

Three Years After *Dobbs*: How Republican Medicaid Cuts Would Further Endanger Reproductive Health in WA

Since the *Dobbs* decision allowed state lawmakers to pass abortion bans, we have seen [infant](#) and [maternal](#) mortality rates rise in anti-abortion states.

Provisions in the Republican budget reconciliation bill designed to bankrupt Planned Parenthood and defund reproductive care programs would **bring these life or death consequences to Washingtonians.**

The Republican plan for reproductive care means reduced funding and reduced access.

The Republican reconciliation bill would:

- **Ban Planned Parenthood from receiving Medicaid funding** for any service, taking away a convenient, low-cost option for getting care including birth control and cancer screenings. Planned Parenthood **serves approximately 100,000 patients every year** in Washington state. About half are Medicaid recipients.
- Make significant Medicaid cuts that would harm hospital finances, making it even **harder to maintain costly labor and delivery services.**

The Trump administration's proposed FY 2026 budget would:

- **Eliminate the Title X family planning program, which funds affordable family planning care for low-income people.** In 2024, providers funded by the program served around **85,000 WA patients.**

Washington state's reproductive care system will struggle to handle cuts of this magnitude.

- The Republican budget reconciliation bill would increase health care costs.
 - According to Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, and Kentucky, Planned Parenthood's Medicaid services save over \$20 million in annual health care costs in Washington state by preventing unplanned pregnancies, cancer, and STI spread.
 - According to the nonpartisan Congressional Budget Office, stripping Medicaid dollars from Planned Parenthood would [increase](#) the federal deficit by \$300 million.
- Other providers, such as community health centers, would need to [increase](#) their contraceptive care capacity by 143% in Washington state to serve Planned Parenthood's former patients.

- Sexual assault survivors who need immediate access to services like emergency contraception and STD testing would have fewer options for necessary, time-sensitive care.
- OB/GYNs in Washington state say that reducing access to preventive care like cancer screenings and birth control would increase the likelihood of patients having more serious health conditions, and delay access to reproductive care for everyone -- this would ultimately create more costs as serious health conditions cost more to treat.
- Under the strain of broad Medicaid cuts, more rural hospitals would shutter their expensive labor and delivery services or close entirely - on top of [the three](#) labor and delivery ward closures Washington state has seen in the past four years.

The rest of this document contains **new, exclusive** quotes from patients, providers, and health care advocates about the impact of Republican attacks on reproductive care to Washington state.

What They're Saying: Patients Need Planned Parenthood

"I went to Planned Parenthood when I was 19 and got a pap smear. The test came back with moderate cervical dysplasia, a precancerous condition, and I was able to receive treatment early. Five years later, I gave birth to my first son. Had I not known about it -- had I left it alone -- I could have gotten cervical cancer and needed many, many more complex treatments. My pap smear at Planned Parenthood was a lifesaver and a fertility saver." - Sheila Debaere, Winlock

"I can confidently say that if Planned Parenthood hadn't been there for me, I would not be alive today. I know I would not have survived emotionally and physically with that pregnancy. [...] Because of Planned Parenthood, I was able to start college on time. It's been almost three years since it's happened, and I'm able to do all of these things because Planned Parenthood was there, and I was able to make a choice for an abortion and get those services. They were there for me. Nobody else was, and I know without them, I wouldn't be standing here where I am today." - Campbell Baker, Seattle native and sexual assault survivor

What They're Saying: Delays in Reproductive Care for Everyone, Higher Risks of Costly Conditions

"It's not just the problem of absorbing the current patients that go to Planned Parenthood and absorbing those pap smears and breast exams. The big problem is absorbing the cancers that ensue because of those screenings not being done. And now you have to split up slots for everyone's cancer treatment among more people, because of the additional cancers that weren't caught in time." - Dr. Asif Luqman, an OB/GYN at Jefferson Healthcare in Port Townsend

"If someone has to wait 6 months to be seen to get birth control, they are at a high risk of unintended pregnancy during that time. Similarly, missing routine cancer screening increases the risk of an actual cancer diagnosis, as opposed to perhaps identifying precancer, leading to

more interventions and worse outcomes." - Dr. Sarah Prager, a Professor and Clinician at UW Medicine's Department of Obstetrics and Gynecology, and Director of the Complex Family Planning Division

"Planned Parenthood's systems are really dialed in. They're efficient and provide cost-effective care. Because they provide preventative care, all day, every day, they provide excellent services. Decreasing access to Planned Parenthood would likely raise costs as access to their services decrease." - Dr. Molly Parker, Family Physician and Associate Chief Medical Officer at Jefferson Healthcare in Port Townsend

What They're Saying: Unmanageable Pressures for Hospitals

"If a woman's in labor, they're going to go to the nearest hospital. If that hospital has already shut down their maternity services, their emergency room is going to be forced to attend to a laboring patient without a team that's trained in labor and delivery. Women are going to die and babies are going to die." - Dr. Christine Skorberg, an OB/GYN at Jefferson Healthcare in Port Townsend

"Increasingly few clinics, clinicians and hospitals can afford to see Medicaid patients, which funnels more patients to fewer available spots...There is even a 'trickle up' phenomenon where people with commercial insurance also have longer wait times to see their clinicians and get care as busy public hospitals, like the University of Washington where I work, persist in our mission to treat everyone." - Dr. Sarah Prager, a Professor and Clinician at UW Medicine's Department of Obstetrics and Gynecology, and Director of the Complex Family Planning Division in Seattle

"By dismantling and taking away health care access at Planned Parenthood, you put more strain on emergency rooms that are already at their max, and you put more strain on primary care doctors, including OB/GYNs." - Roshelle Cleland, a sexual assault victim advocate based in Spokane

"At our hospital, we do somewhere between 80-100 deliveries a year, but we need to be available 24/7 for any delivery that comes in. So we need to keep a full scope of care practitioners available at any time, which has a high cost. We tend to lose about \$1 million to \$1.5 million a year on our OBGYN services. If the Medicaid cuts go through, we will be losing more and more on our OBGYN services. And the question will come up for any hospital in our situation, whether or not it's worth having that loss every year versus just keeping the hospital open." - Dr. Molly Parker, Family Physician and Associate Chief Medical Officer at Jefferson Healthcare in Port Townsend

What They're Saying: New Strains on Primary Care Providers

"If federal efforts to defund Planned Parenthood are successful, the impact on our patients would be devastating. It would not only jeopardize access to essential care like birth control, STI testing, and cancer screenings—but would also place an unsustainable burden on other safety

net providers. FQHCs and other safety net providers would simply not be able to fill the void left by Planned Parenthood's absence." - Lindsay Johnson, Chief External Affairs Officer, Planned Parenthood of Greater Washington and North Idaho

"Any reduction to primary medical care access creates additional barriers for patients to receive necessary preventative care including birth control, STI testing and treatment, and cancer screenings. This is especially true for Medicaid patients who already have fewer options for primary care. Additional reductions would directly impact health outcomes of our most vulnerable community members." – Aaron Wilson, CEO of CHAS Health in Spokane

"Survivors can often access clinics such as Planned Parenthood much quicker than a primary care doctor that can have months and months wait time, especially if they want to go to an OB/GYN. That is too long for a survivor to seek care after a sexual assault. Plan B has a very short window where it's most effective. Survivors deserve timely access to STD treatment, health care, and bodily autonomy. Making sexual assault survivors wait is unacceptable." - Roshelle Cleland, a sexual assault victim advocate based in Spokane

What They're Saying: Increased Trauma for Sexual Assault Survivors

"Taking away my decision to be able to receive care after an assault is taking away my bodily autonomy again. You are making sure that one of the worst things ever to happen to someone is going to stick with them for the rest of their life, even more so than it already is. They already didn't get bodily autonomy once. Why are you taking it away again?" - Campbell Baker, Seattle native and sexual assault survivor

"Defunding any medical system is a disservice to survivors. Individuals that have been raped need care that is immediate, that is trauma informed. This is a public safety issue and a bodily autonomy issue. Creating more obstacles for sexual assault survivors in accessing pregnancy prevention only compounds their trauma and can have lifelong consequences." - Roshelle Cleland, a sexual assault victim advocate based in Spokane