THE "DEFUND" DISASTER:

How The Republican Attack on Planned Parenthood Is Hurting Patients and Raising Americans' Health Care Costs

Prepared by the Offices of Senator Warren, Senator Wyden, Leader Schumer, Senator Murray, Senator Baldwin, Senator Blumenthal, Senator Cantwell, Senator Coons, Senator Cortez Masto, Senator Duckworth, Senator Fetterman, Senator Heinrich, Senator Hickenlooper, Senator Hirono, Senator Klobuchar, Senator Lujan, Senator Markey, Senator Merkley, Senator Padilla, Senator Rosen, Senator Sanders, Senator Schiff, Senator Shaheen, Senator Slotkin, Senator Smith, Senator Van Hollen

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EXECUTIVE SUMMARY

Last summer, Trump and Republicans in Congress "defunded" Planned Parenthood for one year by blocking federally-funded Medicaid coverage from providing patients essential health care services at Planned Parenthood health centers, including primary care, birth control, cancer screenings, and wellness exams. Since then, 23 Planned Parenthood health centers have been forced to close across the country, stripping patients of essential health care and putting the Americans most in need of care at risk, while forcing already strained providers to take on additional patients in need.[1] This report finds that the law defunding Planned Parenthood:

#1: Interrupted care, raised health care costs, and worsened provider shortages, creating immediate and significant barriers for patients in need of health care, including wellness exams, cancer screenings, and STI testing and treatment, among other services. According to new data from Planned Parenthood, after Trump's law to "defund" Planned Parenthood went into effect, health care clinics were forced to reduce critical services. Compared to the same period the year before:[2]

- The number of breast exam visits fell by 25% in December, increasing the risk of delayed breast cancer detection and treatment, and preventable, more serious illness and increasing costs for patients and the health care system.
- Sexually transmitted infection (STI) testing declined 11% in November, limiting early diagnosis and treatment and increasing preventable spread, long-term health consequences and avoidable costs.
- There was a 6% reduction in emergency contraception kits dispensed or sold in December.
- There were 20% fewer visits for birth control pills in November.
- Visits for intrauterine devices (IUDs) and other long-acting reversible contraception (LARC) dropped by 36% in December—the steepest decline across all services measured.

As Planned Parenthood of Michigan explained, ***"(Patients) are now being forced to scramble for a new provider who can accept Medicaid; pay out of pocket for their care; or go without the health care they need and deserve."***[3] Clinics have had to cancel follow-up appointments, and as one provider at Maine Family Planning—an independent clinic that was swept into the "defund" provision—said, ***"I worry that patients will not get the antibiotics they need and that there will be spikes in STIs like syphilis in the area."***

#2: Hit low-income patients and patients in rural and medically underserved areas the hardest, increasing health care costs and travel times for the most in need of care. Trump claims he is "all about the rural community," but his policies show a different reality. Rural and low-income communities are struggling more every day to access health care due to Trump's severe cuts to Medicaid, provider shortages, and the rising cost of everyday necessities. The defunding of Planned Parenthood has exacerbated this crisis:

- Nearly ***75%*** of Planned Parenthood health center closures have been in **rural, medically underserved areas**, or health professional shortage areas.

- **50%** of all closures occurred **in the Midwest**, including in Indiana, Iowa, Michigan, Missouri, and Ohio.

- Approximately ***25,000*** health center patients **lost access** to birth control.

At Planned Parenthood of Mar Monte in California, the closure of five health centers ***"creat(ed) gaps in certain communities that were already under-resourced."***

#3: Functioned as a backdoor abortion ban — even in states where abortion is legal. In total, the health centers that were forced to close had previously seen an estimated **21,000 abortion patients annually**. As Planned Parenthood explained, ***"When a health center is forced to close, all patients lose access to their trusted provider, and entire communities are left unable to get high-quality reproductive health care, including abortion in many places."***

#4: Shifted costs onto states and providers, forcing them to absorb the financial and operational burden of lost federal funding without sustainable alternatives. Thirteen states have allocated millions in funding to Planned Parenthood to maintain access to care. Meanwhile, in September 2025 alone, Planned Parenthood provided more than 100,000 visits for patients who use Medicaid at no cost. As Planned Parenthood League of Massachusetts said, ***"we've shouldered the cost-burden of thousands of patient visits…But we know it is not sustainable for us—or any Planned Parenthood member."***

#5: Threatens to permanently eliminate access to care, including routine preventive care, in communities that rely on Planned Parenthood, leaving patients with nowhere else to turn. Republicans' attempts to make the "defund" law permanent will leave patients with nowhere else to turn. As one patient said, ***"these nonprofit clinics are my only source of health care."*** Nearly half of all counties in the United States do not have a practicing OB-GYN, and 58% of women in rural counties do not have an OB-GYN in the county where they live. For many American women, there are no alternative providers to be found, and when a Planned Parenthood center closes, their primary care or prenatal care simply ends.

Trump and Republicans' defunding of Planned Parenthood is stripping millions of Americans of essential health care services, while simultaneously raising costs, worsening health outcomes, and further stressing a health care system already under considerable strain. The damage has been significant.

The law is set to expire after one year—on July 4, 2026. Sixty-nine percent of Americans ***oppose*** continuing to "defund" Planned Parenthood, but Republicans are trying to make it permanent. This report reveals why permanently defunding Planned Parenthood would devastate communities and reduce access to affordable health care across the country.

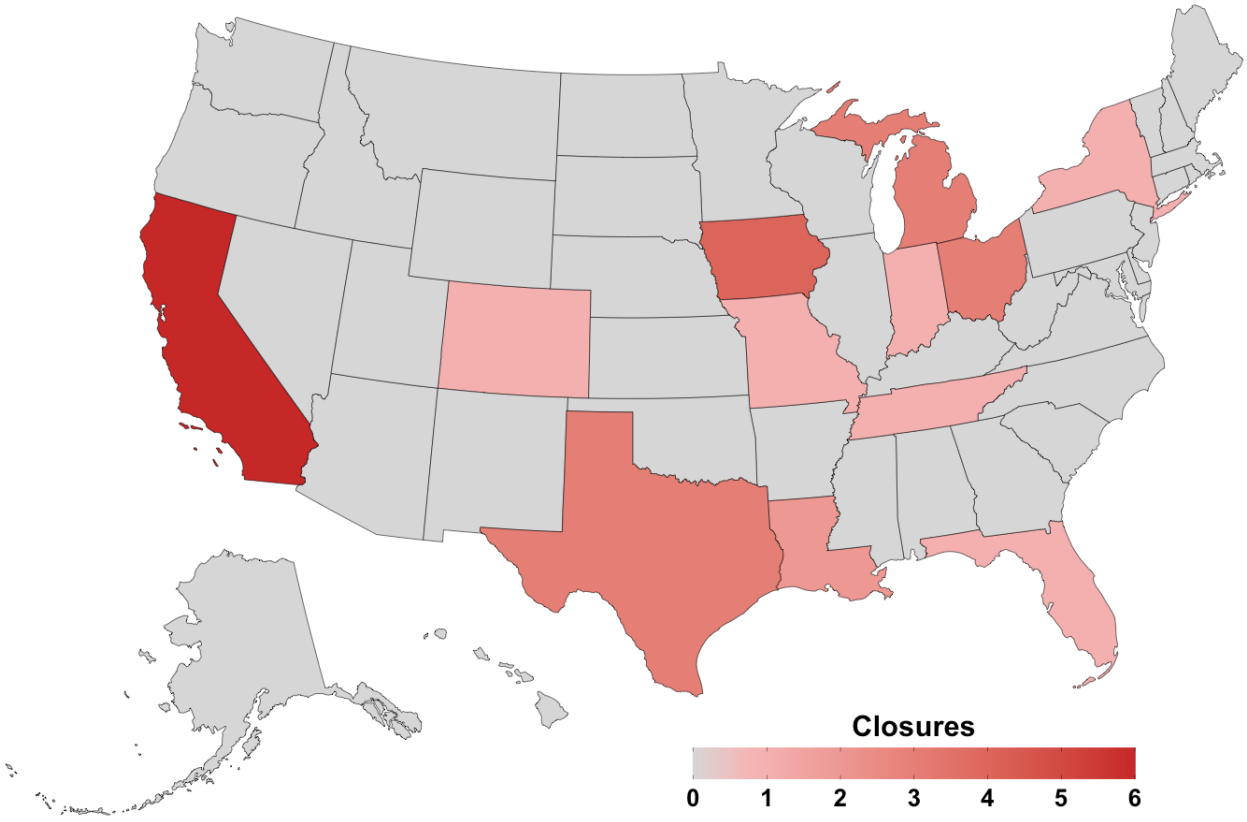
INTRODUCTION

For decades, Republican attacks on women's rights and reproductive freedom have included efforts to defund Planned Parenthood and erase the organization from communities across the country.[16] On July 4, 2025, they stepped closer to this goal when Trump signed his *One Big, Beautiful Bill Act* (OBBBA) into law. The law includes a one-year provision to bar federal Medicaid funding from reimbursing non-profit family planning and reproductive health providers that provide abortions outside of long-standing narrow exceptions and that received more than $800,000 in federal and state Medicaid expenditures in 2023.[17] Established federal law already bans the use of federal funds to provide abortions (with extremely limited exceptions),[18] but the "defund" provision blocked federal Medicaid reimbursement for all non-abortion services furnished by the health care providers singled out by the bill. The legislation was crafted specifically to target Planned Parenthood and its 47 members (also called affiliates), with nearly 600 health centers across the country.[19] Prior to the "defund" provision, nearly half of all visits to Planned Parenthood health centers were by patients who relied on Medicaid to cover the cost of care.[20] Clinic closures mean the elimination of services such as STI testing and treatment, birth control, cancer screenings, and general wellness exams for patients with Medicaid coverage as well as other patients those clinics serve annually.[21]

Six months ago—on September 11, 2025—the First Circuit Court of Appeals stayed a preliminary injunction, allowing the Trump administration to enforce the "defund" provision against Planned Parenthood members.[22] At this point, the "defund" provision was already in effect against at least two other independent providers—Maine Family Planning and Health Imperatives—which have also been swept up into this backdoor abortion ban.[23]

In just eight months since Trump signed the OBBBA into law, 23 Planned Parenthood health centers have been forced to permanently close, leaving thousands of patients with fewer options, higher costs, and less freedom to make decisions about their health.[24] Additionally, in late October 2025, Maine Family Planning—a health care organization that operates 18 clinics throughout Maine—ended its primary care practice entirely, affecting approximately 1,000 patients.[25]

Figure 1. The "Defund" Provision Has Caused Planned Parenthood Clinic Closures Across the U.S.[26]



While the "defund" provision sunsets after one year, Republicans in Congress want to make this law permanent. On January 12, 2026, the Republican Study Committee released its framework for a 2026 reconciliation package, which included a provision to make the defunding of Planned Parenthood health centers permanent.[27] Separately, the Supreme Court's decision in *Medina v. Planned Parenthood* last summer paved the way for states to exclude providers that offer abortion care, including Planned Parenthood health centers, from getting federal Medicaid reimbursement for non-abortion care, such as contraception and cancer screening.[28] These attacks on the Medicaid program come as Planned Parenthood health centers face additional challenges like the withholding of Title X funds and systemic failures of the overall health care system.[29] If the "defund" provision is extended, it is patients who will suffer from lack of access to essential services from their trusted health care provider.

This report relies on new data, public reports, and first-hand accounts from patients and providers at Planned Parenthood health centers, as well as Maine Family Planning and Health Imperatives, the two independent providers that were swept up in this Republican attack on Planned Parenthood. The report reveals that the "defund" provision has:

- Interrupted care, raised health care costs, and worsened provider shortages, creating immediate and significant barriers for patients in need of health care.

- Hit low-income patients and patients in rural and medically underserved areas the hardest.
- Functioned as a backdoor abortion ban— even in states where abortion is legal.
- Shifted costs onto patients, providers, and states, forcing them to absorb the financial and operational burden of lost federal funding without sustainable alternatives.
- Threatened to permanently eliminate access to care in communities that rely on Planned Parenthood health centers, Maine Family Planning, and Health Imperatives, leaving patients with nowhere else to turn.

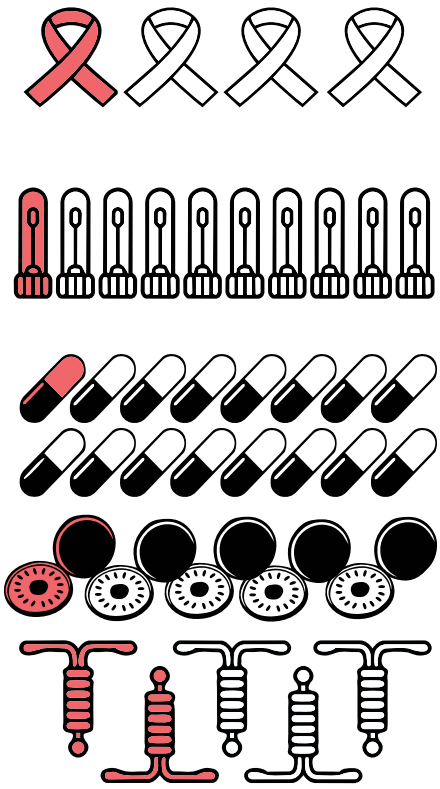
Finding #1: The defunding of Planned Parenthood has interrupted care, raised health care costs, and worsened provider shortages, creating immediate and significant barriers for patients in need of health care

The "defund" provision has created immediate and significant barriers for patients in need of health care. According to the clinical services director at Maine Family Planning, the day they announced the closure of the primary care practice, "the phones just started ringing off the hook" with patients asking, **"Where am I going to go? You folks have helped me with things that nobody else (could have) helped me with... I want to keep seeing you."**[30] Across the country, Planned Parenthood of Orange and San Bernardino Counties (PPOSBC) similarly announced that it could no longer offer primary care services for 13,000 patients in its service area.[31] **"All of those patients are now going to have to find new providers,"** PPOSBC President and Chief Executive Krista Hollinger said.[32] And in Michigan, where four Planned Parenthood clinics closed ahead of OBBBA's passage due to increasing attacks on sexual and reproductive health care, the clinics' **14,000 patients "are now being forced to scramble for a new provider who can accept Medicaid; pay out of pocket for their care at (Planned Parenthood Michigan); or go without the health care they need and deserve."**[33]

The closures have worsened an already-disastrous provider shortage, making it even more difficult for patients to access health care in their communities. In addition to ending its primary care practice in October, Maine Family Planning was "forced to stop accepting new primary care patients who (have Medicaid coverage)" in July, "even though (it) ha(d) people coming in almost daily who want(ed) to sign up as new primary care patients."[34] As one provider explained, **"There already weren't enough providers—we were getting new patient requests all the time... Now there's less."**[35] A Planned Parenthood clinic in Hawaii—where there is a chronic physician shortage[36]—warned, **"Take us out of the picture, and there's going to be more wait times even just for STD screening, or birth control."**[37]

Even when patients can find a provider, they may not be able to afford the care they need; there is already a shortage of Medicaid providers,[38] especially in rural communities.[39] According to Maine Family Planning, within the first two weeks of the "defund" provision taking effect, patients had already **"expressed concerns about their ability to pay out of pocket for birth control and other care."**[40]

New data from Planned Parenthood reveals that, by limiting access to affordable preventive care, the "defund" provision may already be causing adverse health outcomes. Within just three months of the provision becoming enforceable, visits for certain services at Planned Parenthood health centers plummeted compared to the same period the year before:



The number of breast exam visits fell by 25% during December 2025 alone, increasing the risk of delayed breast cancer detection and treatment, and avoidable, more serious illness—and thus increasing costs for patients and the health care system.

In November 2025, sexually transmitted infection (STI) testing declined 11% compared to the same period the previous year, limiting early diagnosis and treatment and increasing preventable spread, long-term health consequences, and avoidable costs.

There was a **6% reduction in the volume of emergency contraception kits dispensed or sold during December.**

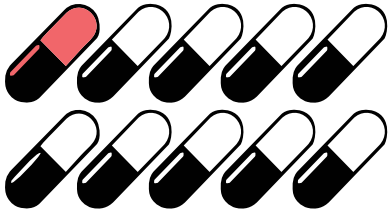
There were **20% fewer visits for birth control pills during November.**

Visits for intrauterine devices (IUDs) and other long-acting reversible contraception (LARC) dropped by 36% in December alone—the steepest decline across all services measured.

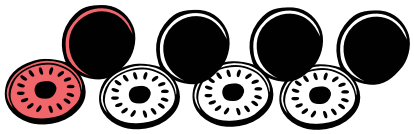
Nothing in the data suggests that people suddenly needed less primary, preventive, or reproductive health care. People are losing care they depend on—birth control, wellness exams, cancer screenings, and STI testing—at a time when many are already struggling to afford basic necessities.

This data only reflects the decline in services provided by Planned Parenthood. The number of patients going without care is even higher after factoring in the decline in services provided by Maine Family Planning, which ended its primary care practice entirely.

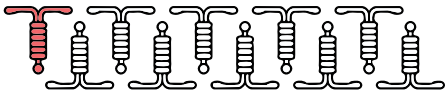
According to new data from Maine Family Planning, compared to the period between July 1 and December 31, 2024:[41]



Emergency contraception distribution fell 10% from July 1 to December 31, 2025.



Oral contraceptive distribution fell 27% from July 1 to December 31, 2025.



IUD insertions fell 10% from July 1 to December 31, 2025.

Delayed cancer diagnoses and STI exams, in addition to reduced access to contraception, **increase avoidable costs for patients in the long term**. Delayed cancer detection increases treatment intensity and expense; treating late-stage breast cancer is substantially more costly than early-stage intervention.[42] This means higher Medicaid expenditures, higher private insurance premiums, and greater uncompensated care burdens for hospitals and the health care system at large.

The Centers for Disease Control and Prevention estimates that STIs cost the U.S. health care system nearly $16 billion annually, with early detection and treatment among the most cost-effective public health interventions available.[43] Reducing access to this preventive care does not eliminate costs—it shifts them to more expensive downstream treatments for resulting infertility, HIV transmission, neonatal complications, and hospitalizations, putting additional pressure on emergency departments and state Medicaid budgets.[44] And reduced access to effective contraception increases the likelihood of unintended pregnancies, which are disproportionately financed by Medicaid and result in significantly higher public expenditures than preventive family planning services.[45] These downstream costs likely contributed to the nonpartisan Congressional Budget Office's (CBO) estimate that the one year "defund" provision would *increase* government spending by $53 million over 10 years.[46]

Although Planned Parenthood sites made up just 6% of clinics that serve Medicaid patients in 2020, they served 33% of women receiving contraceptive care at publicly supported clinics.[47] Eliminating high-volume providers is economically inefficient—it removes high-capacity infrastructure that other sites (which are already strained) cannot absorb.

Trump and Republicans in Congress are responsible for people losing access to care they depend on—birth control, wellness exams, cancer screenings, and STI testing—and increasing health care costs at a time when many are already struggling to afford basic necessities. Trump's "Big, Beautiful Bill" has only created preventable harm: delayed diagnoses, worsened health outcomes, and left communities with fewer options for affordable care.

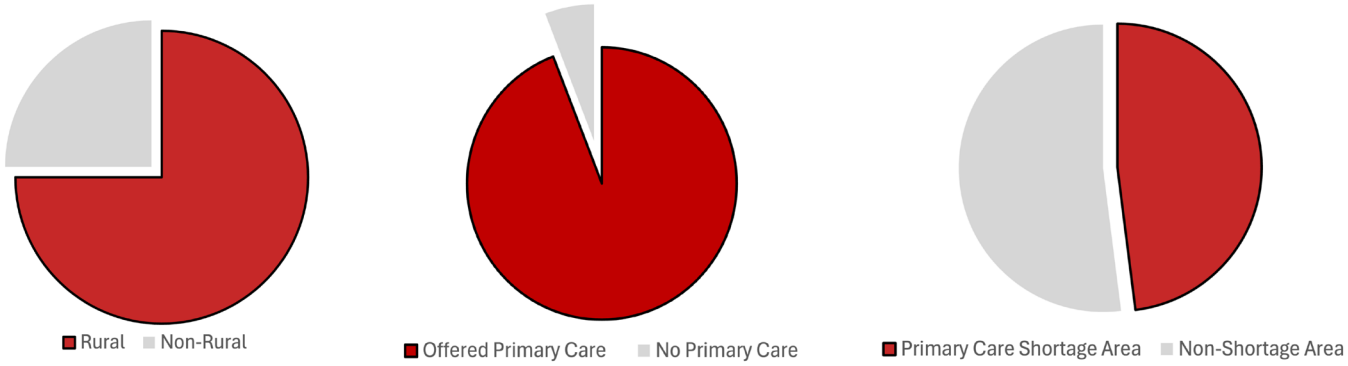
Finding #2: The defunding of Planned Parenthood has hit low-income patients and patients in rural and medically underserved areas the hardest

The majority of the clinics affected by Trump and Republicans' "defund" provision are located in rural or medically underserved areas and disproportionately serve low-income patients. Of Planned Parenthood patients who report their income, almost 65% live with incomes at or below 150% of the federal poverty line ($23,940 a year for a one-person household in 2026).[48] Prior to when the "defund" law became enforceable on September 11, 2025, nearly half (48%)[49] of Planned Parenthood patients relied on Medicaid to cover the cost of care.[50] Similarly, eleven out of the fifteen counties where Maine Family Planning operates its clinics are majority rural,[51] and the communities that Health Imperatives—the other independent provider that was swept up by the "defund" provision—operates in, including Brockton, New Bedford, and the Cape and Islands, have "the highest poverty or the greatest wealth gaps in the state (of Massachusetts)."[52]

Rural and low-income communities were already facing fragile systems of care—marked by provider shortages, hospital closures, and limited access to specialty providers—before Republicans enacted OBBBA and this policy took effect. The "defund" provision comes on top of a series of other harmful health care cuts included in the same legislation—such as new red-tape requirements that force people eligible for Medicaid to comply with so-called "work requirements," double the burdensome eligibility redeterminations required prior to the passage of the law, and restrict hospital financing mechanisms that help sustain rural and safety-net providers.[53] These changes increase administrative burden and costs, cause eligible individuals to lose coverage for procedural reasons, and destabilize funding streams that hospitals rely on to keep their doors open.

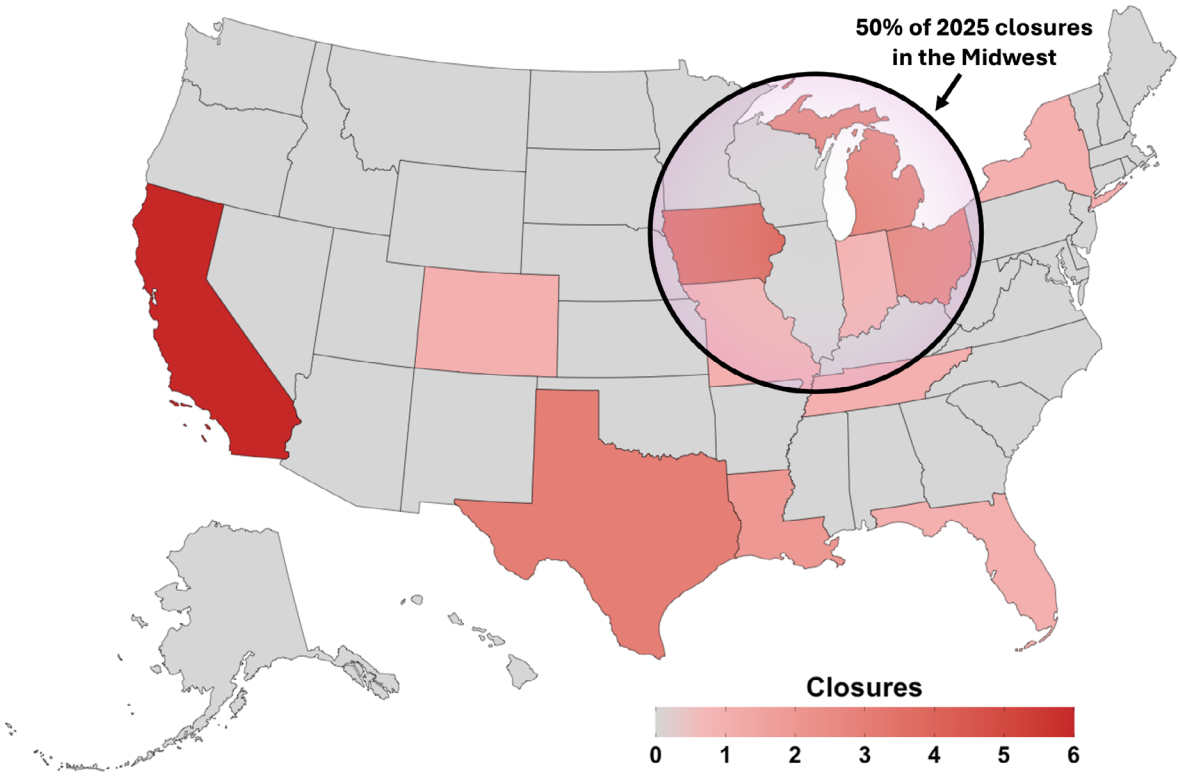
At the same time, President Trump and Republicans in Congress allowed the Affordable Care Act's enhanced premium tax credits to expire, resulting in higher premiums and coverage losses for millions of Americans.[54] The law's approximately $1 trillion in health care cuts outweigh the $50 billion Rural Health Transformation Program Republicans included in OBBBA, a provision of the law they point to as evidence of support for rural communities.[55] An independent analysis further found that the funding from the Rural Health Transformation Program is temporary, limited in scope, and insufficient to offset the unprecedented scale of Medicaid reductions and coverage losses included elsewhere in the law.[56]

Figure 2. Planned Parenthood Closures During the Trump Administration Have Disproportionately Impacted Rural and Medically Underserved Communities, and Those With Primary Care Shortages



Against this backdrop of shrinking coverage and provider instability, the closure of high-volume safety-net clinics like Planned Parenthood health centers and the end of the primary care practice at Maine Family Planning have had an outsized impact. **As of December 2025, nearly 75% of Planned Parenthood health center closures have been in rural, medically underserved areas, or health professional shortage areas.**[57] Almost all—48 of 51—of the Planned Parenthood health centers that closed between January and December 2025 offered primary care, and nearly half were in primary-care shortage areas.[58] Midwest communities were especially hard hit: **half of all closures occurred in the Midwest, and approximately 25,000 health center patients in the Midwest lost access to essential services like birth control from their usual health center.**[59]

Figure 3. The "Defund" Provision Has Disproportionately Affected Health Care Access in the Midwest



Rural communities already face greater barriers to care, including longer travel distances, limited transportation, fewer providers accepting Medicaid, and reduced appointment availability.[60] Expert reports and first-hand accounts indicate that patients in these areas are likely to forgo care if they can no longer access their preferred provider.

In many of the counties where Maine Family Planning operates its clinics, reproductive health care has "basically disappeared," making Maine Family Planning the "sole provider of comprehensive family planning and reproductive health care services in Norway and Farmington in western Maine, as well as in Washington County in eastern Maine."[61] Maine Family Planning even operates a mobile medical unit that travels across the state to serve populations that have difficulty accessing health care, but **"most of the patients (Maine Family Planning sees) in the mobile health care facility are Medicaid-enrolled, and not being able to accept Medicaid threatens (Maine Family Planning's) ability to continue offering care to these populations** due to the expense of maintaining the program."[62] Likewise, many of the Planned Parenthood clinics that have closed were the only points of health care access in their respective regions. **The Planned Parenthood in Marquette, Michigan was "one of the only brick and mortar access points for affordable sexual health care in the entire Upper Peninsula… The loss of a physical health center has deeply impacted the community."**[63]

Alaska and Hawaii also serve as examples of how essential Planned Parenthood health centers are to the health care delivery system in rural communities, and why further attempts to defund Planned Parenthood would be particularly harmful in rural areas. Due to the states' unique and remote geography, the majority of communities in Alaska and Hawaii rely heavily on transportation by plane or boat to access the care they need.[64] Eighty percent of communities in Alaska are inaccessible by road, and according to providers, some patients from cities like Palmer and Wasilla drive dozens of miles to access care in Anchorage. In Hawaii, patients on Lanai, a remote island with limited health options, must take either a ferry or a plane to get to the Planned Parenthood in Kahului.[65] Patients in these communities are already struggling: after Title X cuts last year, a patient in Anchorage, Alaska tried to cut out her birth control implant herself to avoid paying the cost of having it removed.[66] As the health center manager at that clinic explained, if Planned Parenthood health centers in these regions close, **"patients just won't seek care. And when it comes to an emergency for them, their only other option is going to be to go into the ER, making it much slower for regular emergency patients."**[67]

In Massachusetts, Health Imperatives (another independent provider swept into the "defund" provision) serves the island communities of Nantucket and Martha's Vineyard, where there is a primary care shortage. As Health Imperatives' Executive Director Julia Kehoe explained, "We have to send physicians over on a boat and potentially, given weather, we might not be able to get there. It is already difficult to operate family planning programs in those areas because in order to reach people, we have to travel."[68] Fortunately, Health Imperatives has been able to temporarily fill the gap left by the "defund" provision through a combination of state and private funding. But, as Ms. Kehoe explained, making the "defund" provision permanent would weaken their ability to continue serving those in areas of great need.

The "defund" provision exacerbates existing rural and income-based inequities, leading to worse health outcomes that are entirely preventable with timely access to care. At Planned Parenthood Mar Monte, the closure of five health centers and sunsetting of three critical services (family medicine, behavioral health, and prenatal care) "creat(ed) gaps in certain communities that were already under-resourced. For example, **in the Central Valley and Coastal regions of California, there is no other Medicaid provider that can fill the gaps in these communities specifically for abortion care and STI testing."**[69] Similarly, **in Maine, "(w)ithout access to a Medicaid provider, many patients will be unable to afford care out of pocket."**[70] Health Imperatives **"deliberately provide(s) services to people who otherwise can't get them. If (it) can't bill Medicaid, health will worsen and intervention will be much more expensive."**[71]

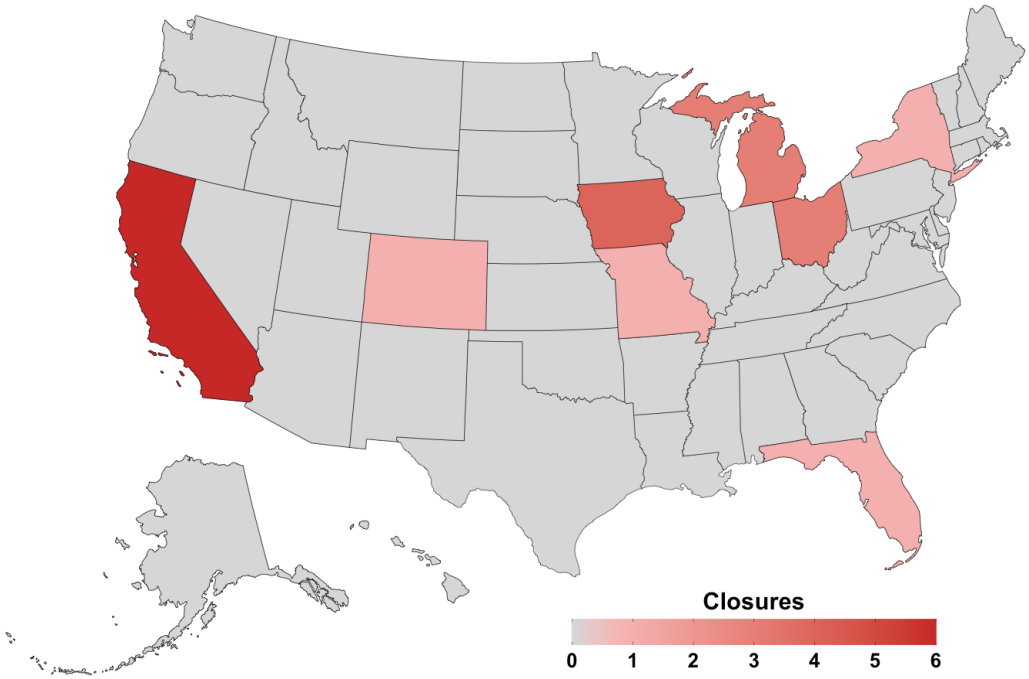
Finding #3: The "defund" provision has stripped away abortion access for thousands of patients—even in states where abortion is legal

Since the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* revoked the federal right to abortion, 21 states have banned abortion within the first 18 weeks of pregnancy, severely restricting access to care for tens of millions of women.[72] The Hyde Amendment already prohibits federal Medicaid dollars from paying for abortion care in all but very narrow circumstances. By forcing further health center closures and destabilizing provider networks—including in states

that have become key abortion access points—the "defund" provision effectively acts as a backdoor abortion ban.

According to data from Planned Parenthood, **50% of the Planned Parenthood health centers forced to close last year provided abortion care,** and more than 90% of the health centers at risk of closure are in states where abortion is legal, representing a flagrant denial of states' rights to independent governance.[73] In total, the **health centers that were forced to close had previously seen an estimated 21,000 abortion patients annually.**[74]

Figure 4. "Defund" Provision Is a Backdoor Abortion Ban: The majority of Planned Parenthood closures have occurred in states that do not have total abortion bans



Even before these health centers were forced to close, the number of brick-and-mortar abortion clinics had been dwindling. **By the end of 2025, there were 54 fewer brick-and-mortar clinics that provided abortion in the U.S. than there were in 2020,** including a net loss of 12 abortion clinics since March 2024.[75] The vast majority of abortions happen in person, and post-*Dobbs* restrictions have forced women to delay care, resulting in more complex abortions that require in-person care.[76] Since the *Dobbs* decision, the number of people who travel out-of-state for abortion care each year has also doubled,[77] and because of clinic closures, the "defund" provision is forcing more patients to travel to access abortion, often at great cost and delay, or to remain pregnant against their will.

For these reasons, Planned Parenthood health centers that border states with abortion bans act as key abortion access points. For example, one Planned Parenthood health center in Eastern Oregon is the nearest location for many Idahoans to legally access abortion care.[78] **The Ontario, Oregon clinic is "a lifeline for out-of-state patients seeking legal abortions up to 12 weeks of pregnancy."** Indeed, in 2024, 80% of this clinic's clientele came from out-of-state—and the majority of those visits were abortion-related. **If this health center were forced to close, "the closest in-clinic option for**

abortion care would be more than 300 miles away from Boise, about a five-hour drive to the west to Bend, Oregon, or southeast to the Salt Lake City area of Utah."

As Planned Parenthood explained, **"When a health center is forced to close, all patients lose access to their trusted provider, and entire communities are left unable to get high-quality reproductive health care, including abortion in many places."**[79]

In some communities where Planned Parenthood health centers have closed, unregulated and often nonmedical facilities known as crisis pregnancy centers (CPCs) appear to be attempting to convince communities that they are filling the gap in access to women's health care despite using deceptive practices that do not inform patients about the comprehensive, evidence-based range of options available to them.[80] For example, when a Planned Parenthood in Ames, Iowa closed, a CPC that was three miles away saw its clients double. CPCs already vastly outnumber Planned Parenthood health centers, and these anti-abortion centers continue to expand; as of 2024, more than 2,600 anti-abortion pregnancy centers operated in the U.S..[81]

CPCs advertise themselves as legitimate reproductive health clinics, but they are not subject to the same legal and ethical standards as clinics like Planned Parenthood. For example, CPCs are not typically bound by federal privacy protections like the Health Insurance Portability and Accountability Act (HIPAA) and may not provide medically accurate information.[82] CPCs are often not licensed providers, do not offer abortion care, and typically offer no or limited medical care. CPCs also generally do not provide any forms of contraception, making them an inadequate substitute for Planned Parenthood.

Finding #4: The defunding of Planned Parenthood has shifted costs onto states and providers, forcing them to absorb the financial and operational burden of lost federal funding without sustainable alternatives.

States and providers have had no choice but to absorb additional costs because of Trump and Republicans' harmful agenda. But the last six months show that, while these efforts from states and providers are helping to offset the harm to patients, they are not a long-term solution, and states and providers cannot absorb these costs indefinitely.

In just the first month after OBBBA became enforceable (September 2025), to minimize the harm caused to patients**, "Planned Parenthood health centers provided more than 100,000 visits for patients enrolled in Medicaid, providing an estimated $45 million in uncompensated care—at no cost to patients."**[83] But these efforts are unsustainable over the long run. The cost of providing health care, particularly sexual and reproductive health services, has outpaced Medicaid reimbursements for years. Planned Parenthood health centers have absorbed the additional costs rather than deny care to patients by relying on generous donors and other funding sources. But these are temporary stopgaps, and the pain for patients will worsen over time.

Due to Planned Parenthood's large role in providing family planning services to Medicaid enrollees, some states have committed to filling in gaps created by losses in federal revenues. Twelve states—

including California, Colorado, Connecticut, Hawaii, Illinois, Massachusetts, Maine, Nevada, New Jersey, New Mexico, New York, Oregon, and Washington—have allocated millions in funding to maintain access to care for their enrollees. This state support has ranged from covering the full cost of Medicaid services at Planned Parenthood health centers to allocating a specific amount of money to Planned Parenthood health centers for the year.[84] Some of the funding in Maine—where legislators are currently considering a bill to provide an annual $5 million appropriation to Maine Title X grantees through the creation of a new Fund to Maintain Access to Statewide Family Planning Services—also went to other providers including Maine Family Planning.[85]

But while states have allocated approximately $300 million in funding to help fill the gaps left by the "defund" provision, Planned Parenthood health centers still face a significant shortfall. Before the "defund" law became enforceable, Planned Parenthood health centers provided an estimated $700 million in care annually to patients who use Medicaid.[86] The bottom line: despite Planned Parenthood's tireless efforts to ensure access to low or no-cost care, the harm to patients from the "defund" provision is unavoidable**.**

For example, Massachusetts appropriated $5 million to "reproductive health providers at risk of losing federal funding,"[87] including Planned Parenthood League of Massachusetts and Health Imperatives. **"Because of this state support, and our donor/supporter community, Planned Parenthood League of Massachusetts was able to cover more than 6,000 patient visits** for MassHealth/ Medicaid patients between July-December 2025," Planned Parenthood League of Massachusetts said in a statement.[88] But as the Massachusetts affiliate's Chief Medical Officer explained in November 2025, "[i]n the last few months, **we've shouldered the cost-burden of thousands of patient visits… But we know it is not sustainable for us—or any Planned Parenthood member."**[89]

Health Imperatives similarly expressed that it had "diversified funding and [is] aggressively seeking private funding so [it doesn't] have to act every time the federal government makes a cut." The organization "need[ed] a contingency plan," because **the "defund" provision put Health Imperatives in a position to "see fewer people and give fewer services."**[90]

Even when providers were able to keep their doors open, the confusion caused by the "defund" provision led many patients to not seek care. According to Oregon Planned Parenthood leaders, "Patients were both scared and confused. **While Planned Parenthood Columbia Willamette and Planned Parenthood of Southwestern Oregon chose to continue providing care to patients covered by Medicaid while we awaited state funding support, we fear that many patients either delayed care or decided to not seek care because of the confusion surrounding this bill."**[91]

Forcing states to fill the gaps left by Trump's "defund" provision only puts strain on other essential, state-funded services, like public schools, fire departments, and food assistance programs. Local governments should not have to choose between these programs just because President Trump and Republicans in Congress decided to stop funding essential health care.

As Julia Kehoe of Health Imperatives warned, **"as the U.S. Federal Government continues to disinvest in programs that serve moderate- and low-income people, it will be more and more difficult for the state to fill the gap."**[92]

Finding #5: Republican attempts to permanently defund Planned Parenthood will leave patients with nowhere else to turn.

If Republicans succeed in their attempts to permanently defund Planned Parenthood and other reproductive health providers, patients will have nowhere else to turn. **For many patients, Planned Parenthood is their primary or only source of medical care.**[93] In a survey of 725 patients across two Planned Parenthood health centers in Kentucky and Louisiana, 60% did not have a regular source of health care besides Planned Parenthood.[94] And according to Maine Family Planning, "[f]or approximately 70 percent of our patients, we are the only health care provider they will see in a given year."[95] As one Maine Family Planning patient said, **"these nonprofit clinics are my only source of health care."**[96] Research by the Guttmacher Institute in May 2025 found that **no other provider could readily step in to replace the care that Planned Parenthood provides.** In order to fill the gaps of *just* the contraceptive care that Planned Parenthood provides, federally qualified health centers would have to increase their capacity to provide contraceptive services by 56%, health department sites by 28%, and hospitals by 53%.[97]

History makes clear that permanently defunding Planned Parenthood would cause irrevocable harm to patients across the country. After Texas excluded Planned Parenthood health centers from Medicaid family planning in 2011, contraceptive access dropped from 90% to 59%, and unplanned pregnancy and complications increased.[98] After the Kansas legislature excluded Planned Parenthood from its Title X program, the number of people accessing birth control, cancer screenings, STI tests, annual pelvic exams, and other care fell by more than 14,000. And in Iowa, family planning services collapsed by 85% after the state excluded Planned Parenthood health centers from its Medicaid family planning program.[99] **Other providers did not—and could not—fill the gap.**

"[T]o suggest [other providers] could easily step up to replace Planned Parenthood is a politically expedient argument that willfully ignores the facts on the ground. These attacks put millions of U.S. women at very real risk of being unable to obtain the basic, high-quality reproductive health care services they need and deserve," warned the Guttmacher Institute.[100]

CONCLUSION

Republicans' shameless attacks on Planned Parenthood and other independent health providers are happening at a time when the U.S. health care system is more broken than ever, due in part to Trump's and Congressional Republicans' sweeping health care cuts, which cut nearly $1 trillion from Medicaid.

Trump said he would leave abortion to the states but, much like most of his promises, this was a lie. He is restricting abortion access in states where it's legal and protected, using federal funding as a tool of manipulation.

As a result of Trump and Republicans' attacks on Planned Parenthood, Maine Family Planning, and Health Imperatives, patients across the country are not only losing access to abortion care, but also to vital family planning and primary care services, such as contraceptive visits, STI testing, and cancer screenings. Rural and low-income communities have been hit the hardest by these attacks, and this targeted attack on reproductive health care is driving up costs and delaying care for *all* patients across the country.

Americans have expressed overwhelming opposition to Republicans' defunding of Planned Parenthood. Sixty-nine percent of people oppose permanently defunding Planned Parenthood, with half of Americans (49%) strongly opposing it.[101] Republican lawmakers who seek to make the "defund" provision permanent will raise costs, sicken more Americans, and cause avoidable deaths—and these harms will touch every community, including their own.

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