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## **Federally Qualified Health Centers Could Not Readily Replace Planned Parenthood**

Current Congressional proposals to “defund” Planned Parenthood would likely cause many people to lose access to contraceptive care, Guttmacher data show

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“Defunding” Planned Parenthood Would Critically Undermine Contraceptive Access

**Updated June 4, 2025.** [See note below.](#)

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Legislation by anti-abortion lawmakers aims to shutter Planned Parenthood health centers by excluding them from public funding streams, including Medicaid. Supporters of these measures claim that federally qualified health centers (FQHCs) could readily step in to replace Planned Parenthood’s provider network. However, new Guttmacher Institute research shows that it is unrealistic to expect FQHCs to serve the millions of people who currently rely on Planned Parenthood for high-quality contraceptive care.

Nationwide, Planned Parenthood health centers served 1.6 million (33%) of the 4.7 million contraceptive clients served by safety-net family planning centers in 2020. If Planned Parenthood health centers were excluded from federal programs such as Medicaid, other types of health centers would need to dramatically increase their contraceptive client caseloads to serve the patients currently obtaining contraceptive services at Planned Parenthood:

- Federally qualified health center (FQHC) sites offering contraceptive care would have to increase their capacity to provide these services by 56%, or an additional one million contraceptive clients.
- Health department sites offering contraceptive care would have to increase their capacity to provide these services by 28%, or an additional 168,000 contraceptive clients.
- Hospital sites offering contraceptive care would have to increase their capacity to provide these services by 53%, or an additional 344,000 contraceptive clients.
- Other sites offering contraceptive care, such as those operated by independent agencies, would have to increase their capacity to provide these services by 55%, or an additional 189,000 contraceptive clients.

FQHCs, often hailed by proponents of “defunding” Planned Parenthood as a ready-made alternative, are an essential part of the nation’s overall health care system. However, in 2020 only 56% of FQHC sites nationwide reported offering contraceptive care to at least 10 women per year—the threshold at which clinics are considered part of the network of safety-net contraceptive providers.

"FQHCs are indispensable to helping people access health care, but to suggest they could easily step up to replace Planned Parenthood is a politically expedient argument that willfully ignores the facts on the ground," says **Amy Friedrich-Karnik, director of federal policy at Guttmacher**. "These attacks put millions of US women at very real risk of being unable to obtain the basic, high-quality reproductive health care services they need and deserve."

Another reason Planned Parenthood health centers would be difficult to replace is that they specialize in providing contraceptive care and serve many more female contraceptive clients per year than do other types of safety-net family planning centers:

- Planned Parenthood health centers each serve an average of 2,640 female contraceptive clients per year.
- By contrast, FQHC sites each serve an average of 330 female contraceptive clients per year; health department sites serve 320 such clients, centers operated by hospitals serve 640 and centers operated by other types of agencies serve 410.

While states vary in how much they depend on Planned Parenthood to serve contraceptive patients, loss of these health centers would drastically damage family planning care networks across the country. In nine states, FQHCs and other publicly supported clinics would need to increase their caseloads by more than 100% to provide care for patients currently served by Planned Parenthood: Connecticut, Minnesota, New Hampshire, New Jersey, Oregon, Utah, Vermont, Washington and Wisconsin. In addition, FQHCs and other publicly supported clinics in California, Maryland and Ohio would have to increase their caseloads by 80% or more. (See [attached table](#) for all state data.)

These state-level data further bolster the point that excluding Planned Parenthood from federal funding would dramatically impact the ability of family planning safety-net providers to offer contraceptive care to those in need.

"Asking FQHCs to become the main source of publicly funded family planning care in the United States is not a viable policy proposal," **says Friedrich-Karnik**. "Worse, this push is happening against the backdrop of efforts to drastically cut the Medicaid program and eliminate the Title X national family planning program entirely. These reckless moves would put enormous stress on the health care safety net, including FQHCs, and the people who rely on them for care. Despite their claims to the contrary, proponents of these proposals are jeopardizing women's ability to obtain contraceptive and other basic healthcare, not protecting it."

### ***Update Note (June 4, 2025)***

*This resource was updated to add [a spreadsheet](#) with state-level data on the role Planned Parenthood plays serving contraceptive clients in each state; the text was amended to include conclusions drawn from those data.*

## **Media Contact**

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