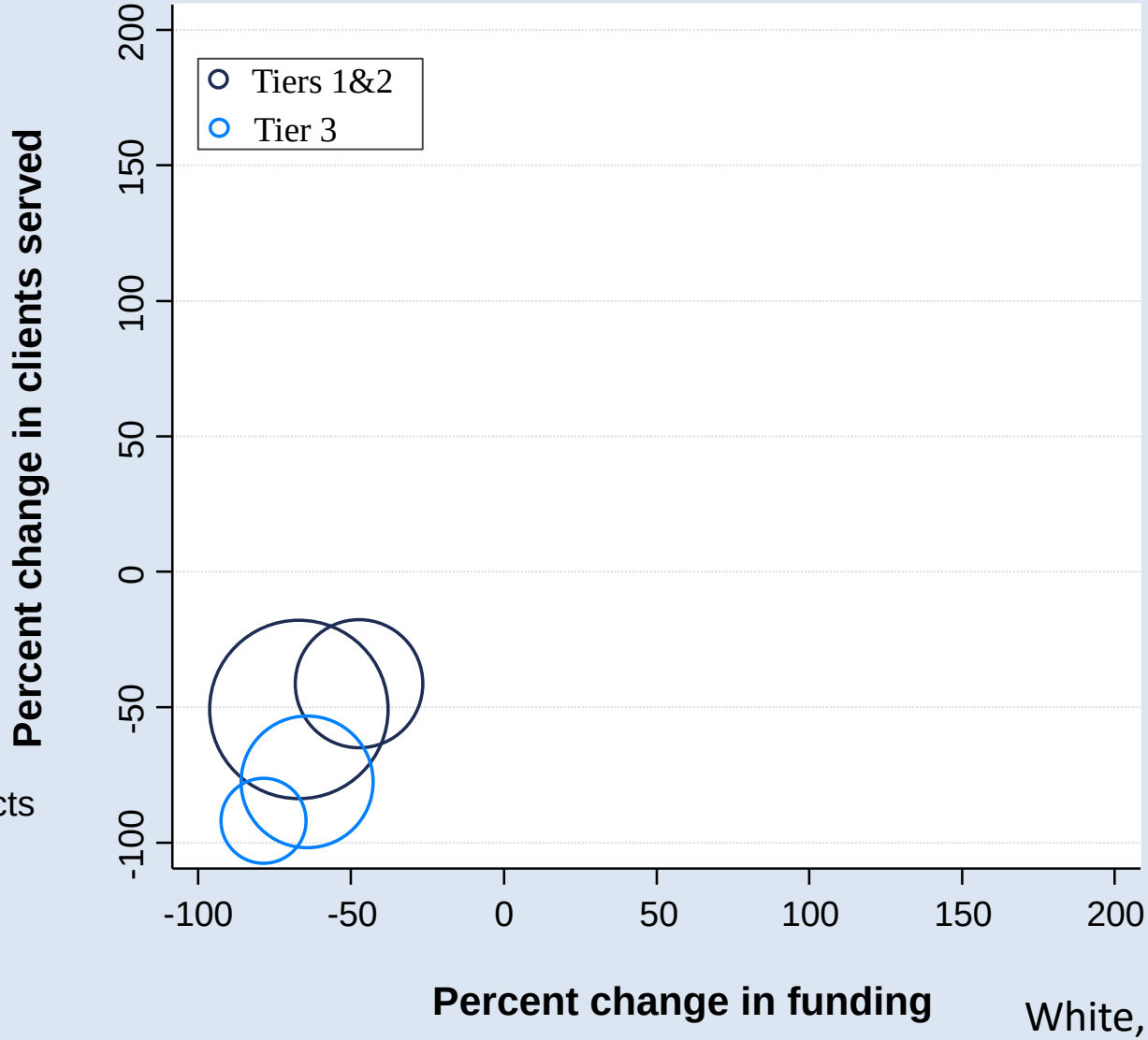
White, et al., *AJPH* 2015

Change in clients served and funding received



Symbol size reflects number of clients served in FY2011

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White, et al., *AJPH* 2015

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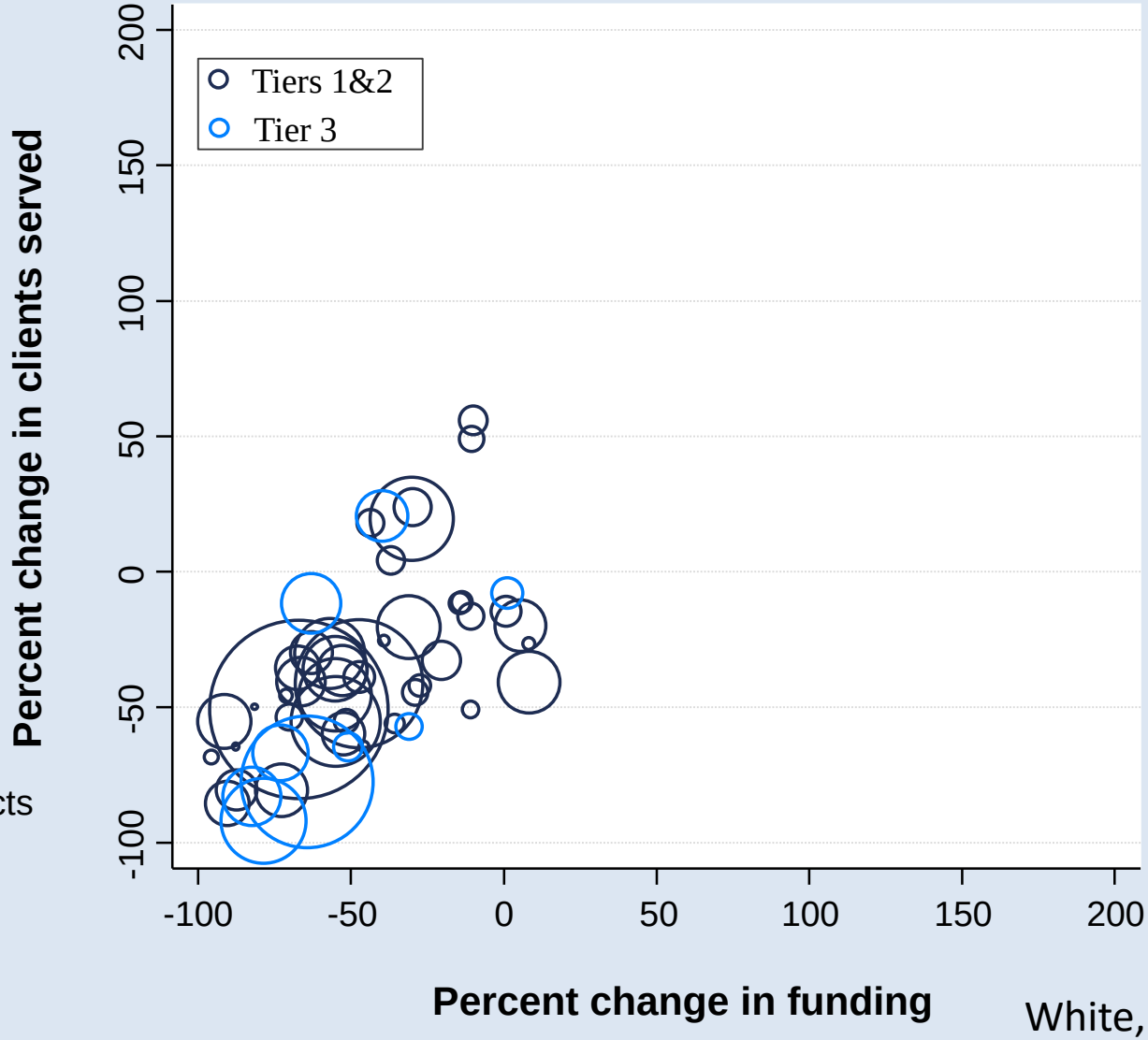

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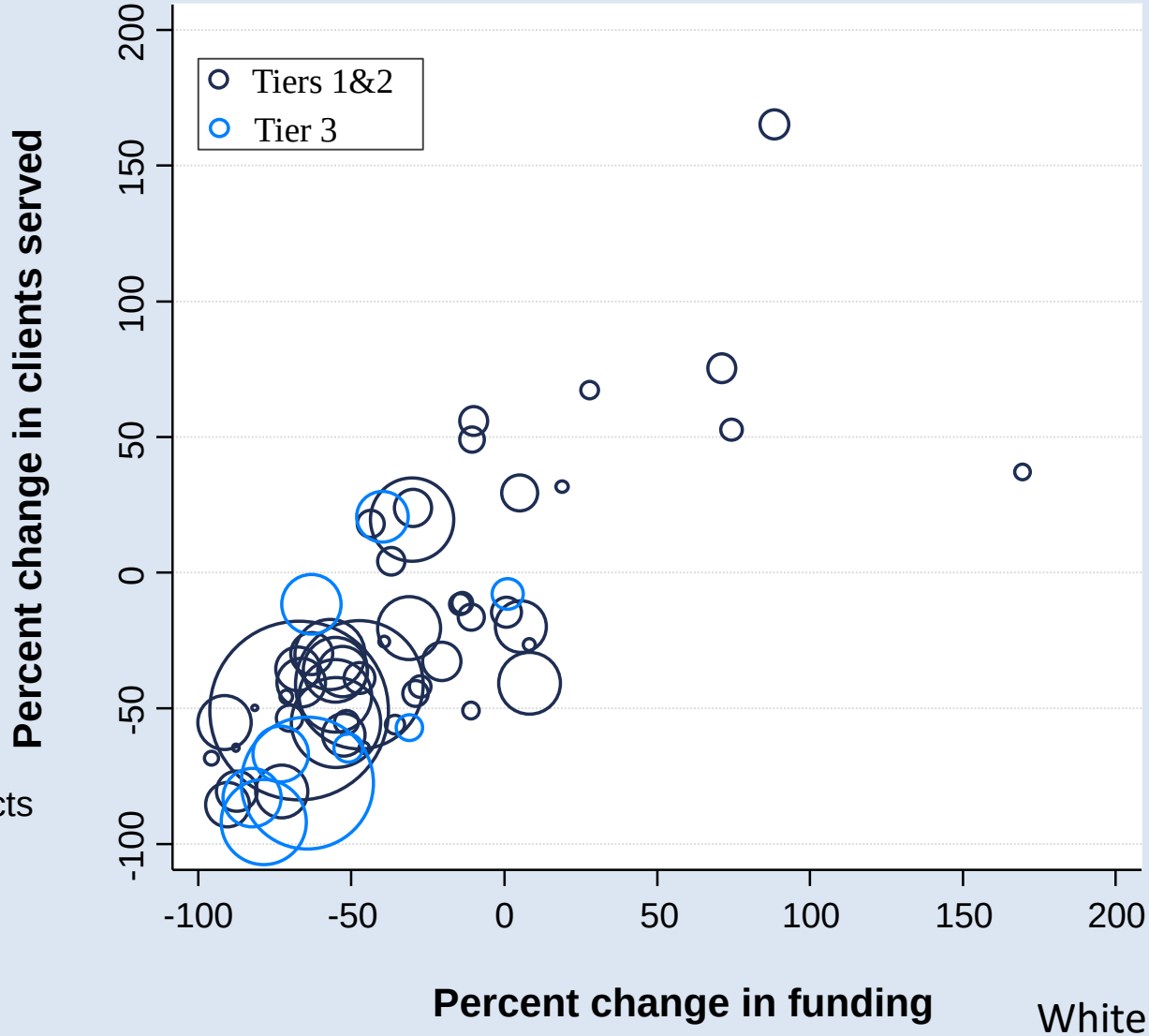
Change in clients served and funding received



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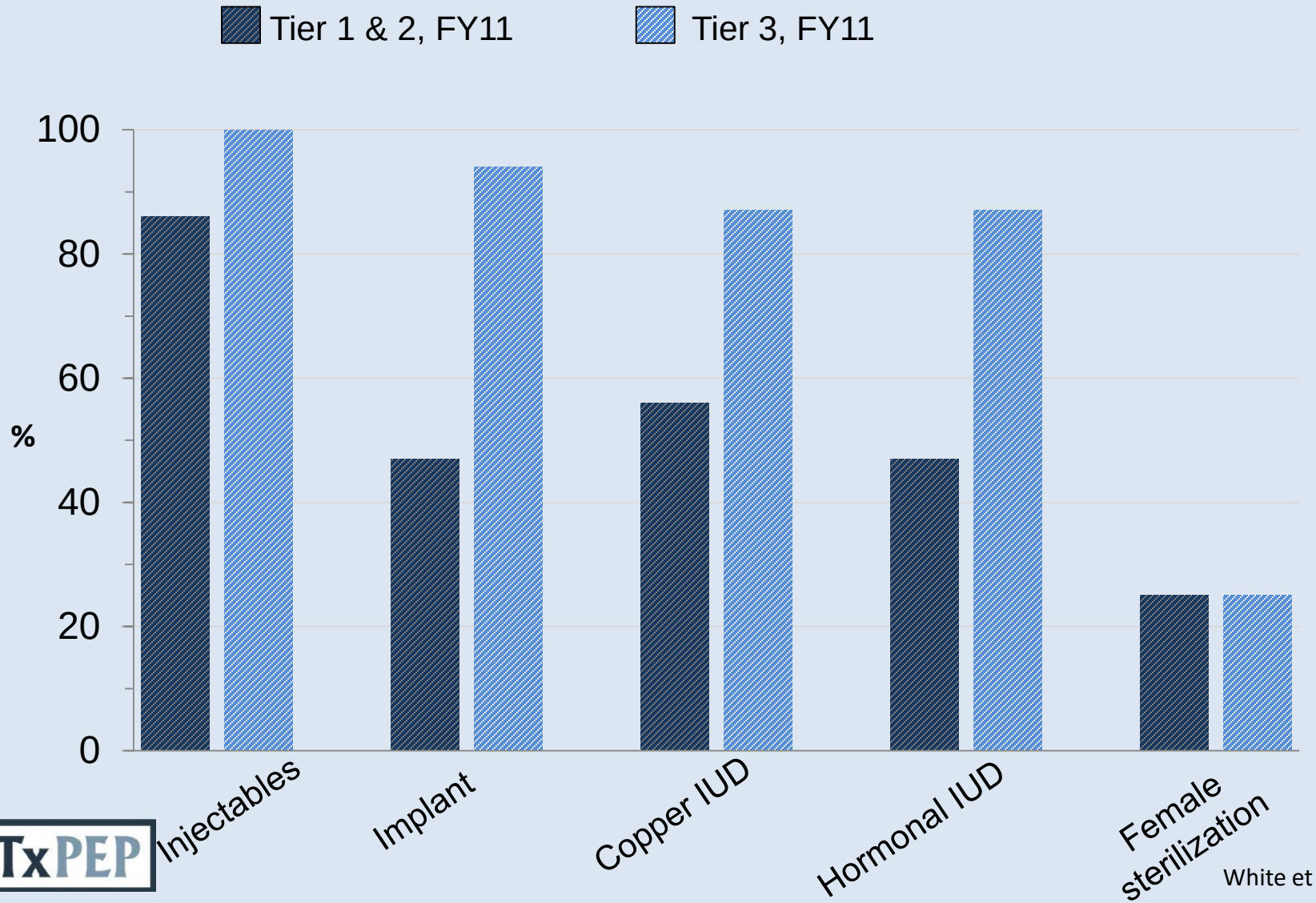
White et al., *AJPH* 2015

Methods widely offered in FY11



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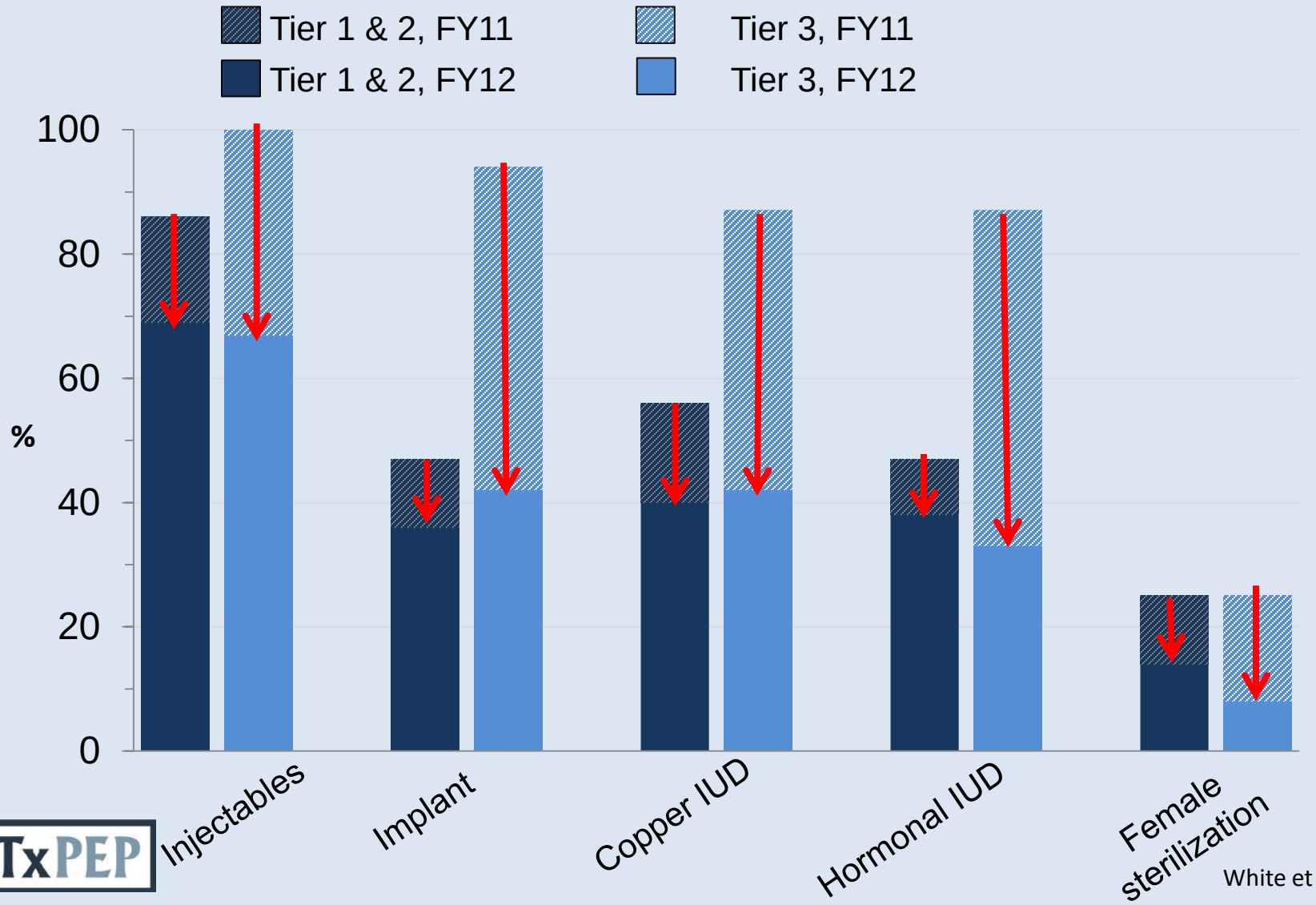
White et al., *AJPH* 2015

Methods widely offered in FY11 and FY12



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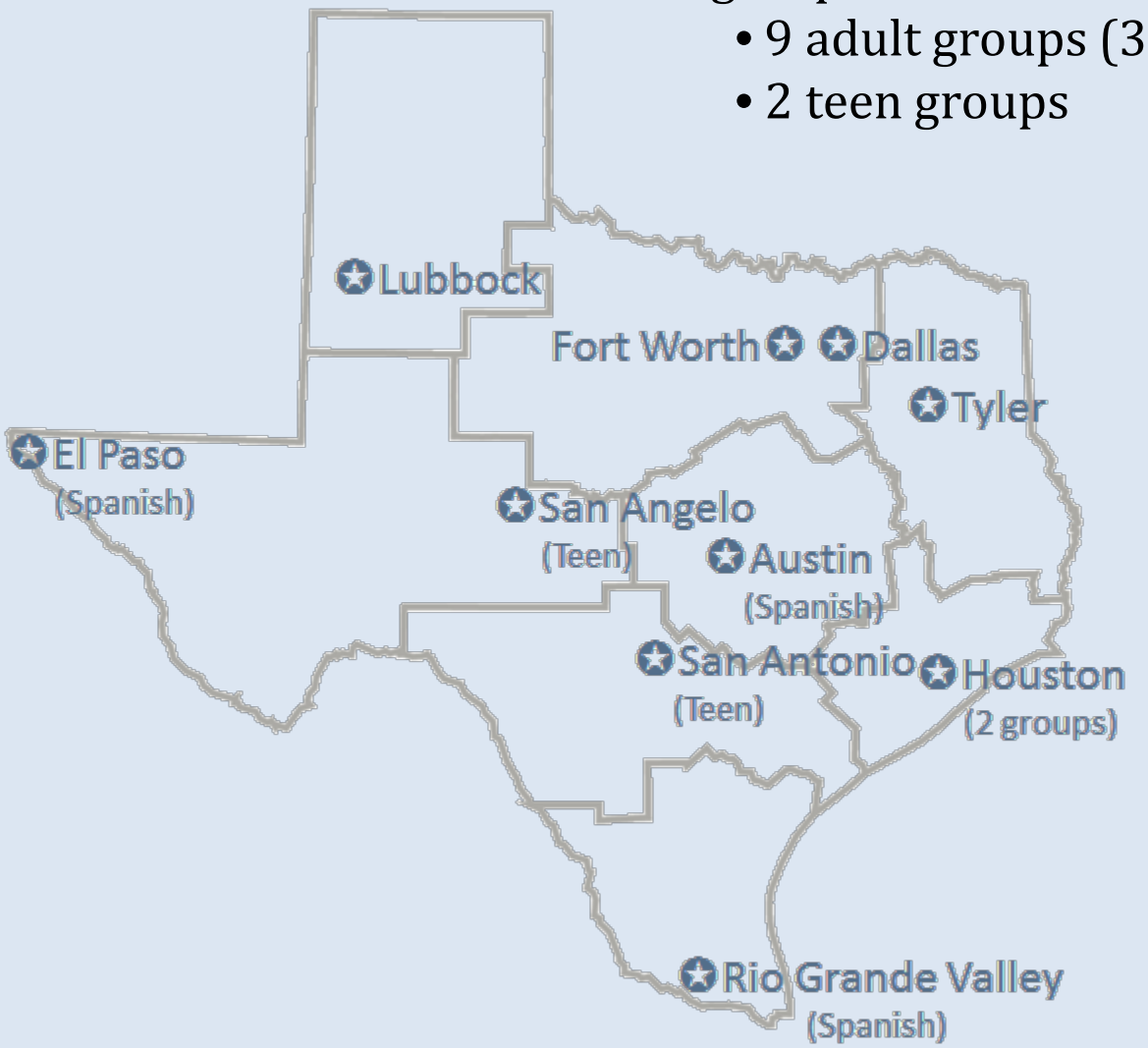
White et al., *AJPH* 2015

Evaluating the Impact of Budget Cuts on Low-income Women

Focus Group Sites

11 groups

- 9 adult groups (3 in Spanish)
- 2 teen groups



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Hopkins et al., *PSRH* 2015

Women experienced difficulties accessing affordable family planning services after the 2011 budget cuts

- Previously free services now required payment, leaving some to forgo care

  That's the ugly truth, you don't even go. If you do go, more than likely there is not a payment plan method that you can pay. They want all their money at the end of that visit or they can't see you." - *Dallas*

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Hopkins et al., *PSRH* 2015

Parental consent barriers

- Requiring parental consent is a barrier for teenagers to obtain care because it requires them to reveal they are sexually active

  Moderator: What is it about [the need for] parental consent that makes it hard [to get birth control]?

  Participant 1: Having to tell your parents that you have sex.

  Participant 2: And some parents don't like birth control.

  Participant 3: If parents are really religious, then they're like, "You shouldn't do that, blah, blah, blah." My grandma is super religious, and she's like, "That's a sin to take [birth control]," and stuff like that.
  – *San Angelo*

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Hopkins et al., *PSRH* 2015

Substantial gaps in the reproductive health safety net

- Negative consequences due to the limited coverage

  "I have six kids. After the one I had last year, I had actually missed my six week [postpartum] checkup and when I called to reschedule, my Medicaid had fallen and my doctor wouldn't see me. When I was able to figure out everything to finally do it again, I was already pregnant again. That caused an avalanche of so many troubles. It was all because I didn't do it fast enough." - *Lubbock*

- Challenges accessing preventive screening if sterilized

  "Now there's no Pap test, no mammogram, nothing." – *Austin*

- Challenges accessing follow-up care

  "I called different clinics, and $175 was the least I'd be charged [for a follow-up visit about my mammogram]. But that was only for the consultation, and wouldn't cover any follow-up care." – *El Paso*

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Hopkins et al., *PSRH* 2015

Changing Programs in Reproductive Health Safety Net

- 2013: Medicaid Women's Health Program (WHP) with 90% federal match became a fully state-supported program (TWHP).
  - Why? The Texas Legislature excluded organizations affiliated with abortion providers, like Planned Parenthood (NOTE: State funds were not used to fund abortions); Centers for Medicare and Medicaid Services ruled that WHP cannot exclude qualified providers
- Title X had been run by the state for decades; in 2013, grant was awarded to private non-profit WHFPT
- Expanded Primary Healthcare Program (EPHC) began in fall 2013, after Texas Legislature added money back to women's health programs
- Healthy Texas Women began in July 2016

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Impact of Excluding Planned Parenthood from State Programs

Methods

- Pharmacy and medical claims from January 1, 2011 to December 31, 2014: 2 years before and 2 years after the exclusion of Planned Parenthood from WHP
- Compared contraceptive and birth outcomes of claims in counties with a Planned Parenthood affiliate and those without
  - Difference-in-differences method
  - Regression discontinuity

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Stevenson et al., *JAMA* 2016

Table 1. Characteristics of Counties, According to the Presence or Absence of Planned Parenthood Affiliates before Exclusion.

Characteristic	Counties with Planned Parenthood Affiliates	Counties without Planned Parenthood Affiliates
No. of Texas counties	23	231
No. of women between the ages of 18 and 44 yr*	1,071,000	708,000
Women between the ages of 18 and 44 yr without health insurance — %†	33	34
No. of childbirths covered by Medicaid in 2012‡	97,075	58,198
Closures of family-planning clinics 2011–2013 — no./total no. (%)§	33/194 (17)	49/167 (29)

* All the women included in the study had an income at or below 185% of the federal poverty level.
† The percentages are based on 2010–2014 American Community Survey summary files.
‡ Data are from Medicaid claims records, which apply only to documented residents.
§ Data are from the Texas Policy Evaluation Project.[5]

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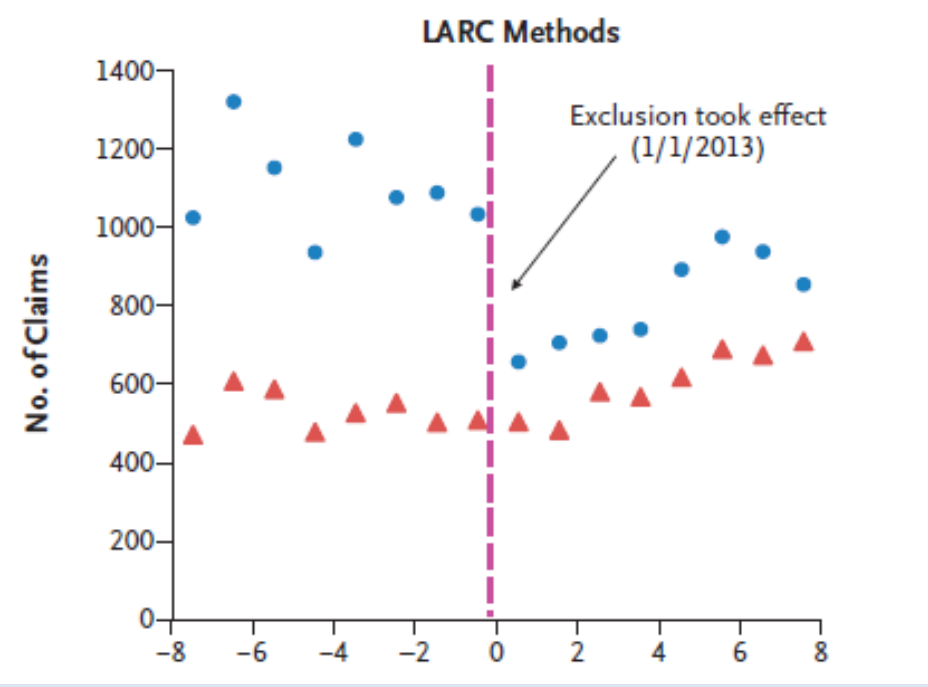
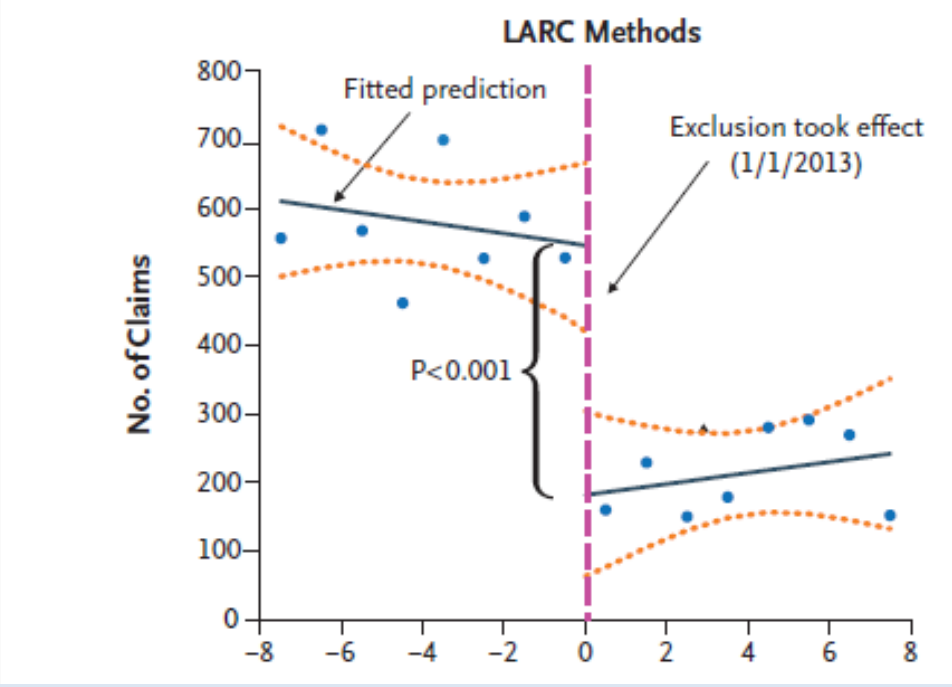
Stevenson et al., *JAMA* 2016

Impact of Planned Parenthood Exclusion on IUDs and Contraceptive Implants

Number of claims, by type of county



Difference in number of claims between types of counties



● Counties with Planned Parenthood Affiliates ▲ Counties without Planned Parenthood Affiliates

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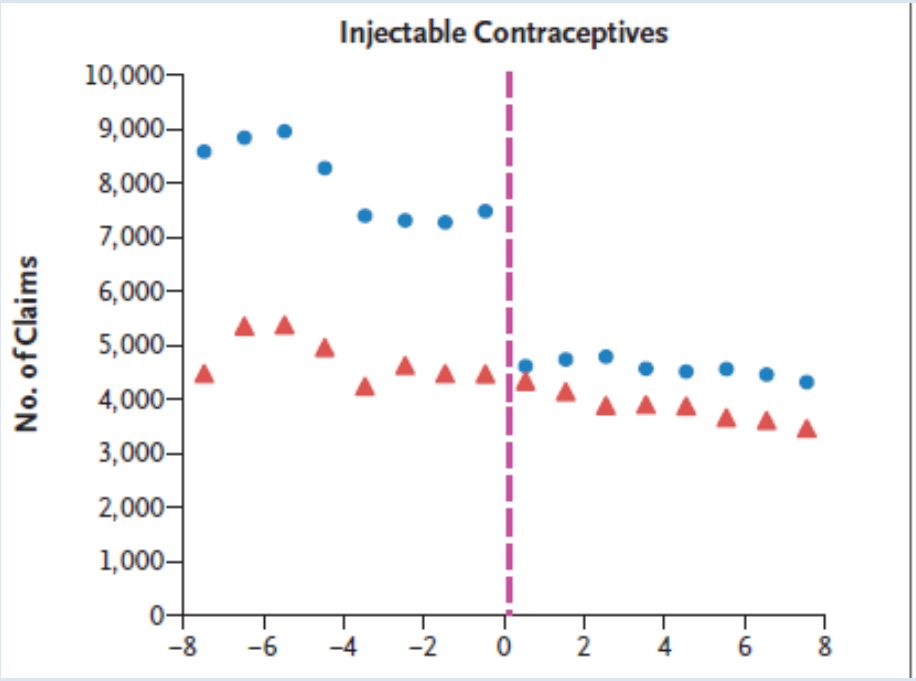
Stevenson et al., *JAMA* 2016

Impact of Planned Parenthood Exclusion on Injectable Contraceptives

Number of claims, by type of county



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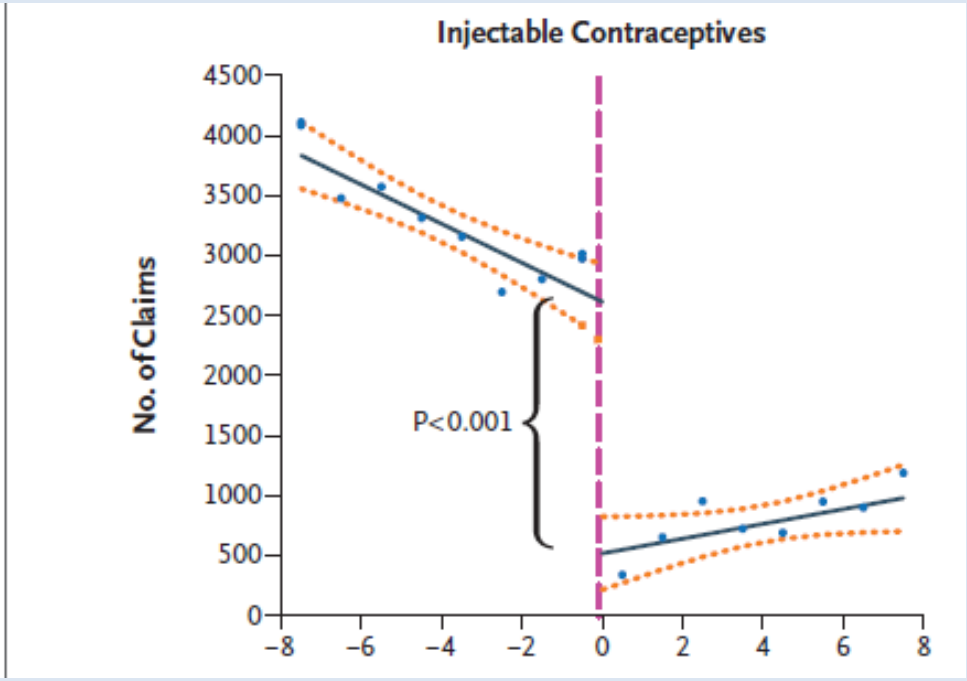

● Counties with Planned Parenthood Affiliates ▲ Counties without Planned Parenthood Affiliates

*After exclusion, Medicaid births increased 27% among injectable users in counties with PP affiliates

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Stevenson et al., *JAMA* 2016

Impact on Abortion Services

2013 Texas Legislature

- After 2 special sessions, HB 2 passed
  - Required physicians to have admitting privileges within 30 miles of abortion clinic
  - Imposed new restrictions on medication abortion
  - Banned abortions at ≥20 weeks "post-fertilization" with limited exceptions
  - Required facilities providing abortion (even if only medication abortion) to be ambulatory surgical centers ASC (Sept 2014)
- Current status
  - FDA updated medication abortion label (March 2016)
  - Supreme Court struck down ASC and admitting privileges requirements (June 2016)

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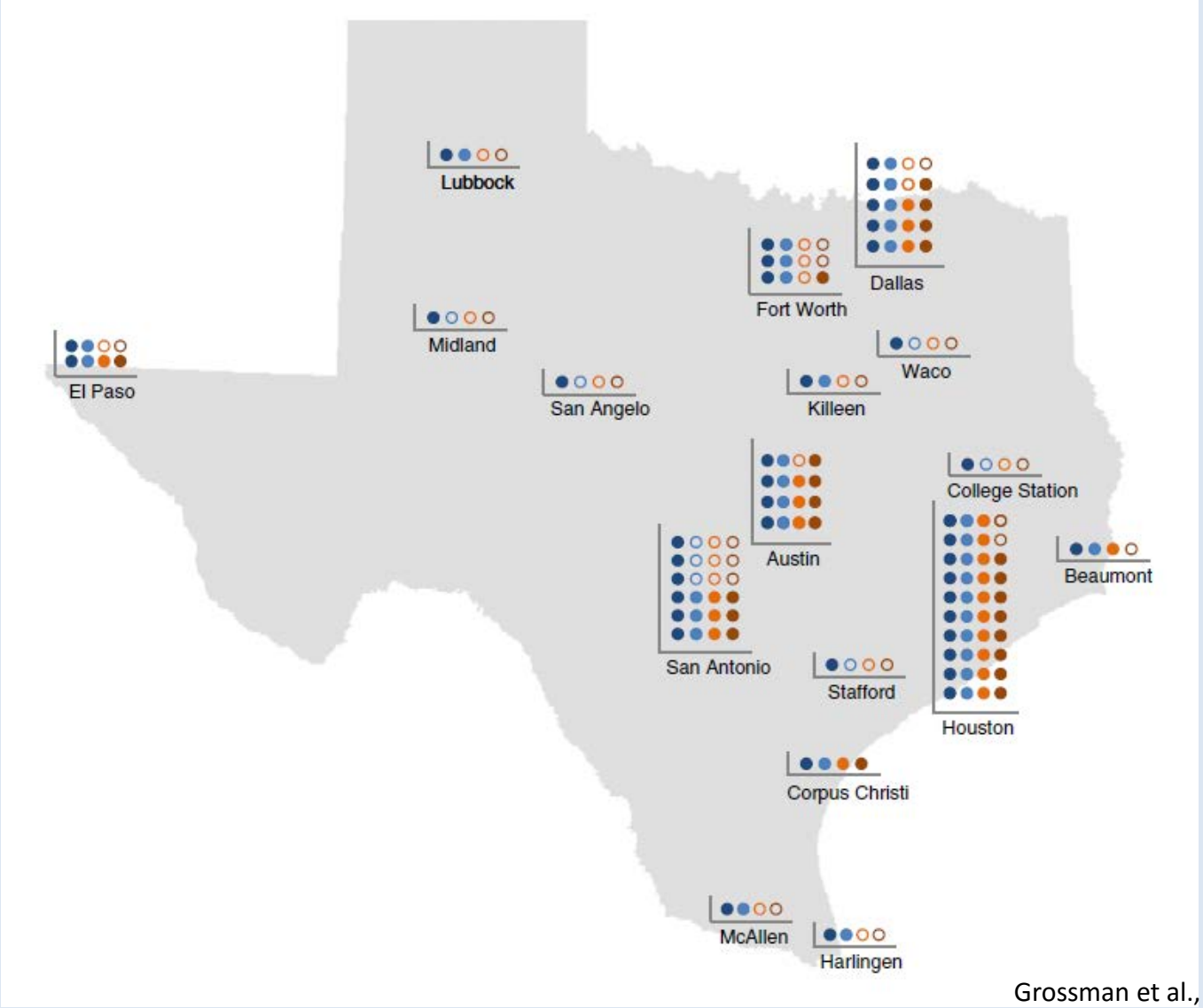
How Did the Number and Type of Abortions in Texas Change after HB 2?

Measuring changes in abortion services

Geographic distribution of abortion clinics

Nov. 2012 – April 2014



Grossman et al., *Contraception*, 2014

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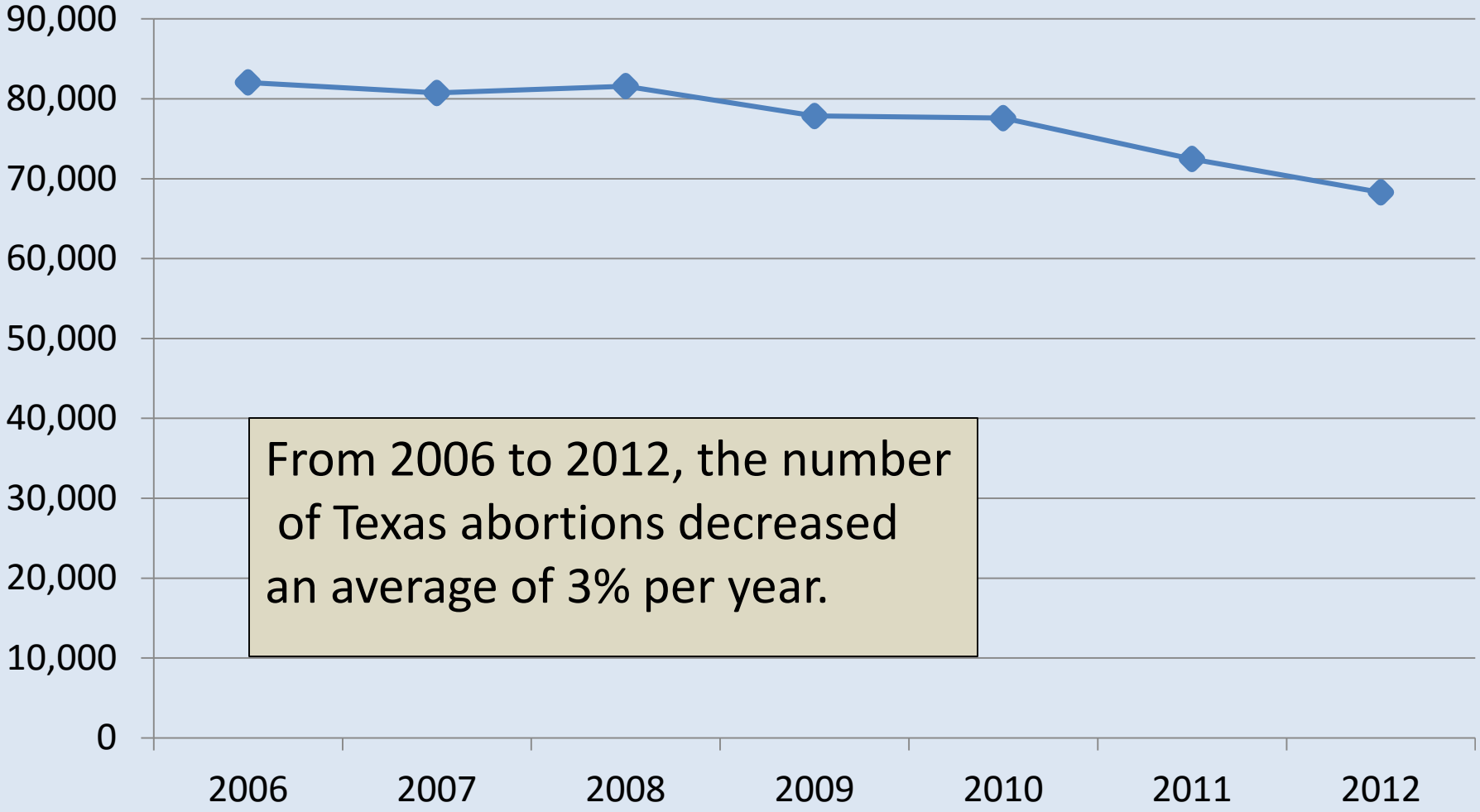
Abortion numbers in Texas



From 2006 to 2012, the number of Texas abortions decreased an average of 3% per year.

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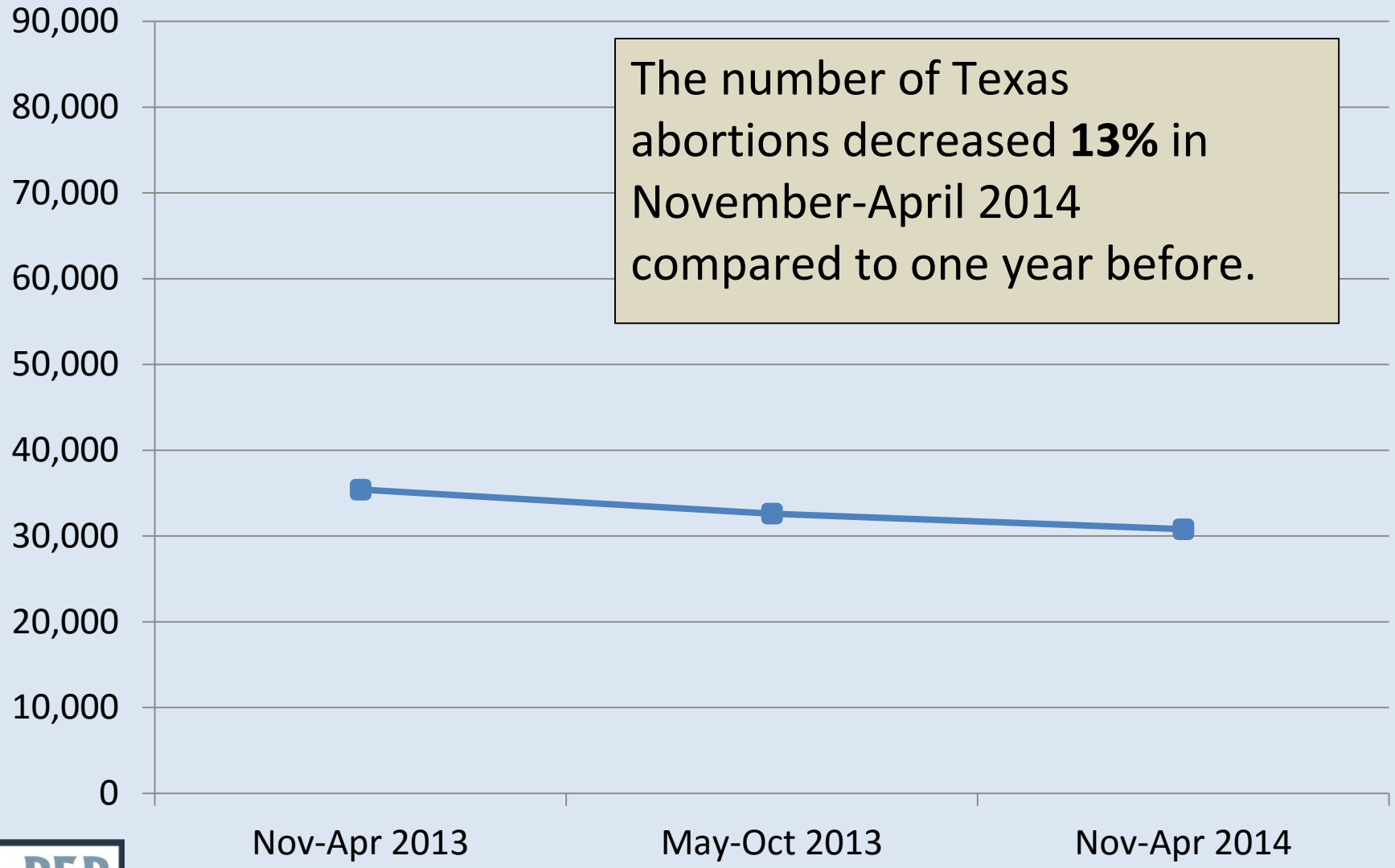
Grossman et al., *Contraception*, 2014

Abortion numbers in Texas



The number of Texas abortions decreased **13%** in November-April 2014 compared to one year before.

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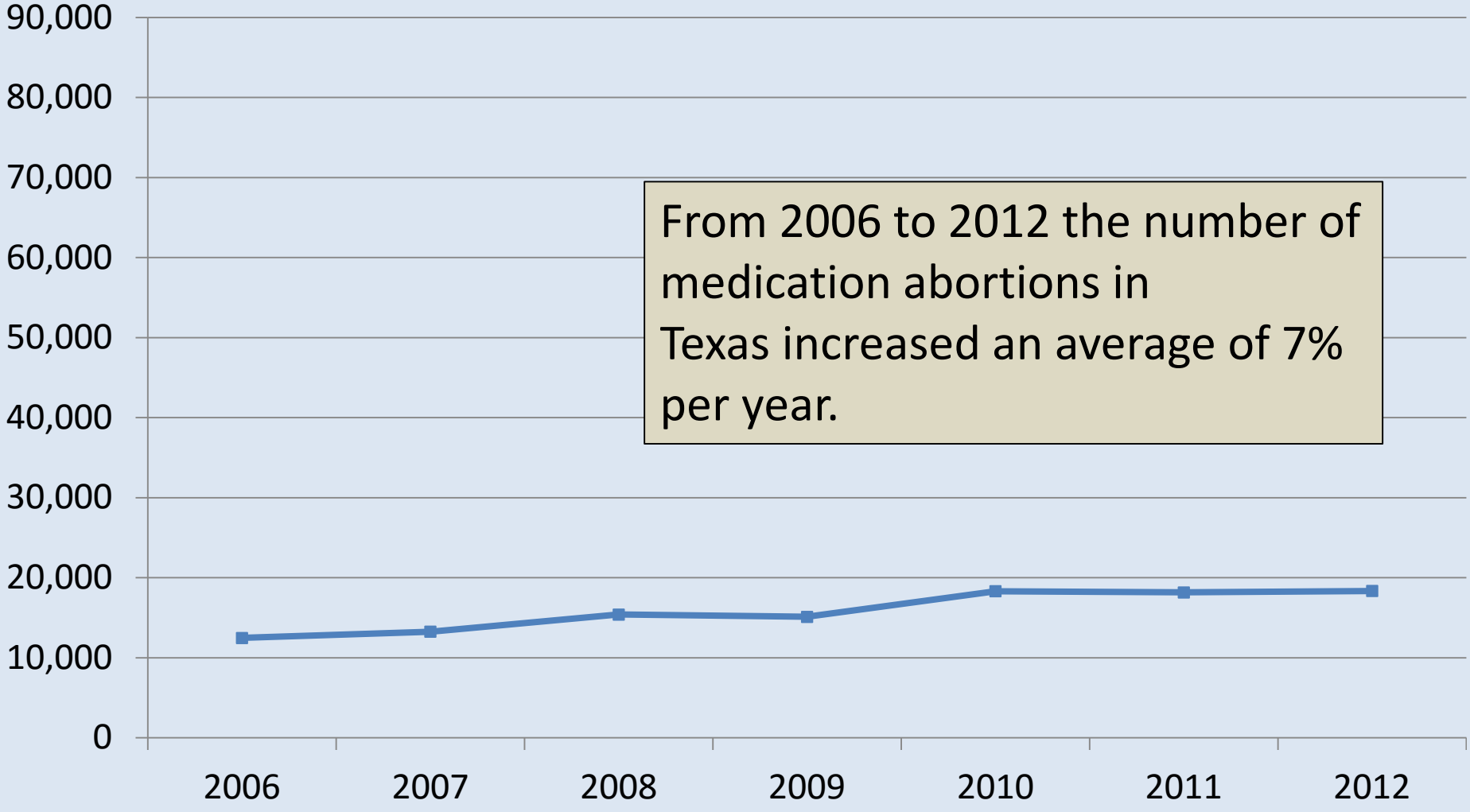
Grossman et al., *Contraception*, 2014

Medication abortion numbers in Texas



From 2006 to 2012 the number of medication abortions in Texas increased an average of 7% per year.

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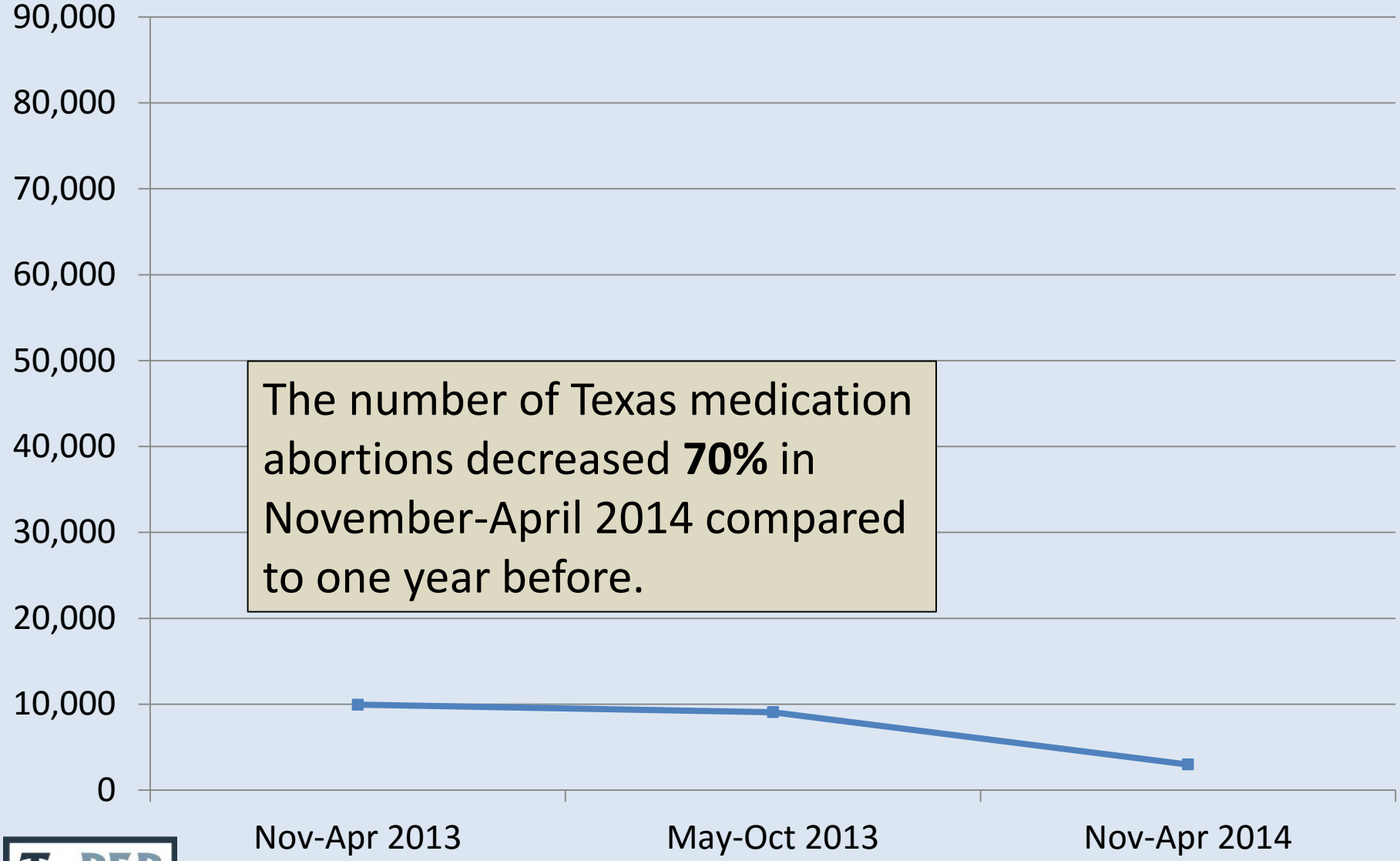
Grossman et al., *Contraception*, 2014

Medication abortion numbers in Texas



The number of Texas medication abortions decreased **70%** in November-April 2014 compared to one year before.

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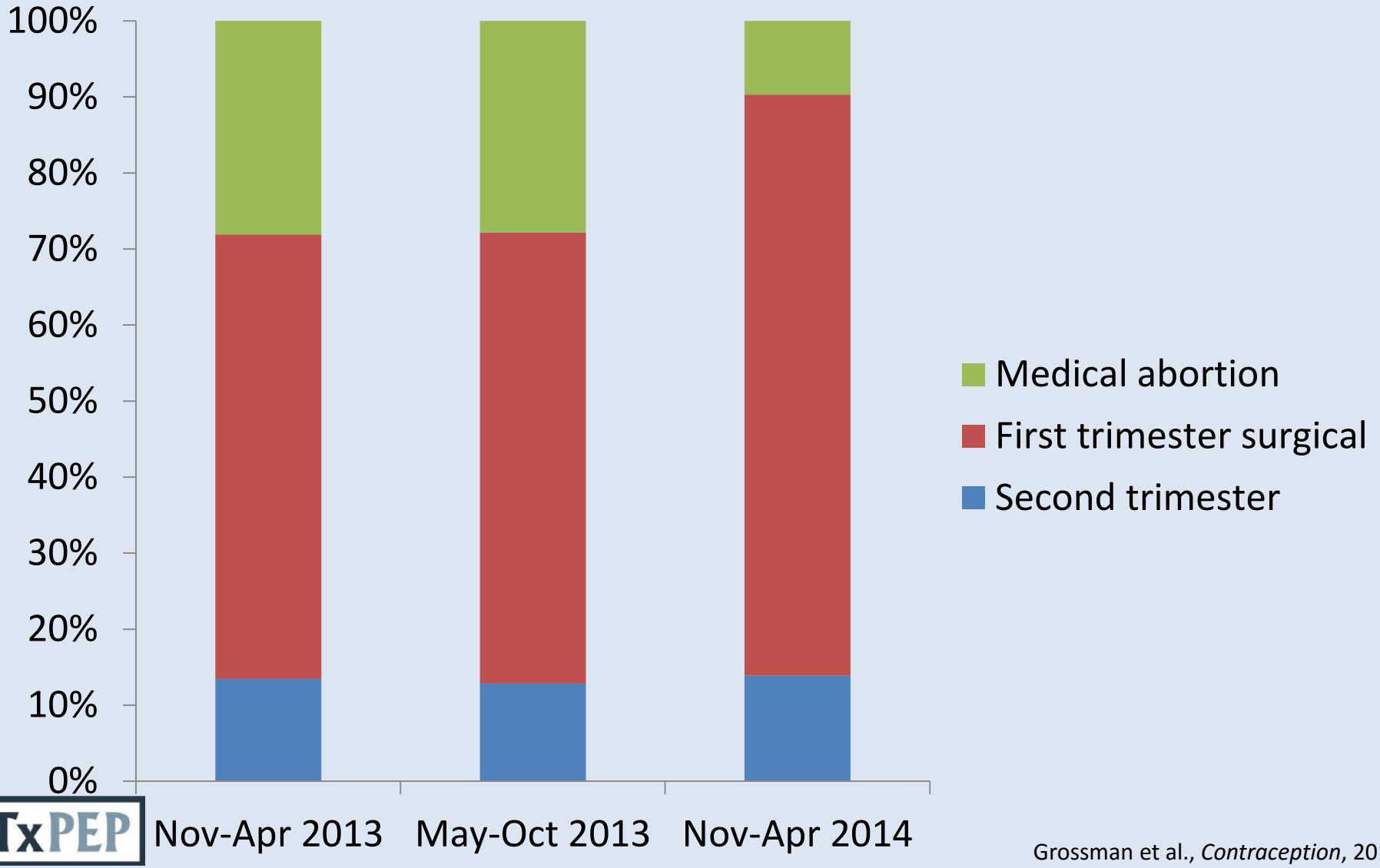
Grossman et al., *Contraception*, 2014

Change in abortion method/gestational age



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Grossman et al., *Contraception*, 2014

Impact of HB 2 on distance traveled to abortion clinics

Measuring changes in women's abortion experiences

Survey of abortion clients, 2014

- Conducted at 10 clinics in 5 cities
- May – August 2014
- Research Questions:
  - What was the impact of HB 2 on distance women traveled to obtain an abortion?
  - Did women experience any additional hardships?

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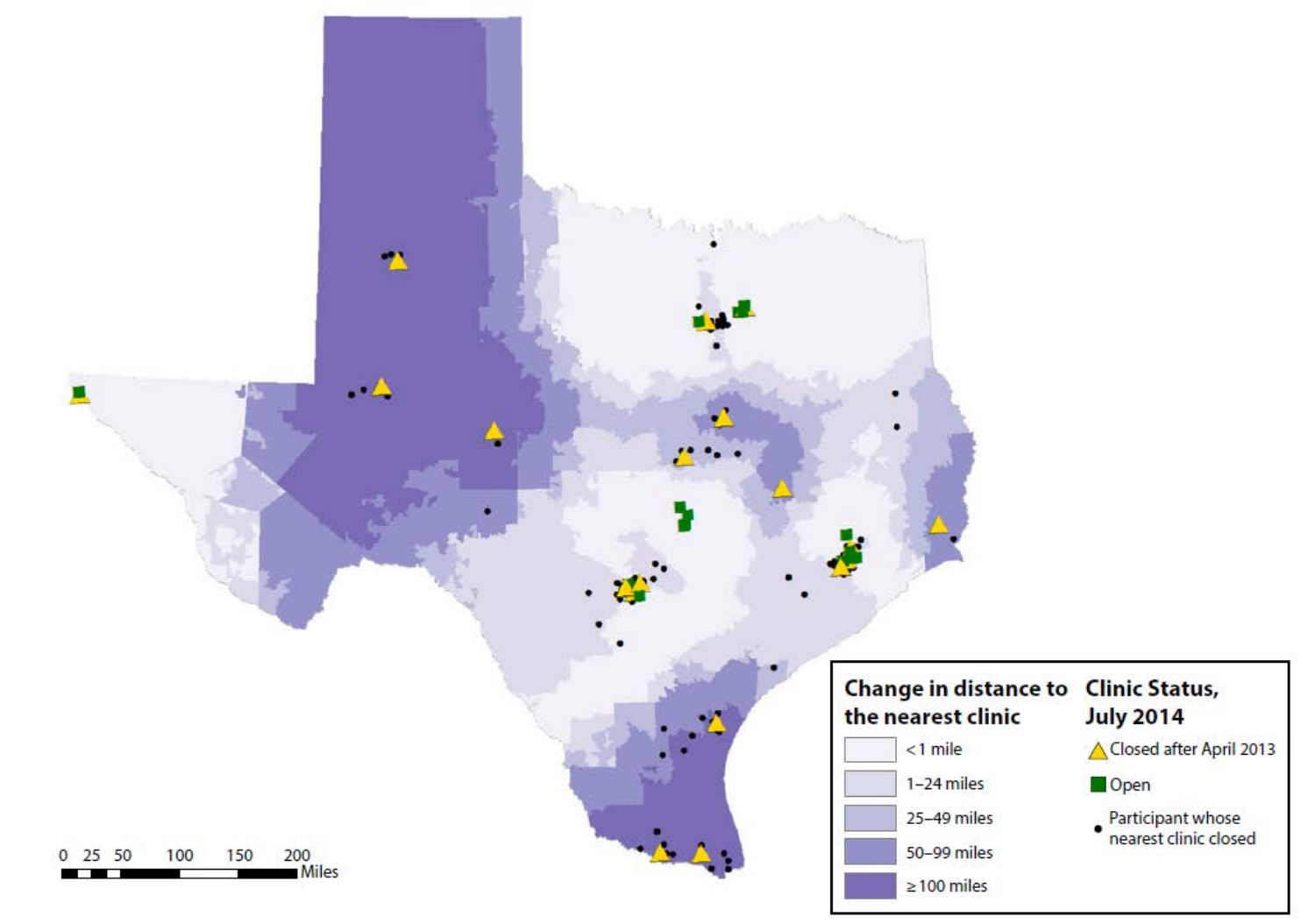
Gerdts et al., *AJPH*, 2016

Distance from residence ZIP code to…	Total (n=398)	Nearest clinic OPEN in 2014	Nearest clinic CLOSED in 2014	*p*
	Miles, mean (SD)			
nearest clinic in 2013	15.0 (17.9)	13.7 (16.7)	17.1 (19.5)	.07
nearest clinic in 2014	35.0 (60.8)	13.7 (16.7)	69.9 (85.7)	<.001
clinic where recruited	46.2 (70.5)	22.3 (28.1)	85.1 (96.9)	<.001
range	1-381	1-214	4-381	

Gerdts et al., *AJPH*, 2016

Change in distance to nearest abortion clinic, 2013-2014



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Gerdts et al., *AJPH*, 2016

Additional hardships experienced

In addition to traveling farther, women whose nearest clinic closed between 2013 and 2014 were more likely to:

- experience out of pocket costs >$100
- have a frustrated demand for medication abortion

Gerdts et al., *AJPH*, 2016

Implications

- Timely collection of data → more potential impact on policy and legal debates
- Research infrastructure was in place when HB 2 was passed
- Multiple rounds of surveys with multiple stakeholders → impact on providers, women; change over time
- Access to state vital statistics and claims data is critical

What can these findings tell us about potential federal and other state policy changes?

- Cutting funding for family planning and excluding Planned Parenthood can have dramatic, negative effects on the reproductive health safety net
  - The gap left by PP can't easily be filled by community health centers, as Texas politicians claimed
- These cuts could lead to more unintended pregnancies and more abortions and potentially greater impact on maternal mortality
- Abortion restrictions lead to more hardships for women and may lead to more self-induced abortions

THANK YOU

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