

National  
**Family Planning**  
& Reproductive Health Association

MEMORANDUM

TO: US House of Representative Offices  
FROM: Clare Coleman, President & CEO, NFPRHA  
Jessica Marcella, Senior Director of Policy & Advocacy, NFPRHA  
DATE: September 29, 2015  
RE: **NFPRHA Strongly Opposes HR 3495: Women's Public Health and Safety Act**

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Later today, the House of Representatives will vote on HR 3495, the Women's Public Health and Safety Act, authored by Rep. Sean Duffy (R-WI). As the national membership organization representing the broad spectrum of the nation's publicly funded family planning providers and administrators, **the National Family Planning & Reproductive Health Association (NFPRHA) strongly opposes HR 3495.**

NFPRHA's more than 900 institutional members constitute a diverse group of family planning administrators and public and private health centers including state, county, and local health departments, family planning councils, Planned Parenthoods, federally qualified health centers, community action partnerships, private, nonprofit family planning centers, hospitals, and universities. For decades, these providers have leveraged a panoply of public funding sources, largely anchored by the Title X family planning program and Medicaid, to deliver care to low-income, uninsured, or under-insured individuals as well as those seeking confidential care.

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NFPRHA strongly opposes any attempt to exclude providers "that perform, or participate in the performance of, abortions" from Medicaid. If adopted, HR 3495 would eliminate Medicaid's longstanding protection allowing Medicaid beneficiaries to receive family planning services from the provider of their choice, undermining access to essential health services.

For more than 40 years, federal law has protected the right of Medicaid enrollees to freely choose to receive family planning services from any qualified provider that undertakes to provide such services. Freedom of choice in Medicaid providers is essential to ensuring low-income individuals have timely access to high-quality, trusted providers specializing in family planning and sexual health services, which greatly reduce the number of unintended pregnancies and abortions while saving states millions in taxpayer dollars.

States have previously tried—and failed—to exclude abortion providers from Medicaid, such as in Indiana in 2011. **The Obama administration has been clear that Medicaid programs may not exclude**

qualified health care providers, including abortion providers, [“from providing services that are funded under the program because of a provider’s scope of services.”](#)

Furthermore, this legislation is contradictory to the views of the American public. Publicly funded family planning is broadly supported: three out of four women say that publicly funded family planning centers have a positive impact of public health. Medicaid is a cornerstone of publicly funded family planning – for providers who participate in the Title X family planning program, Medicaid represents on average 40% of a health center’s revenue. This legislation would serve only to exacerbate the gaps in access for the poor and low-income.

NFPRHA is here to serve as a resource as this debate moves forward. To access our latest fact sheets, research, and to learn more about Medicaid and family planning, visit [www.nationalfamilyplanning.org](http://www.nationalfamilyplanning.org). Please do not hesitate to contact Jessica Marcella, Senior Director of Policy & Advocacy, or any member of NFPRHA’s policy team at (202) 293-3114.