Family Planning Cuts, Abortion Restrictions, and Unmet Demand for Contraception in Texas

Joseph E. Potter, PhD, 9th Annual Obstetrics & Gynecology Symposium, June 13, 2014

Learning objectives

- Evaluate how the cuts in family planning funding passed by the 82nd Legislature impacted the provision of contraception in Texas
- Assess the impact of the Sonogram Law and the abortion restrictions passed in the 83rd Legislature on abortion care
- Construct questions for assessing women's contraceptive preferences
- Recognize risk factors for unmet demand for highly effective contraception

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Impact of Family Planning Cuts

2011 Legislation

- Family planning budget cut by 2/3 ($111m to $38m)
- Tiering system favoring FQHCs and public entities
- Mandated enforcement of “affiliate ban” in WHP

Consequences:

- Clinic closures (78 or more)
- New fees
- LARC provision sharply curtailed
- TWHP without Planned Parenthood in Jan. 2013

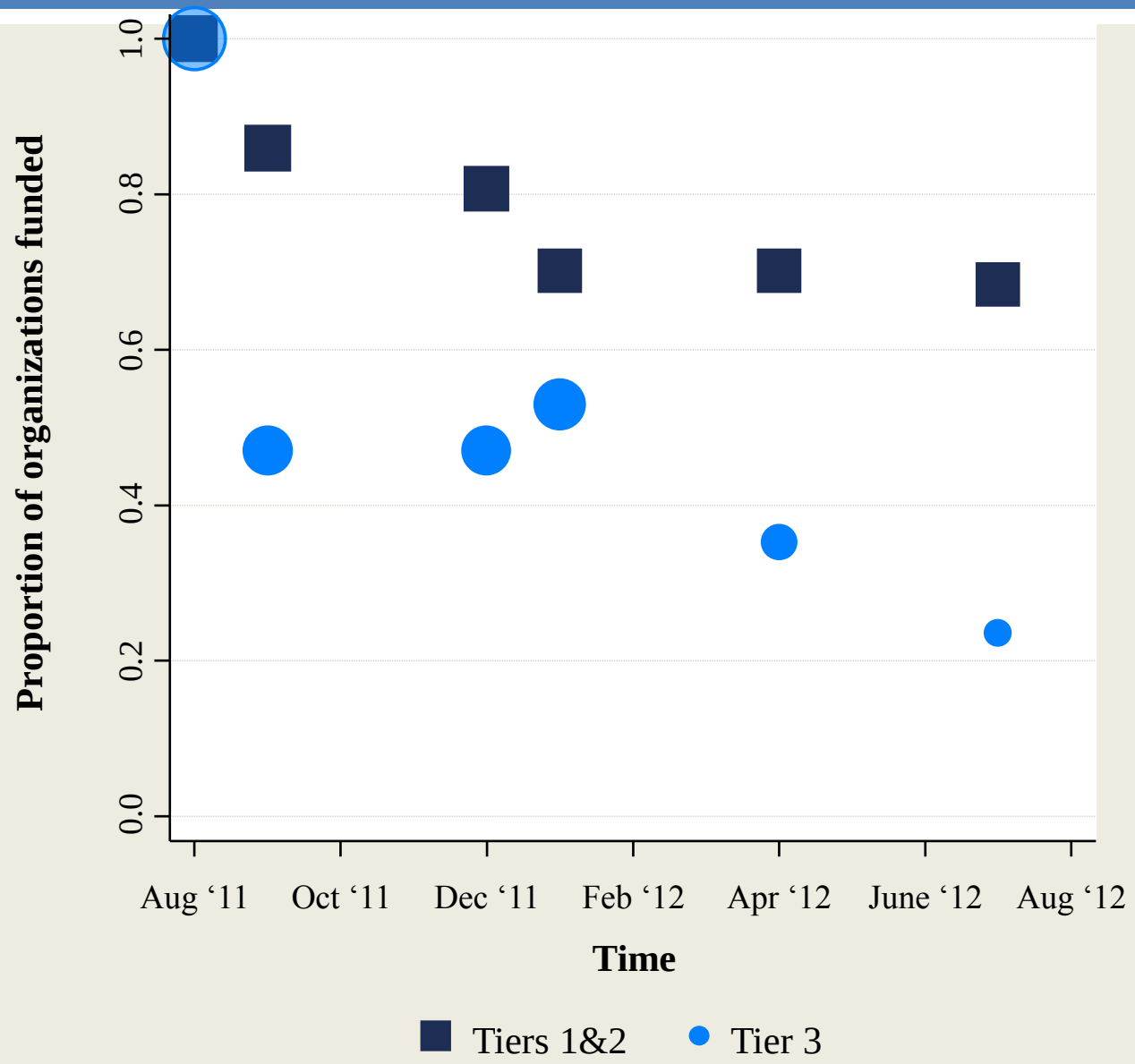
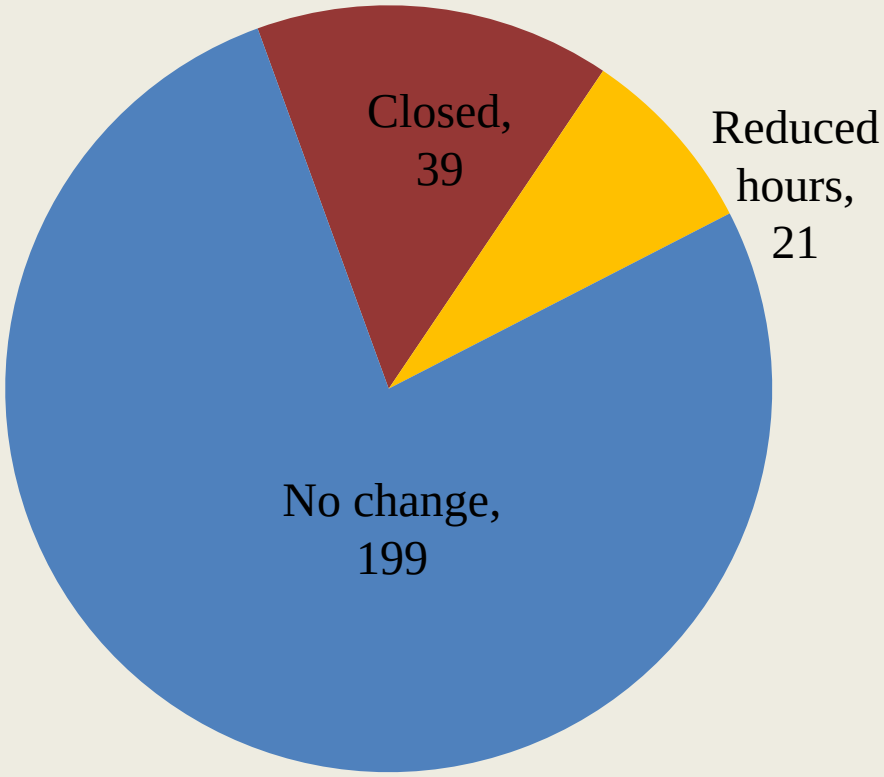
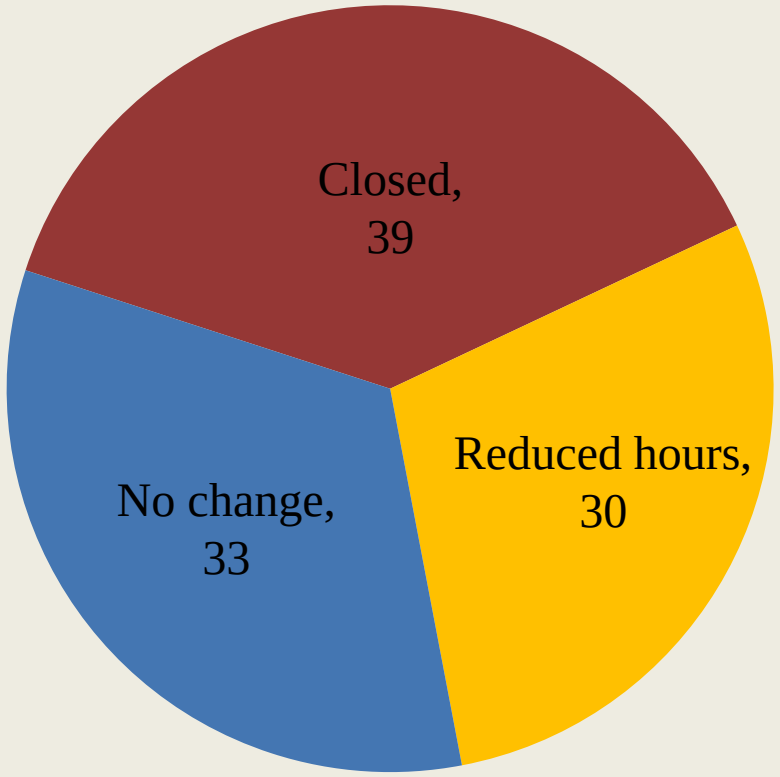


Exhibit 1. Proportion of FY2011 family planning contractors receiving funding, by funding tier

Note: Symbol size reflects total number of clients served in FY2011



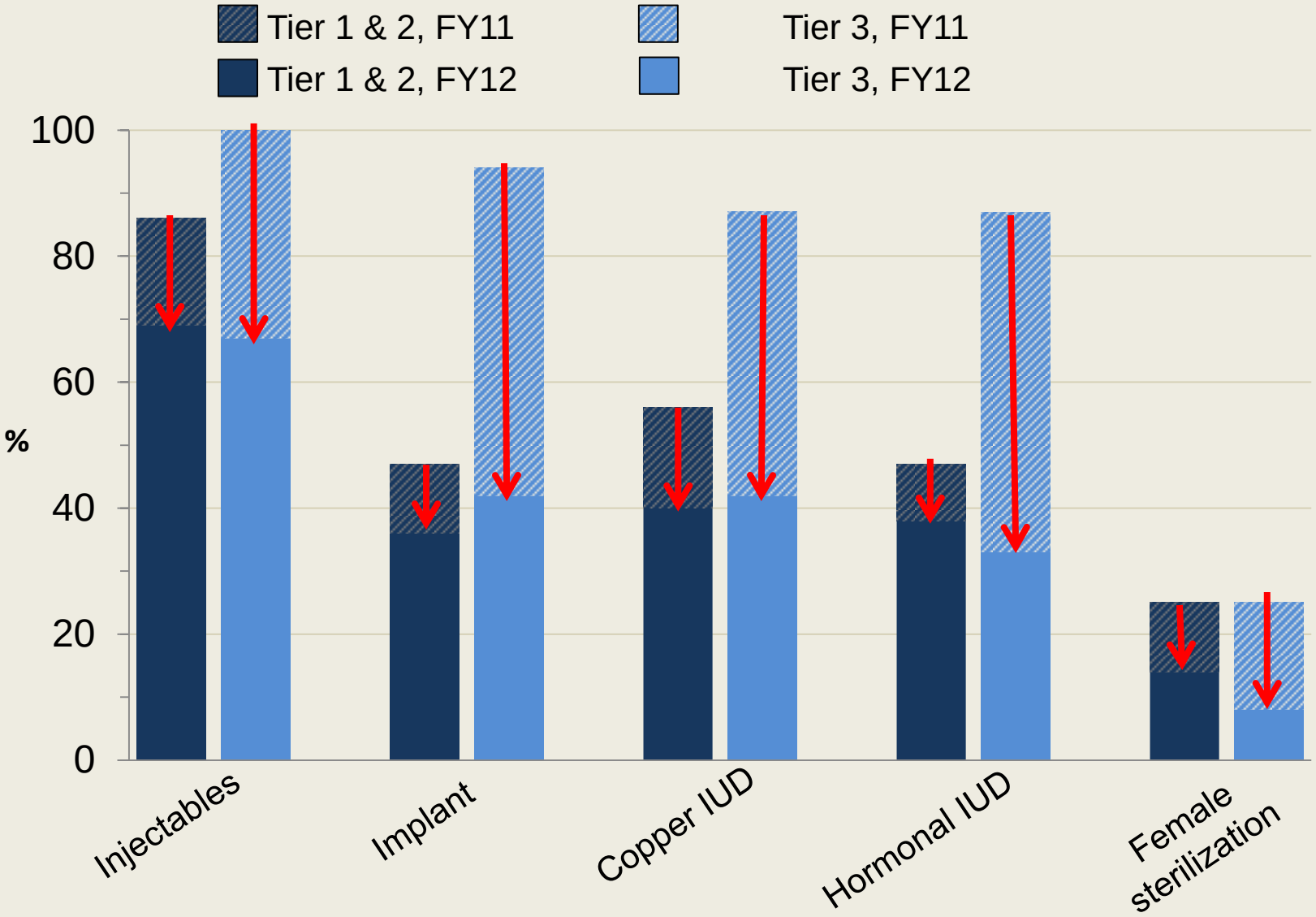
Tier 1 and 2 Clinics



Tier 3 Clinics

Exhibit 2. Reductions in service hours and sites offering family planning, by funding tier

Methods Widely Offered in FY11 and FY12



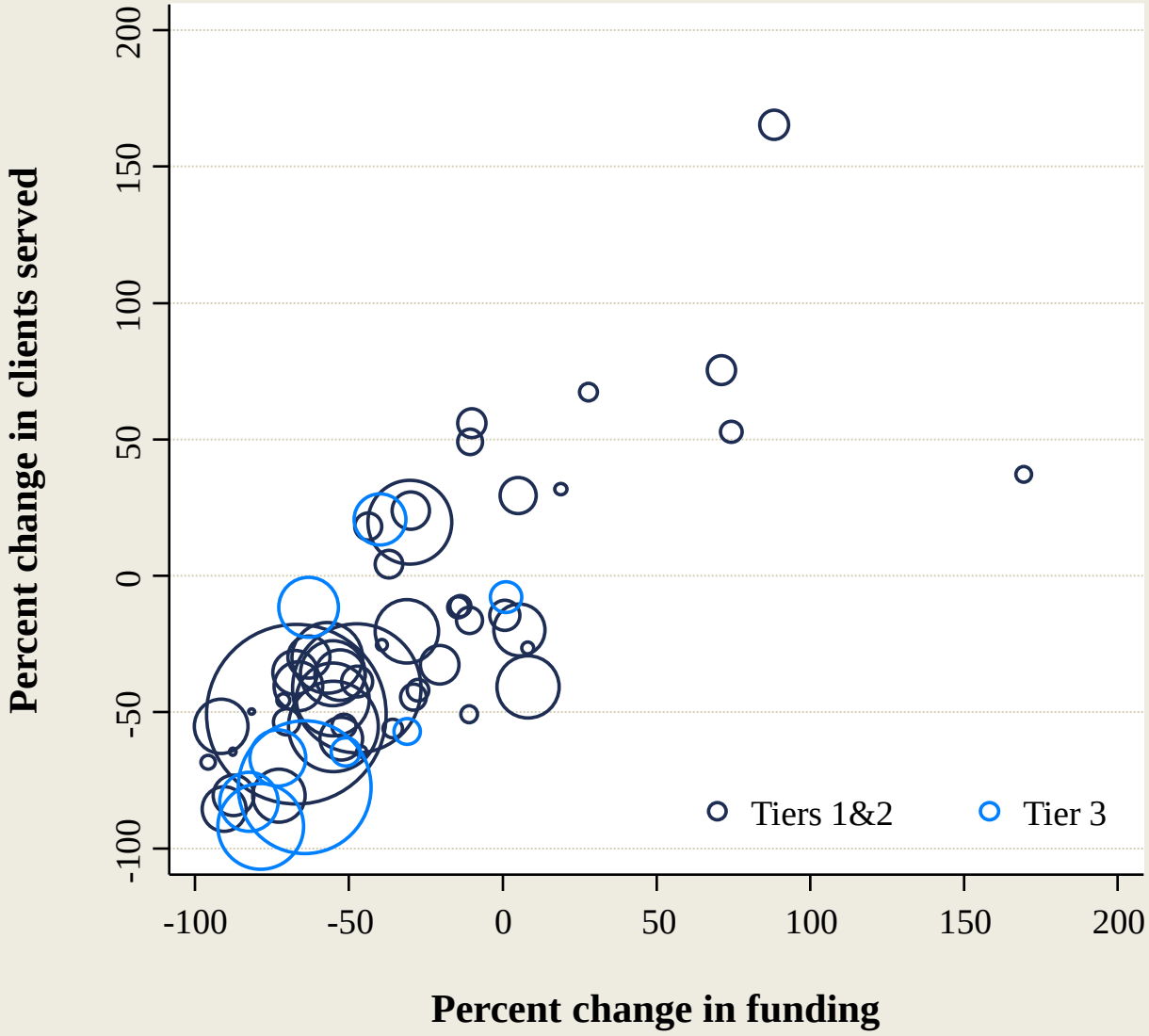


Exhibit 4. Percent change in clients served and funding received in FY2012, by funding tier

Note: Symbol size reflects number of clients served in FY2011

Focus Groups with Women: Main Themes

- Publicly-funded family planning services have always been difficult to obtain
- Previously existing gaps in the reproductive health safety net are now even larger
- Minor teens face unique challenges
- Family planning access after the budget cuts: New fees require tough choices
- Women express strong support for publicly-funded family planning services

Tattered Reproductive Health Safety Net: Lack of Continuity of Care

"I have six kids. After the one I had last year, I had actually missed my six week check-up 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."

2013 Texas Legislature

- $100 million expansion of a primary care program to provide services for an additional 170,000 women
- $71 million for Texas Women's Health Program
- $43 million to replace Title X funds that federal government awarded to a nonprofit organization (WHFPT)

Impact on Abortion Services

2011: Texas HB15, "Sonogram Law"

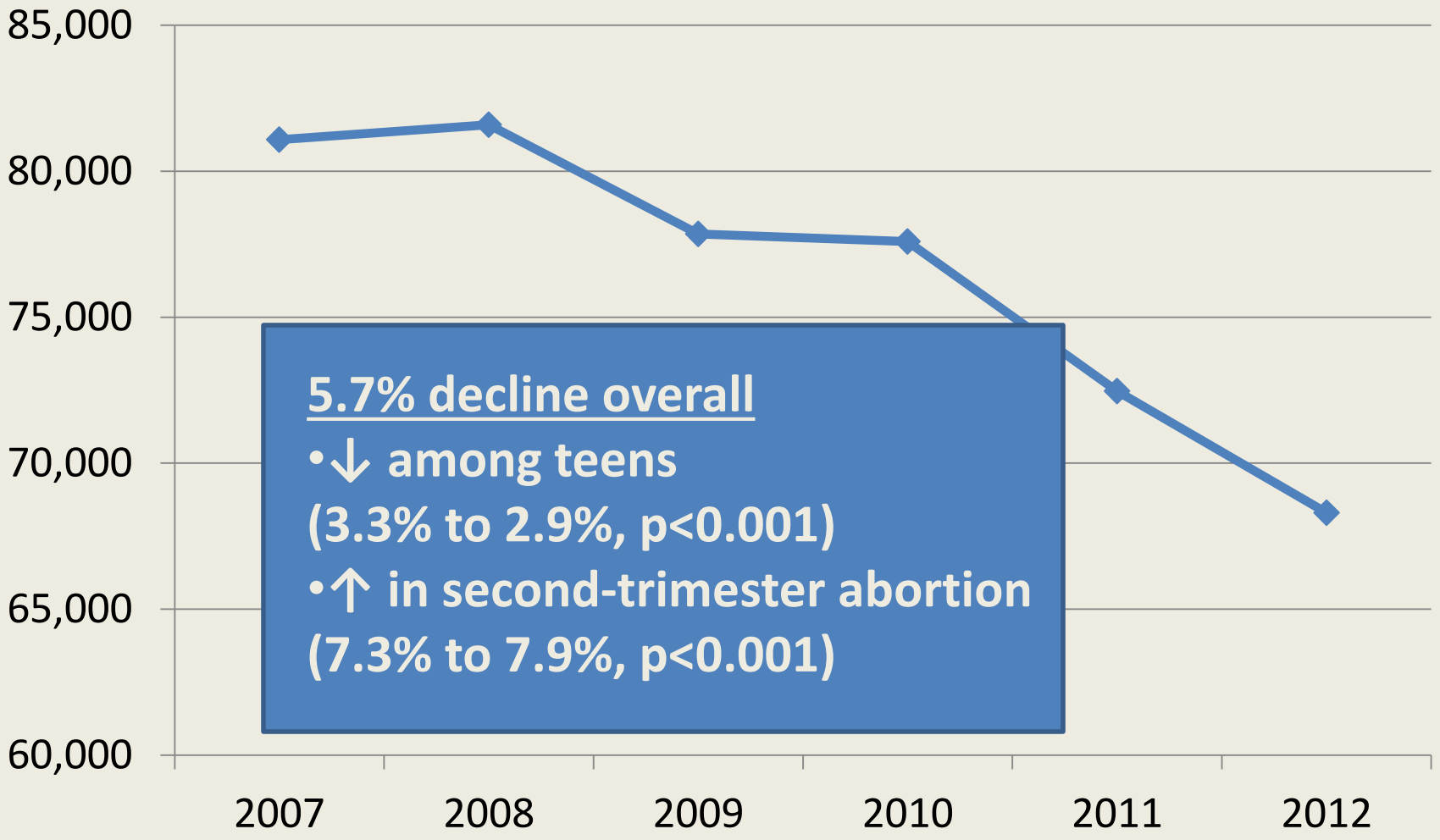
- 24 hours before an abortion, the **physician who will carry out the abortion procedure** must perform an ultrasound
- Must display image and provide a description in terms understandable by a lay-person
- Must make audible the fetal heart by auscultation if possible
- Waiting period reduced to 2 hours for women who live more than 100 miles away from the **nearest clinic**

Effects of "Sonogram Law"

- Little or no impact on women's decisions
- Increased costs for women
- Posed large challenges for clinics

- 7% of women seeking abortion care reported attempts at self-induction
- 45% reported being unable to access their preferred contraceptive method
- Reduced number of abortions in 2012 compared to 2011

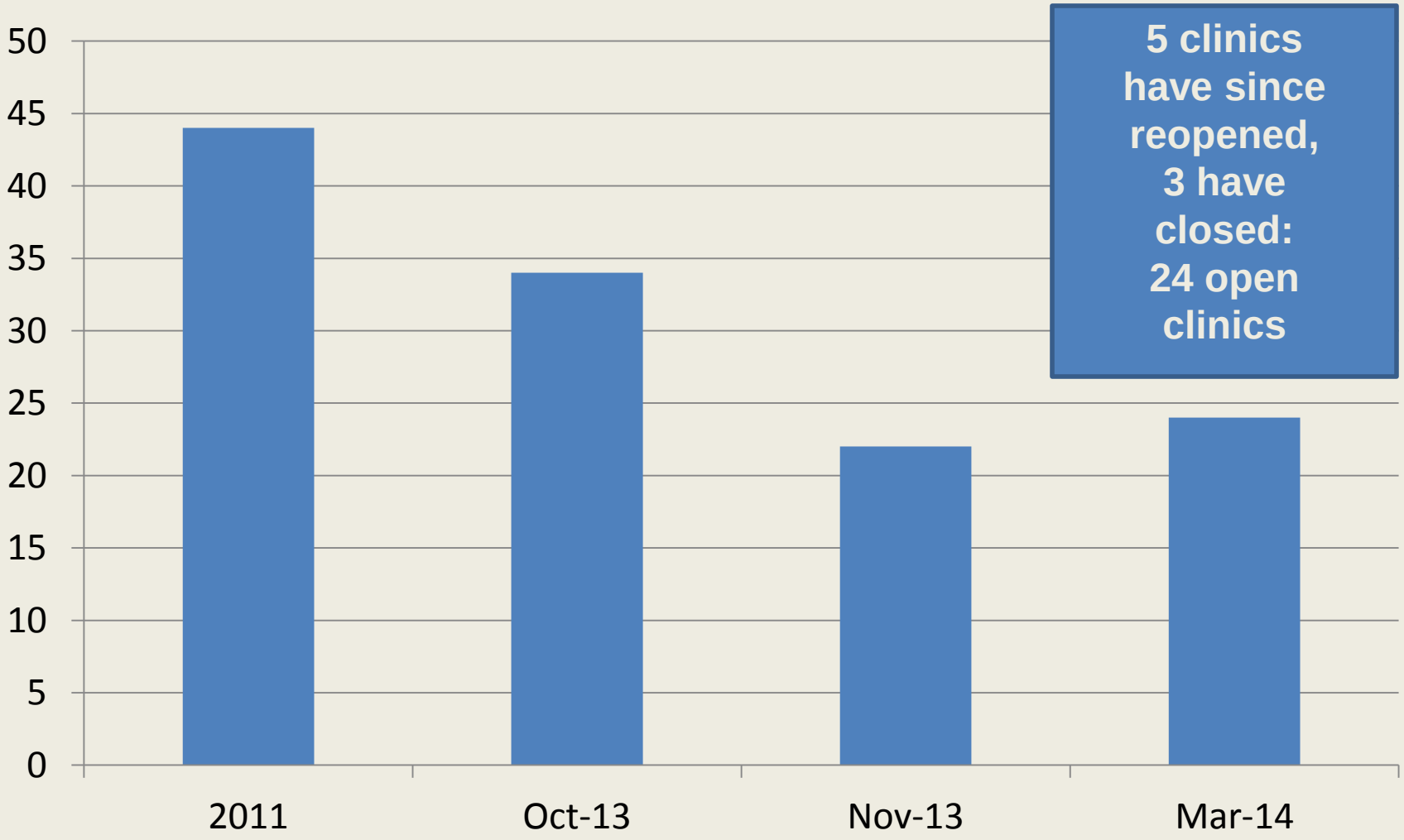
Abortion numbers in Texas

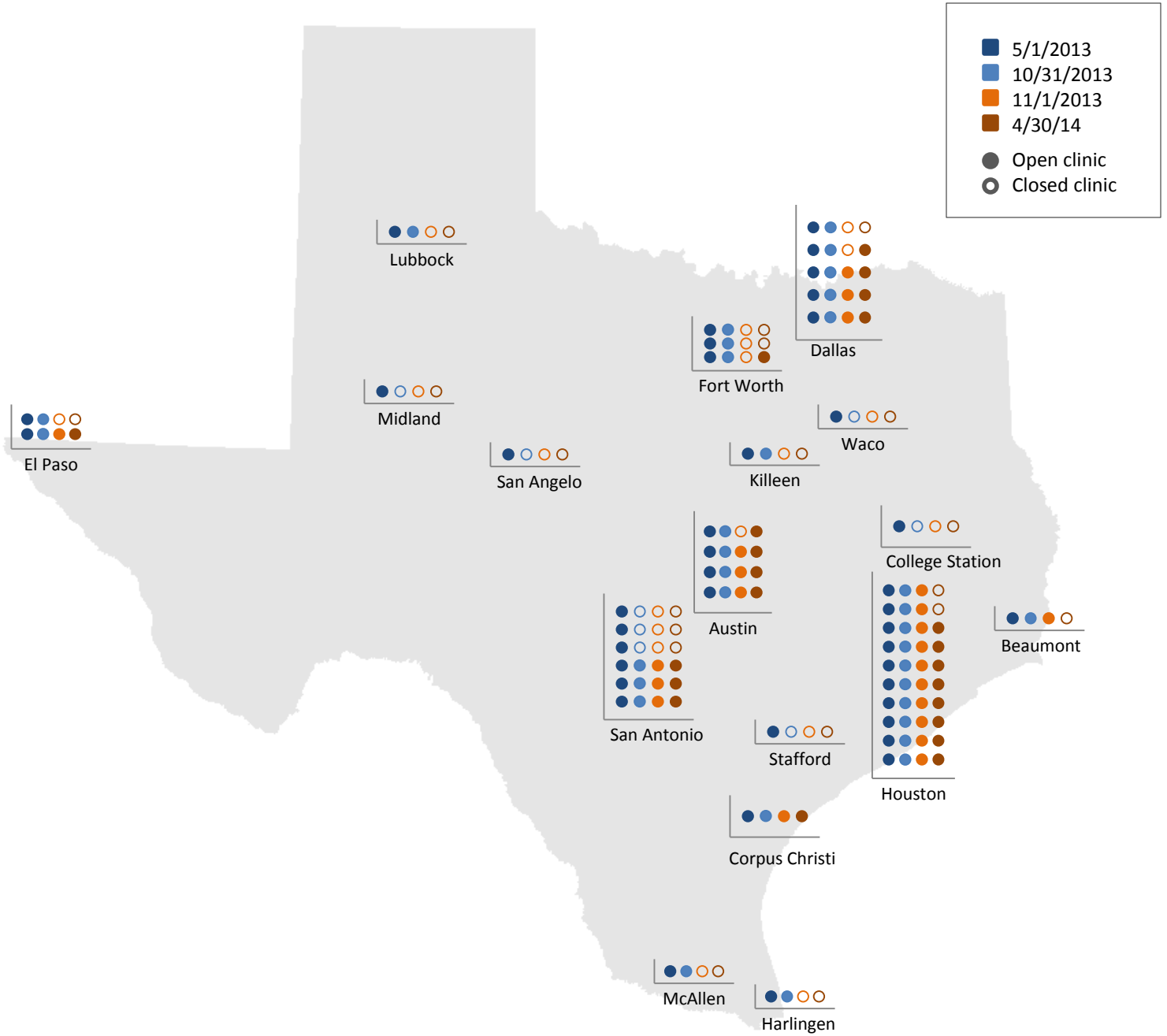


2013 Texas Legislature

- After 2 special sessions, HB2 passed
  - Requires physicians to have admitting privileges within 30 miles of abortion clinic
  - Imposes new restrictions on medical abortion
  - Ban on abortions at ≥22 weeks LMP with limited exceptions
  - Requires facilities providing abortion to be ASC (Sept 2014)
- Federal judge enjoined admitting privileges provision
- Fifth Circuit Court of Appeals quickly overruled injunction and went into effect November 1
- Supreme Court declined to intervene

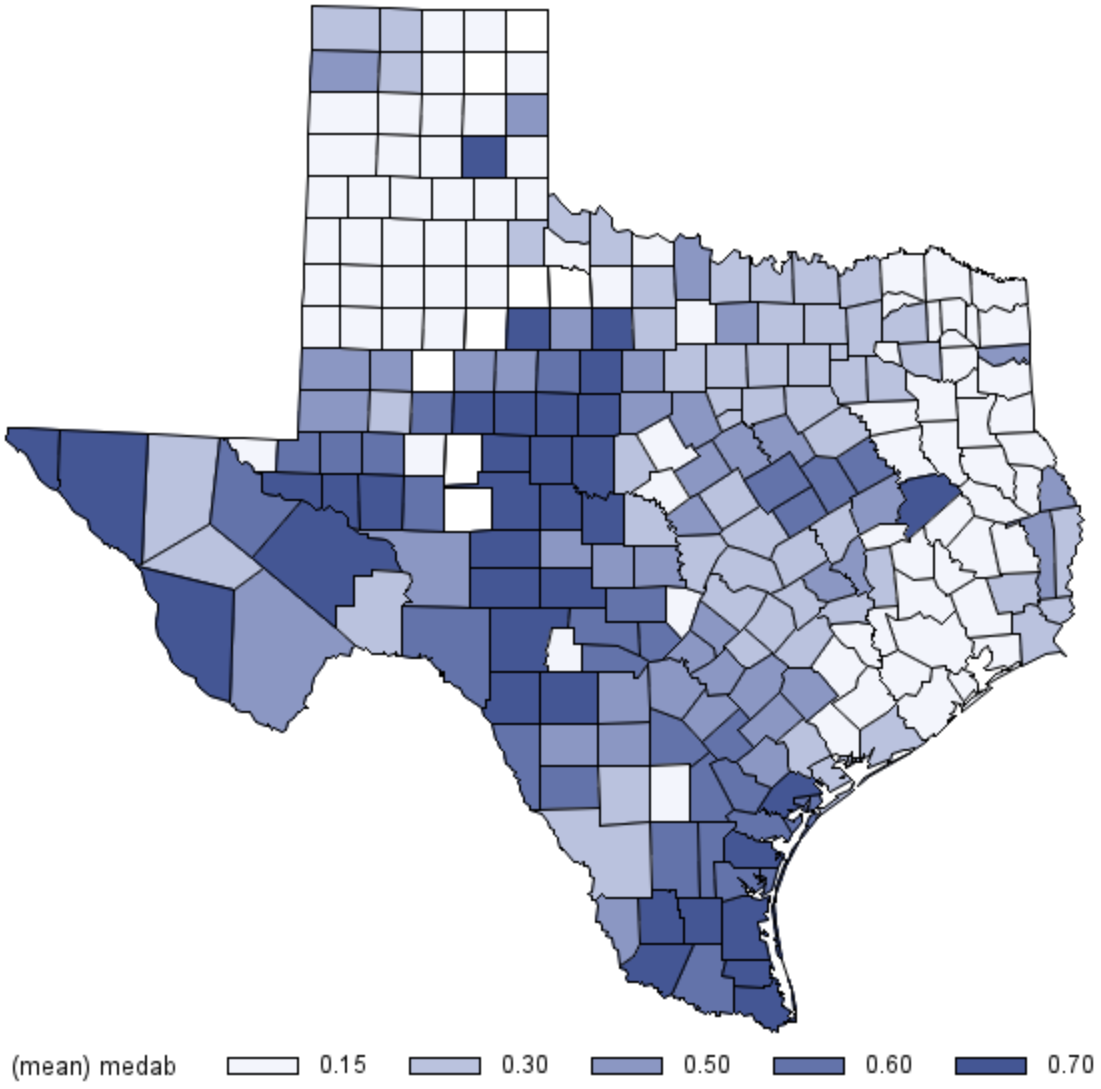
Number of open abortion clinics




5/1/2013
10/31/2013
11/1/2013
4/30/14
Open clinic
Closed clinic
Lubbock
Dallas
Fort Worth
Midland
El Paso
Waco
San Angelo
Killeen
College Station
Austin
Beaumont
San Antonio
Stafford
Houston
Corpus Christi
McAllen
Harlingen

Medication abortions as a proportion of all eligible abortions

By county, 2011



Unmet Demand for Highly Effective Postpartum Contraception in Austin & El Paso

Questions Addressed

Methodological

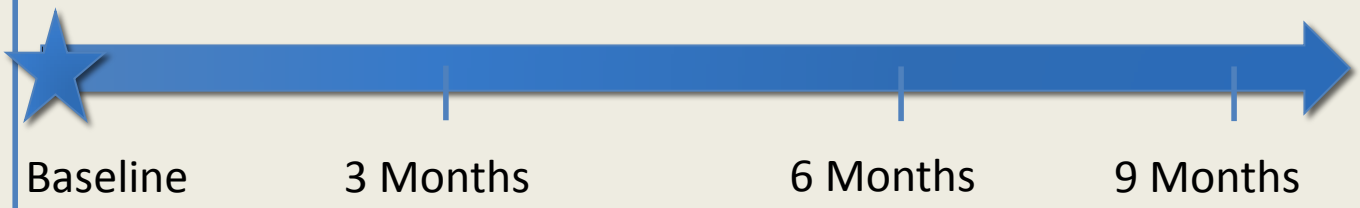
- Can you ask women about the specific contraceptive method they would like to be using?

Substantive

- How great is the demand for/interest in LARC?
- How great is the demand for/interest in sterilization?
- Who prefers highly effective methods?
- Who is able to access them?

Study Design

803 Postpartum Women
Public: 602
Private: 201



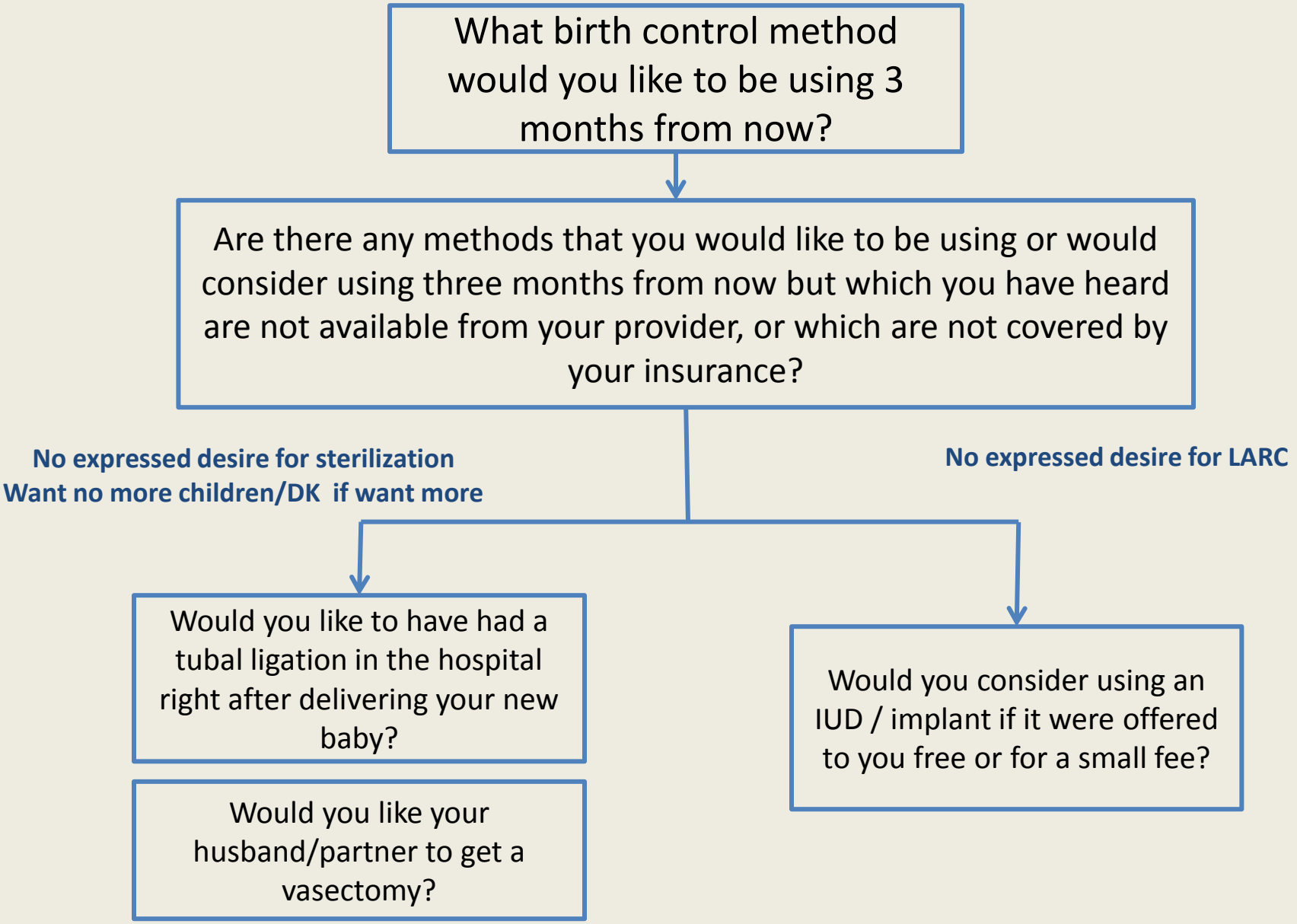
Eligibility Criteria

Aged 18-44
Do not want to get pregnant again in next 24 months
Delivered Healthy Singleton Infant
Expect to Bring Infant Home upon Discharge
Residing in the U.S. within 50 miles of the Hospital
Contactable within the U.S. for at Least 1 More Year

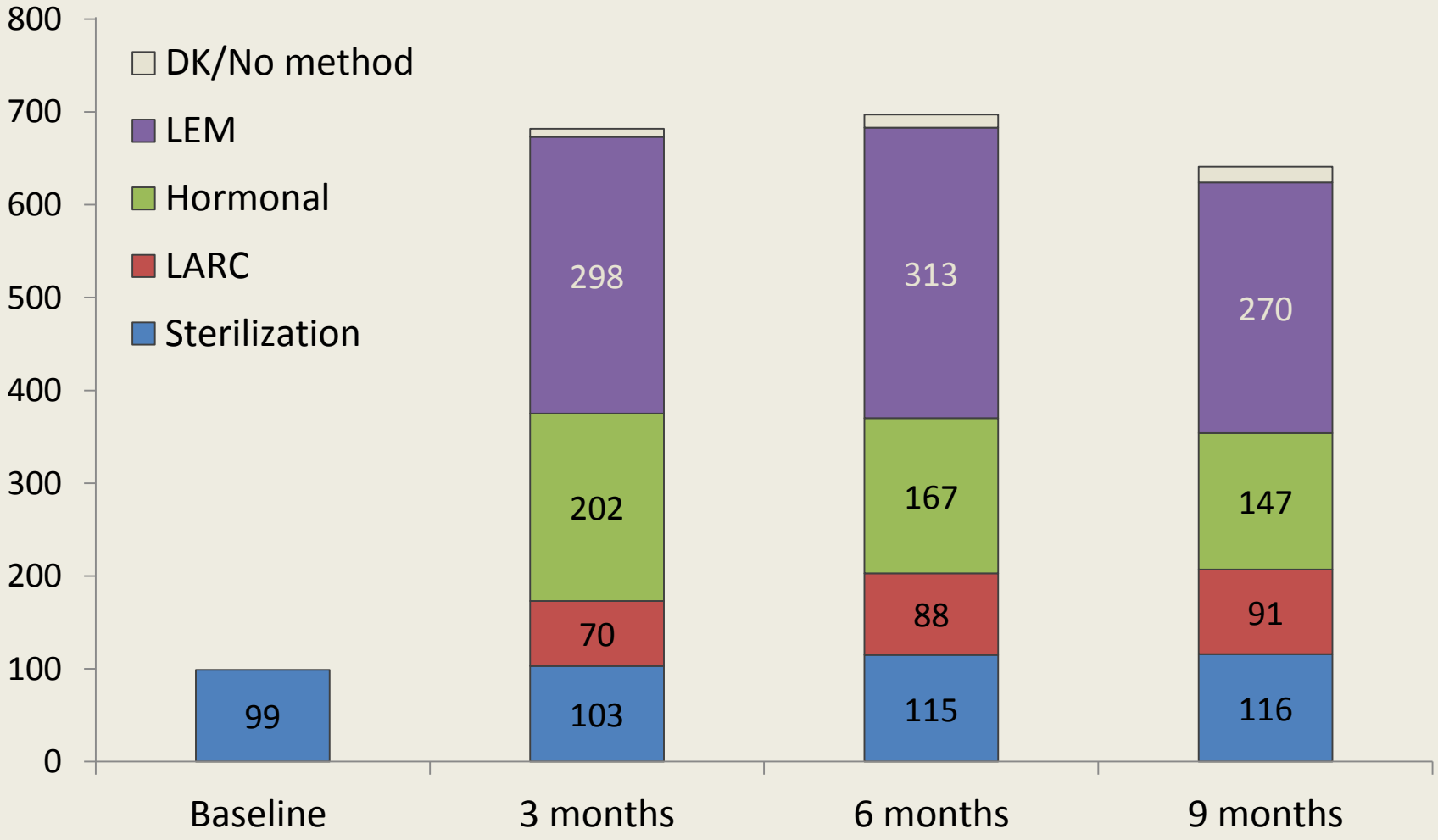
Key Variables

Contraceptive Preferences
Contraceptive Use

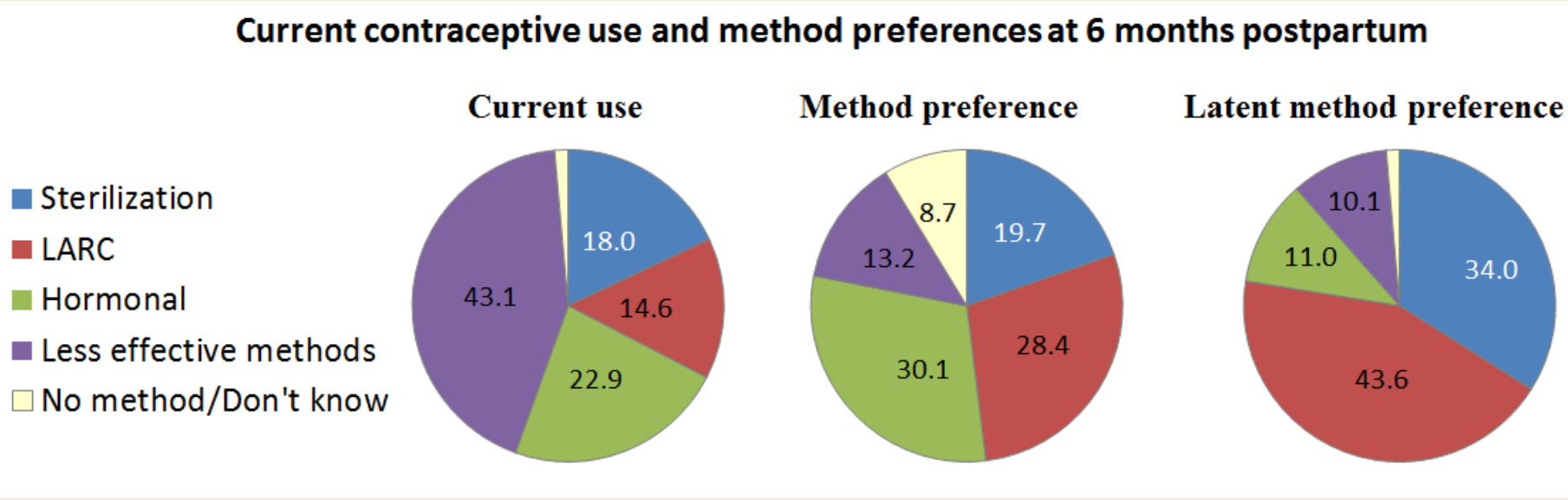
Measuring 6mo. Contraceptive Preference

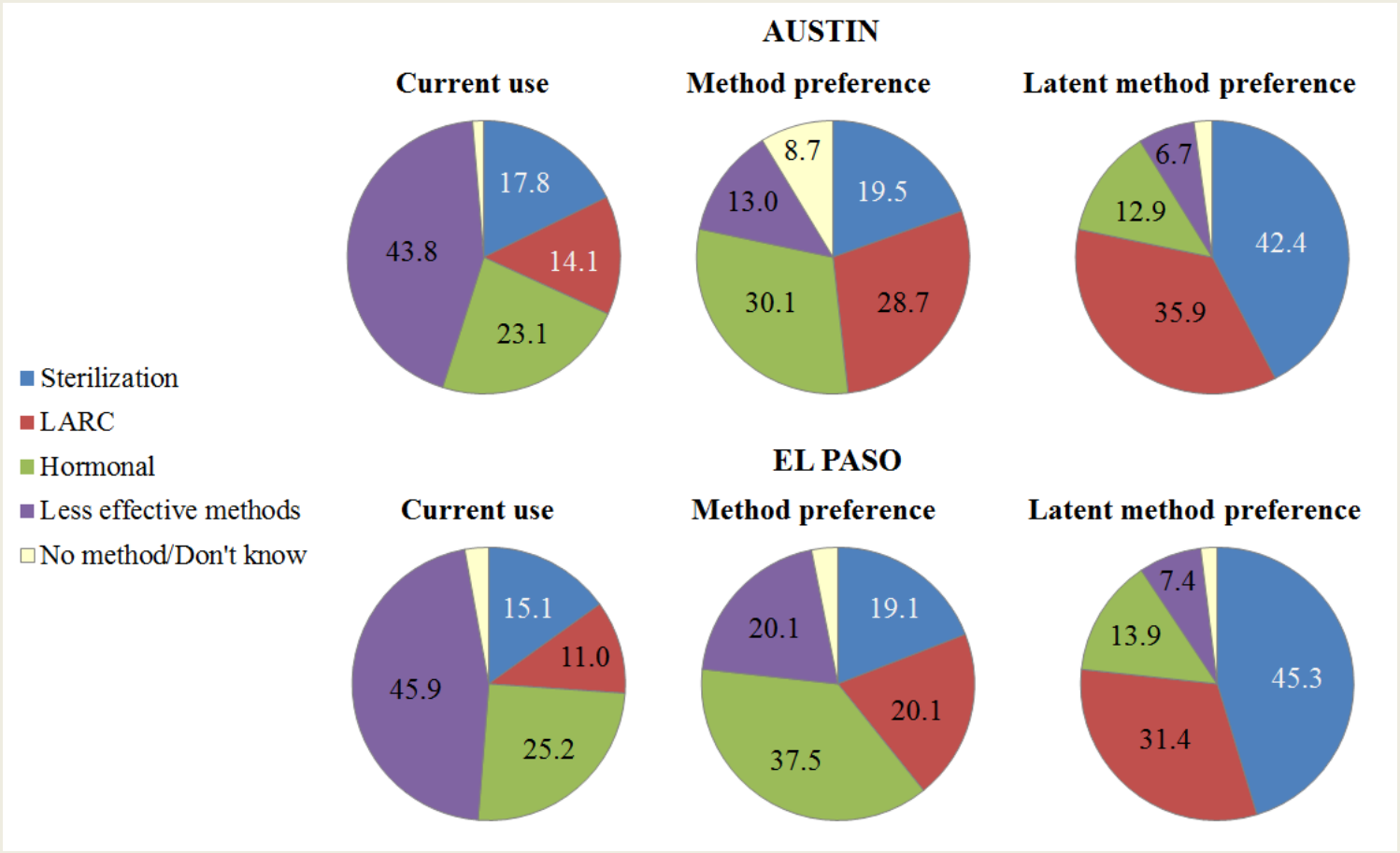


Current method

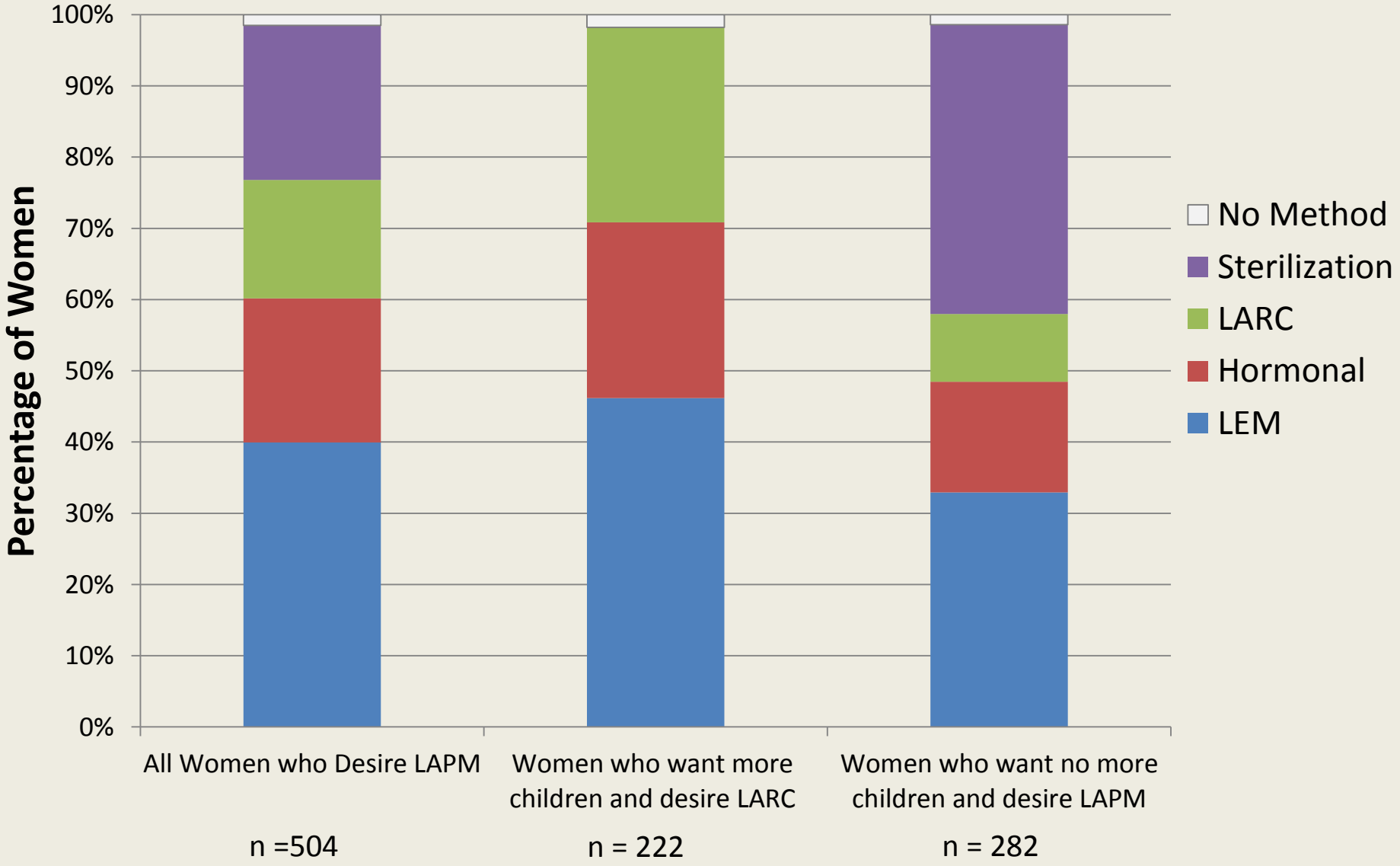


Use & Preferences at 6 Months




AUSTIN
Current use
Method preference
Latent method preference
17.8
14.1
23.1
43.8
8.7
19.5
13.0
30.1
28.7
6.7
12.9
42.4
35.9
EL PASO
Current use
Method preference
Latent method preference
15.1
11.0
25.2
45.9
19.1
20.1
20.1
37.5
7.4
13.9
45.3
31.4
Sterilization
LARC
Hormonal
Less effective methods
No method/Don't know

Methods being used at 6 months postpartum among women desiring long-acting and permanent methods (LAPM)



Logistic regressions to find out:

- Who wanted LARC among spacers?
- Who wanted LAPM among limiters?
- Who used LARC among spacers who wanted LARC?
- Who used LAPM among limiters who wanted LAPM?

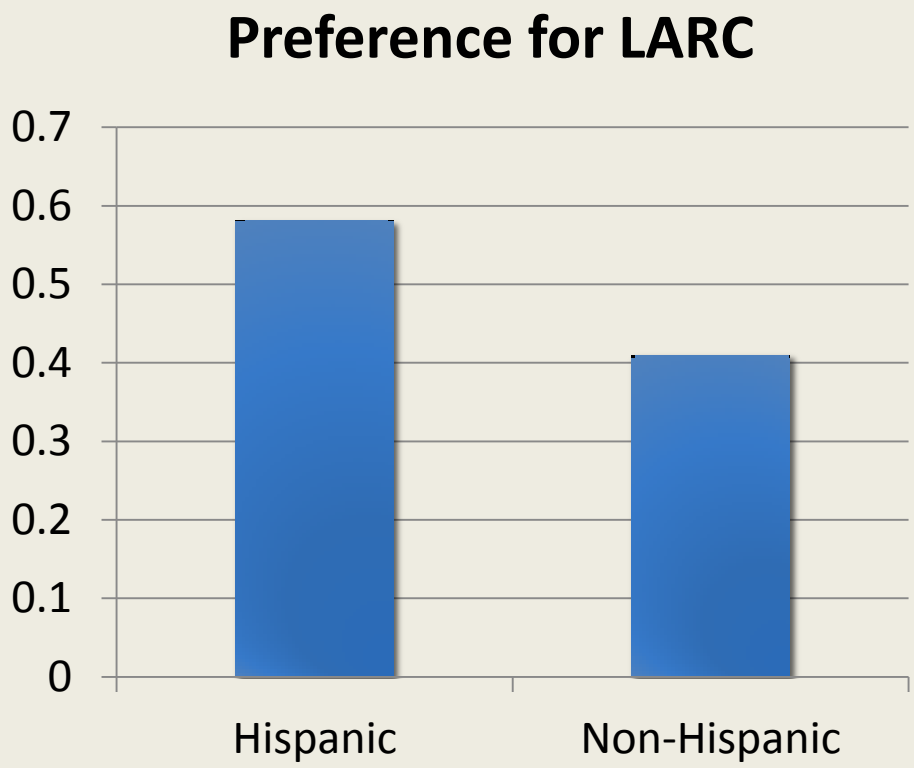
Sample Characteristics (n=803)

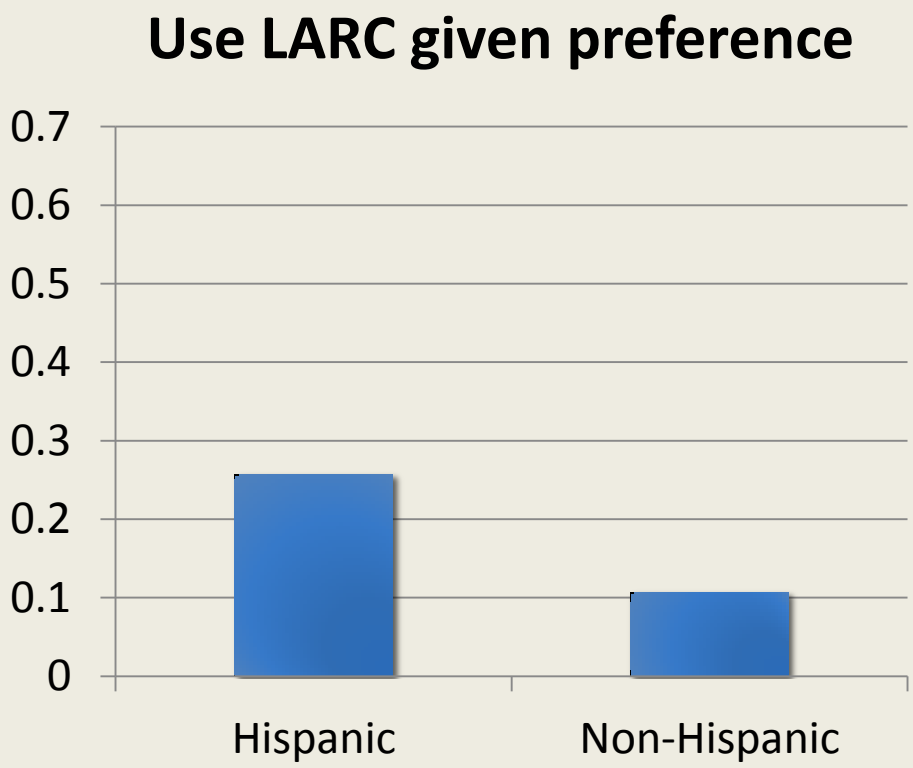
Characteristic	Frequency (%)
Age	
18-24	33.3
25-29	28.5
30-34	22.0
35+	16.2
Ethnicity	
Hispanic	76.6
White	14.8
Other	8.6
Parity	
One	31.0
Two	30.9
Three or more	38.1

Type of insurance	Baseline	6mo
Public	75.0	28.5
Private	25.0	18.9
None/DK	---	52.6

Characteristic	Frequency (%)
Relationship Status	
Married	48.8
Cohabiting	30.4
Single	19.3
Separated/Divorced	1.3
Education	
< High School	32.7
High School	26.4
> High School	40.9
Annual Family Income	
<10,000	33.5
10,000-20,000	24.9
20,000-35,000	15.5
35,000-75,000	14.2
>75,000	11.9

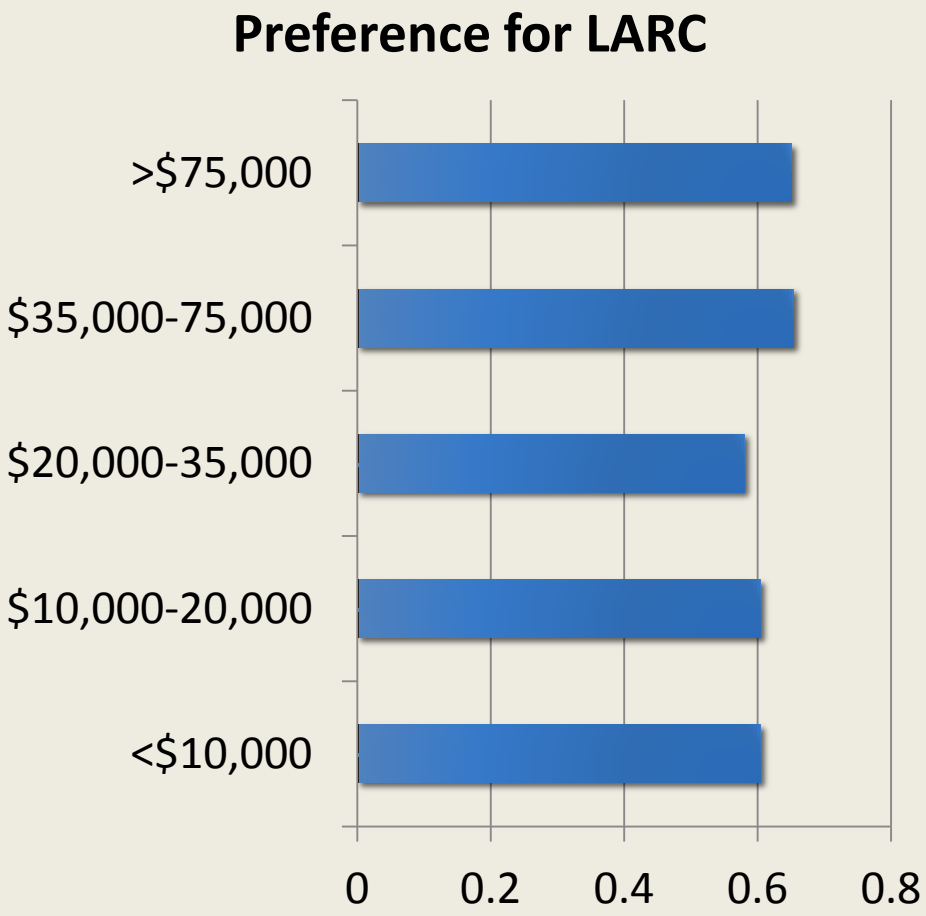
Predicted Probabilities by ethnicity

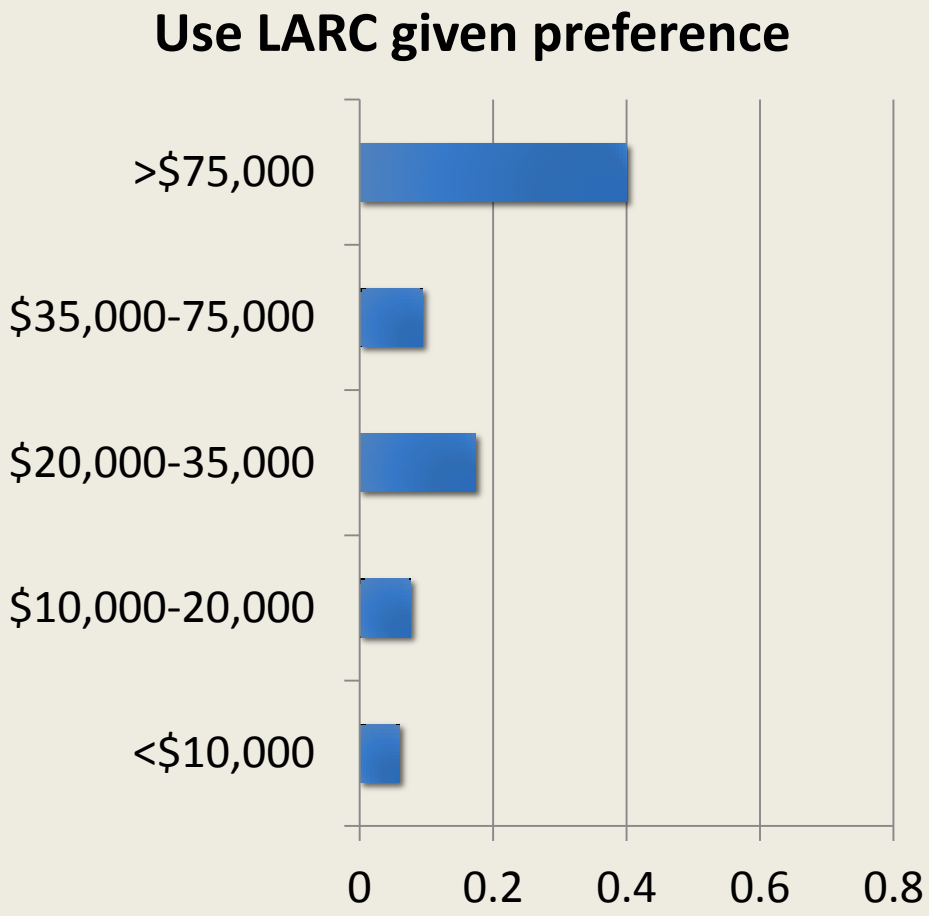




Based upon a participant who lives in Austin, aged 25-34, parity 2, high school education, married, lost insurance after baseline, and with a household income of $20,000-35,000 per year

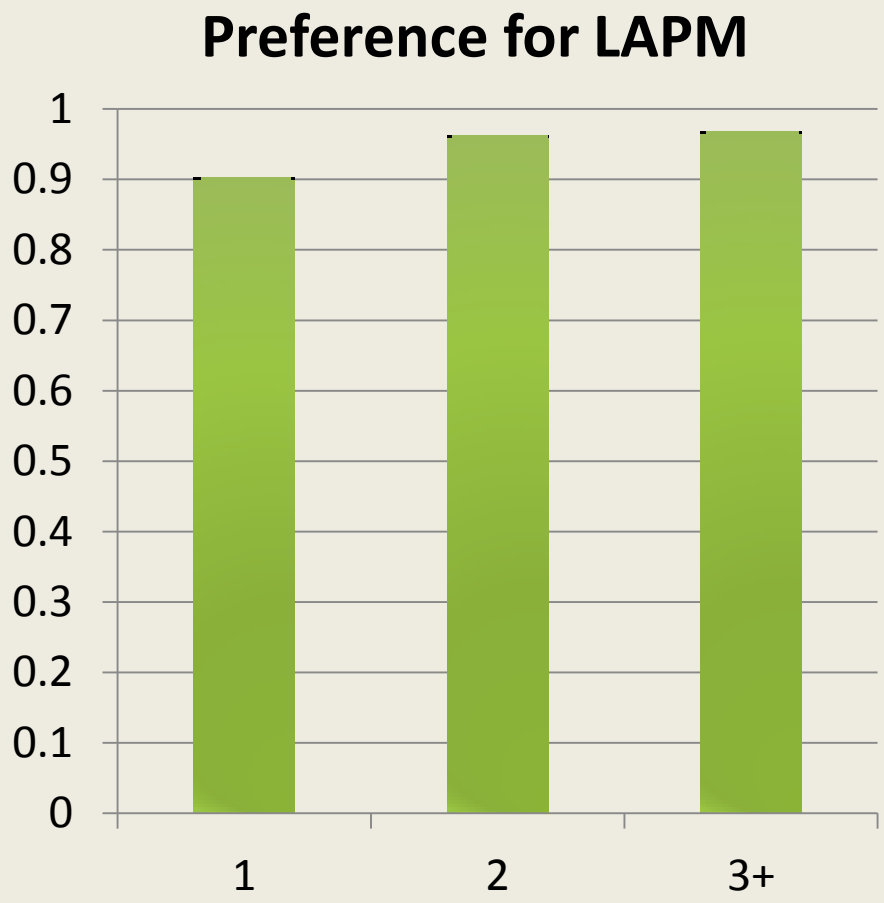
Predicted Probabilities for LARC by income

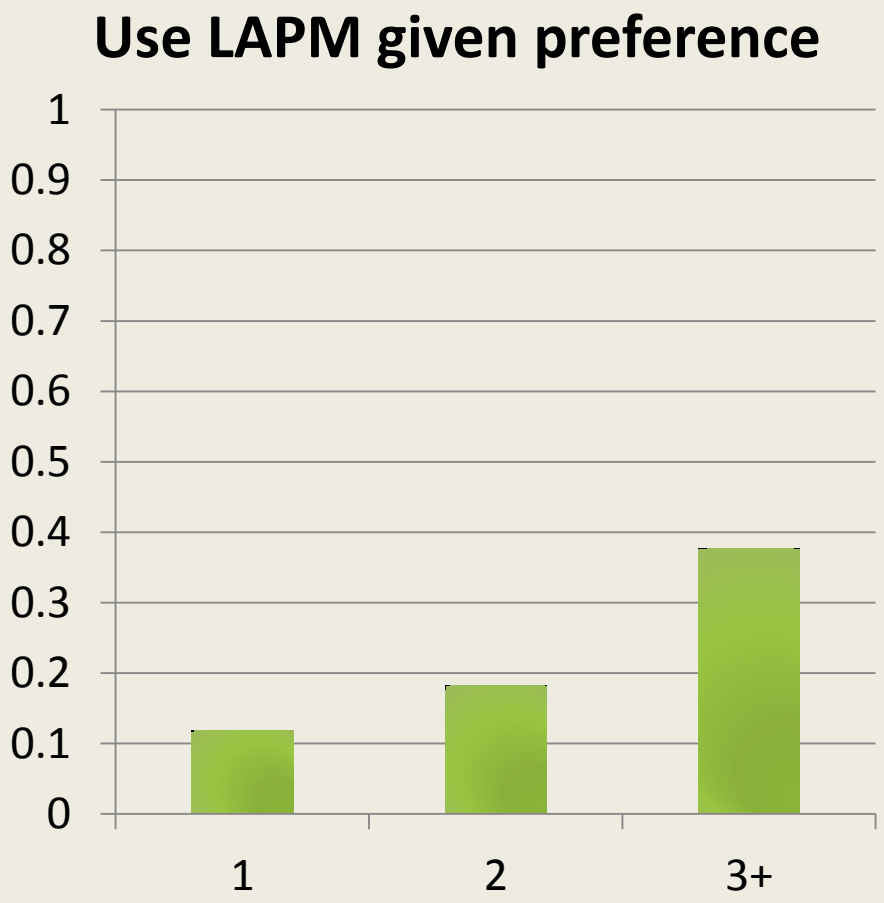




Based upon a participant who is Hispanic, lives in Austin, aged 25-34, parity 2, has a high school education, is married and who lost insurance after baseline

Predicted Probabilities by parity

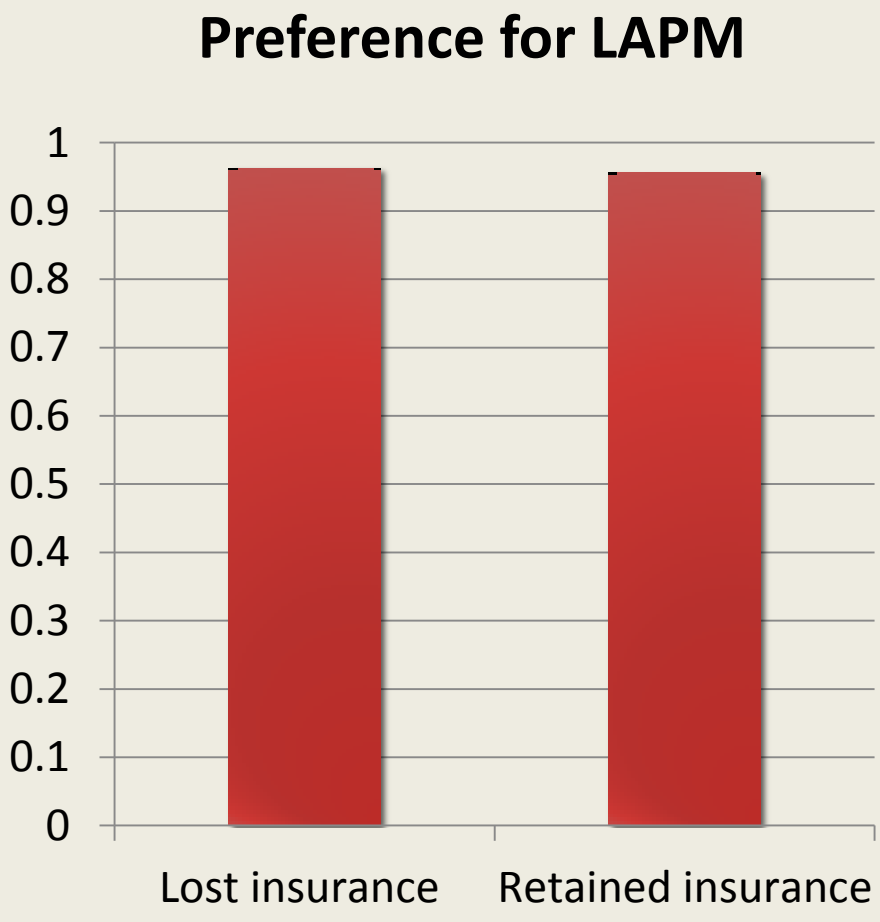


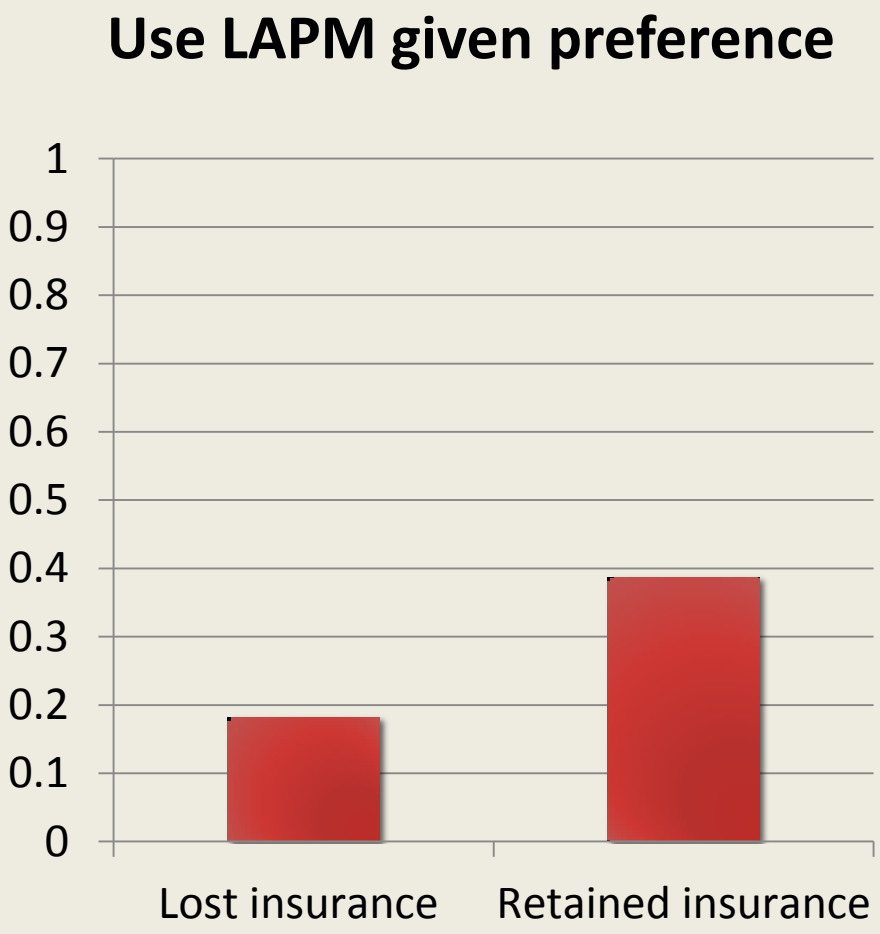


LAPM = Long-acting and Permanent Methods

Based upon a participant who lives in Austin, is Hispanic, high school education, aged 25-34 married, lost insurance after baseline, and with a household income of $20,000-35,000 per year

Predicted Probabilities by insurance status





Based upon a participant who is Hispanic, lives in Austin, aged 25-34, parity 2, has a high school education, is married and has a yearly household income of $20,000-35,000

Points for Discussion

- Is all this simply the result of asking leading questions?
- If not:
  - *there is unmet demand for LAPM, especially among uninsured, low-income women*
  - *one should not interpret covariates of use as reflecting demand*
- How many of the women who desired LAPM but are not using it will experience unintended pregnancies?
- Postpartum LARC is on the horizon and could make a huge difference in this context!