



**Statement on PPIL's Budget Concerns**  
**Pamela A. Sutherland, Vice President of Public Policy**  
**Senate Deficit Reduction Committee**  
**March 10, 2009**

**1. What areas of the state budget are you interested in protecting and why are those areas important?**

**Planned Parenthood of Illinois (PPIL) strongly supports funding for continued access to reproductive health care and family planning services through the Illinois Department of Human Services Family Planning Program and the Illinois Department of Healthcare and Family Services Medicaid and Illinois Health Women Programs. PPIL strongly opposes any effort to shift Medicaid patients into a managed care system.**

The overwhelming majority of patients served by PPIL are in need of subsidized family planning services (only 8% have health insurance coverage). Overall, 28% of our patients are on Medicaid and 27% are supported by Medicaid (including Illinois Healthy Women). Some of our health centers serve even higher proportions of Medicaid eligible patients. At our Englewood center, 70% of our patients are supported through Medicaid. The individuals who come to PPIL health centers are seeking basic health care services like Pap smears, breast exams, and birth control. For many of the individuals we serve, we are their only health care provider. If funding is cut for family planning or reproductive health care services, they would have nowhere else to go.

The cost of unintended pregnancy can be significant to the State of Illinois and society as a whole. About 42% of all births in Illinois are unintended. About one in six of Illinois women of child bearing age are without health insurance coverage. 58% of the births to women on Medicaid were unintended. The cost of an uncomplicated vaginal birth is about \$5,000. If there are complications, the costs can go into the hundreds of thousands or even millions. And complications are more likely with unintended pregnancies because they are more likely to result in babies with low birth weight and other problems. These complications can lead to life-long medical problems for the women and children involved.

In recent years the number of sexually transmitted infections (STI's), like chlamydia and gonorrhea, has been on the increase. The longer these diseases are left untreated the more expensive it is to treat them. The chances of complications and infertility also increase. Likewise, it is always healthier and more economical to detect diseases like breast cancer, cervical cancer, diabetes and hypertension as early as possible. The best option, however, is to prevent these diseases altogether through patient education and counseling.

The patients who receive family planning services at PPIL health centers understand the personal and economic costs of unintended child bearing and untreated disease. They are trying to prevent these costs by obtaining reproductive health care services. Each year the Illinois Family

Planning Program prevents about 36,000 pregnancies. Access to family planning services through Medicaid also prevents many more. Moreover, thousands of women and men are tested and treated for STI's through these programs. This saves the State of Illinois millions in taxpayer dollars for the potential costs related to prenatal care, delivery, newborn care, and disease treatment. In fact, according to the Guttmacher Institute, every \$1.00 invested in helping women avoid pregnancies they did not want to have saved \$4.02 in Medicaid expenditures that otherwise would have been needed. State expenditures for family planning can capture federal funding. Every \$1 spent by the State under the Illinois Healthy Women Program brings in \$9 in federal funds. Therefore, an investment in family planning and reproductive health care services can bring enormous financial benefit to the State of Illinois. This is why PPIL believes it would be short sighted for the State to cut funding for family planning and reproductive health care services.

For family planning and reproductive health care programs in Illinois to be successful, they must remain voluntary and allow for patient autonomy. Because of the sensitive and personal nature of reproductive health care, patients must be comfortable with their medical provider. Likewise, a successful reproductive health care provider must be willing and able to provide additional education and counseling. Thus, shifting Medicaid patients into a managed care system would work against these principles by forcing patients to see providers with which they may not be comfortable or those that may not have the particular expertise to serve their needs. When faced with this, many patients will forego care and become at greater risk for unintended pregnancy or STI's. Therefore, PPIL firmly opposes any proposals to move Medicaid patients into managed care.

**2. What revenue enhancements would you recommend be implemented to support those areas?**

**PPIL supports all of the revenue enhancements that have been receiving recent media attention including, but not limited to, an income tax increase, a tobacco/cigarette tax increase, and additional gaming revenue.**