

Tina Kotek, Governor

November 21, 2025

Senator Rob Wagner, Co-Chair  
Representative Julie Fahey, Co-Chair  
Joint Emergency Board Committee  
900 Court Street NE  
State Capitol  
Salem, OR 97301

Re: November 18 Reproductive Health Question

Dear Co-Chairs and Committee Members:

Please find below information requested by members of the Joint Emergency Board Committee at the November 18 meeting on Oregon Health Authority's reproductive health funding request.

**If Planned Parenthood clinics were to close, couldn't other providers in the state absorb the estimated 70,000 patients annually?**

OHA does not have Oregon-specific data related to the question of whether other providers could absorb the approximately 70,000 patients served annually by Planned Parenthood clinics. However, there are a number of studies that demonstrate the impact of Planned Parenthood clinic closures in other states:

Family planning provider exclusions have been shown to result in clinic closures and a significant reduction in the receipt of preventive health services. A [study](#) of family planning clinic closures in Ohio found that each additional 10 minutes of driving time was associated with significant decreases in the receipt of preventive care such as clinical breast exams. A [study](#) from Iowa found that residents of counties with family planning clinic closures were approximately twice as likely to have a reported gonorrhea infection after clinic closures compared to the period prior to closure. A [study](#) of family planning clinic closures in Texas and Wisconsin found that an increase in distance to the nearest clinic was associated with significant decreases in receipt of preventive care including cervical cancer screenings. A [study](#) of family planning provider exclusions and funding cuts in Texas found significant reductions in utilization of contraception and receipt of cervical cancer screenings.

Following the recent federal action prohibiting federal Medicaid payments to Planned Parenthood, the Guttmacher Institute assessed the potential impact on other safety net providers. Based on their ongoing tracking of the publicly funded family planning landscape across all states, they [found](#) that other clinics would have to increase their contraception caseloads by the following percentages:

- Federally qualified health center (FQHC) sites by 56%, or an additional one million contraceptive clients per year.
- Health department sites by 28%, or an additional 168,000 contraceptive clients per year.
- Hospitals by 53%, or an additional 344,000 contraceptive clients per year.
- Other sites, such as those operated by independent agencies, by 55%, or an additional 189,000 contraceptive clients per year.

Please do not hesitate to reach out if there are any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sejal Hathi', written in a cursive style.

Sejal Hathi, MD MBA  
Director