

CORE BRIEF

What would happen if reproductive healthcare providers were unable to participate in the Wisconsin Medicaid program?

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Members of the Wisconsin state legislature recently proposed [new legislation](#) that would prohibit healthcare organizations that perform abortions from being certified under the state's Medical Assistance program. This prohibition would mean that these clinics could not be reimbursed for other healthcare services provided to Wisconsinites as part of the state's Medicaid program. Evidence suggests that this policy would have a negative impact on thousands of residents.

What is the policy?

Existing [Wisconsin state law](#) already prohibits the use of any state, local, or federal funding to cover abortion care services except in limited circumstances. The proposed bill would add a major new level of restriction: it would prevent any healthcare organization that performs abortions from participating in the Medicaid program altogether. Most centrally, this ban would impact family planning clinics that provide abortion care, preventing them from seeking reimbursement from the Medicaid program for **any** of the reproductive health services they provide, not only abortion. Such vital services include **contraception, sexually transmitted infection testing and treatment, and breast and cervical cancer screening**.

Who would be impacted by this policy?

Wisconsinites who receive Medicaid obtain reproductive healthcare from a variety of providers, such as private healthcare systems, county health departments, federally qualified health centers, and family planning clinics, including Planned Parenthood of Wisconsin. However, due to the isolation of abortion services from mainstream healthcare, only Planned Parenthood of Wisconsin offers abortion services in addition to other reproductive health services, so it is the only organization affected by the proposed legislation.

Tens of thousands of people each year receive essential reproductive healthcare services from Planned Parenthood of Wisconsin. The [most recent publicly available information](#) shows that Planned Parenthood of Wisconsin served over 59,000 patients during Fiscal Year 2017-2018 in over 115,000 patient encounters at 21 health centers across the state. Services provided included 142,324 birth control units, 105,740 sexually transmitted infection tests, 15,184 HIV tests, 5,374 cervical cancer screenings, and 860 breast exams. The majority of patients lived on low incomes and many had Medicaid for insurance. Under the proposed law, these patients could no longer depend on Medicaid to cover the reproductive healthcare they receive at Planned Parenthood clinics.

The consequences of cutting off Medicaid reimbursement and reducing access to reproductive healthcare would be substantial. Such effects include **denial of contraceptive services for pregnancy prevention, a resultant increase in unwanted pregnancies, undiagnosed and untreated sexually transmitted diseases, and missed opportunities to identify cancer early**. People of color and people who are struggling financially would be most harmed by these changes. Of the 59,000 Planned Parenthood patients served in 2017-18, over half lived at or below the federal poverty level. Nearly one in three patients served was African American and nearly one in five was Hispanic. By reducing access to reproductive healthcare, the proposed legislation would hit hardest the communities that already face the greatest health inequities in our state.

Can others fill this gap in care?

Research indicates that it would be extremely difficult for other family planning safety net providers to serve Wisconsinites who would lose care if healthcare organizations that provide abortion services are excluded from the Medicaid program. For example, in 2017 the [Guttmacher Institute](#) conducted an analysis of how much other safety net family planning providers would need to increase their contraceptive client caseloads if the Trump Administration were to cut *all* federal funding to Planned Parenthood nationwide. This study estimated that federally qualified health centers would need to increase their caseloads by 55%, local health departments by 26%, and hospitals by 57%. Such increases are unrealistic given existing capacity.

The impact of a [2011 Wisconsin law](#) provides real-world evidence of what can happen when people lose access to essential reproductive healthcare. This 2011 law barred organizations that provide abortion services from receiving funding from the state's *Women's Health Block Grant*, a vital source of funding for reproductive health services. Consequently, Planned Parenthood of Wisconsin lost \$1 million in funding, which resulted in the organization **closing five rural health centers** in 2013. While no published studies document the outcomes of these changes, [popular press reports](#) indicate that some patients served at these centers **never found another provider and patients went without reproductive healthcare**, leading to spikes in STIs and other fallouts.

Changes to the *Title X program*, the federal funding program dedicated to expanding access to family planning services for low-income people, provides yet more evidence of the negative impact of reducing the reproductive safety net in Wisconsin. Until 2018, Planned Parenthood of Wisconsin had been the sole Title X grantee in the state. In 2019, the Trump Administration shifted all Title X funding from Planned Parenthood of Wisconsin to the Wisconsin Department of Health Services. A [recent study](#) shows that in Wisconsin the number of Title X-funded family planning clinics dropped from 59 sites in 2018 to 39 in 2020—and the **number of female contraceptive patients served by Title X fell by over 50%**.

Implications for Wisconsin

Research indicates that if Wisconsin state law were to prohibit healthcare providers that perform abortions from participating in the state Medicaid program, tens of thousands of Wisconsinites would lose access to essential reproductive healthcare services.