national partnership for women & families
Because actions speak louder than words.

# Title X (ten) National Family Planning Program

## *Addressing the Critical Need for Subsidized Reproductive Health Services*

The Centers for Disease Control and Prevention (CDC) included family planning as one of its "Ten Great Public Health Achievements in the 20th Century." Rightfully so – widespread use of contraceptives has been the driving force in reducing unintended pregnancies and sexually transmitted infections (STIs), and reducing the need for abortion in this nation. Contraceptive use enables women to plan and space their pregnancies and has contributed to dramatic declines in maternal and infant mortality. Use of birth control also has helped women participate fully and equally in society.

It is difficult to overstate the continuing impact of contraceptive use on our society. Most Americans today want only two children. That means that, on average, women will spend about three decades being sexually active but trying to avoid pregnancy. For most, that is possible only through reliable, effective contraception. Virtually all sexually active women (age 15 to 44) have used at least one contraceptive method.[i] Whether trying to avoid pregnancy or to plan a family, access to birth control and reproductive health services is a necessary component of basic health care for women and families.

### The Unmet Need for Subsidized Reproductive Health Services

The United States has one of the highest rates of unintended pregnancy among Western nations. Each year, nearly half of pregnancies in the U.S. are unintended and nearly half of those end in abortion.[ii] Slightly more than half of unintended pregnancies occur among women who were not using any method of contraception in the month they conceived, and more than four in 10 occur among women who used their method inconsistently or incorrectly.[iii] We have a real and compelling need to improve access to comprehensive reproductive health services.

The cost of contraception can be significant and is a barrier to accessing family planning for many women. More than 36 million women of reproductive age (13-44) need contraceptive services; that is, they are sexually active and do not want to become pregnant.[iv] Almost half of them, an estimated 17.5 million, need subsidized services and supplies because they are unable to access or purchase contraceptive services and supplies on their own.[v] The number of women needing subsidized services increased by more than one million (seven percent) since 2000.[vi] Between 1994 and 2001, unintended pregnancy among women whose income was below the poverty line *increased* by 29 percent, while unintended pregnancy *decreased* by 20 percent among women with higher incomes.[vii]

### Title X Is Essential to Meeting this Need

Several federal and state funding streams support nearly 7,700 clinics[viii] nationwide that offer free or subsidized family planning services and supplies to about seven million women[ix] annually. This network of clinics serves as an invaluable but incomplete reproductive health care safety net for these women. It is incomplete because current funding levels mean that clinics are able to serve fewer than half the women who need subsidized services. Still, one in four women who obtain reproductive health services from a medical provider does so at a

1875 connecticut avenue, nw ~ suite 650 ~ washington, dc 20009 ~ phone: 202.986.2600 ~ fax: 202.986.2539

email: info@nationalpartnership.org ~ web: www.nationalpartnership.org

publicly funded clinic.[x] Absent the contraceptive services provided by these clinics, the number of unintended pregnancies and abortions would rise dramatically -- approximately 1.4 million unintended pregnancies and 600,000 abortions are averted each year because of services provided in publicly funded clinics.[xi]

Preventing unintended pregnancy not only improves public health but saves scarce public health dollars. The cost-effectiveness of providing subsidized reproductive health care services is extraordinary. Nationally, for every $1.00 spent to provide services in publicly funded family planning clinics, $4.02 in Medicaid expenses are saved because unintended births are averted.[xii]

Clinics are supported through the joint federal-state Medicaid program, the **Title X (ten)** national family planning program, and state funds. While Medicaid is the single largest source of public dollars supporting family planning services nationwide, the Title X program is the only federal grant program dedicated solely to providing comprehensive family planning and related preventive health services. As such, Title X serves as the centerpiece for publicly funded family planning programs, largely determining both the structure—through the nationwide network of clinics—and the standard of services that are provided to low- and moderate-income women and teenagers**.** Importantly, Title X subsidizes services for many women and men who do not meet the narrow eligibility requirements for coverage under Medicaid. Sixty-nine percent of all women served in publicly funded clinics in 2001 were served in Title X-funded clinics.[xiii]

Title X of the federal Public Health Service Act (P.L. 91-572) was enacted in 1970 to provide a broad range of contraceptives and related preventive health services to low-income and uninsured individuals who may otherwise lack access to health care. Then-Congressman George H.W. Bush sponsored the original legislation authorizing Title X and it was signed into law by President Nixon. The program sought to fulfill Nixon's historic 1969 promise that "no American woman should be denied access to family planning assistance because of her economic condition."

The Title X program provides funding to more than 4,400 clinics across the nation that serve nearly five million women, men and adolescents.[xiv] Almost 75 percent of counties in the U.S. have at least one Title X supported clinic and 94 percent of women in need of subsidized family planning services live in counties having publicly supported clinics.[xv] In Fiscal Year 2006, federal Title X funds provided service delivery grants to 88 public and private grantees located in every state; the grantees then determine which local providers receive funding.[xvi] State health departments operate 37% of publicly funded clinics, Planned Parenthood affiliates 12%, hospitals 11%, and 40% are operated by county and local health departments, family planning councils, university health centers, and other private nonprofit organizations.[xvii]

## Title X Program Primarily Serves Low-Income and Uninsured Women

Unintended pregnancy occurs among women of all backgrounds but levels are highest among women who are low-income, have not completed high school, are aged 18-24, are members of racial or ethnic minority groups, or are unmarried.[xviii] These women are well-represented in the population of patients served in Title X-funded clinics which underscores the importance of this critical safety-net program.

Anyone, regardless of income, can receive services at a Title X-funded clinic but the vast majority of clients are low-income women who are uninsured and do not qualify for Medicaid. Approximately five percent of clients are males. Sixty-seven percent of Title X clients have family incomes at or below 100 percent of the federal

poverty guidelines (earning less than $16,600 per year for a family of three), and therefore receive services at no cost. Ninety percent have incomes at or below 200 percent of the federal poverty guidelines and receive services at a discounted rate. Almost three-quarters of clients (74 percent) are age 20 or older, with women age 18-29 comprising two-thirds of clients. Nineteen percent of Title X clients identify themselves as Black and 24 percent as Hispanic or Latina. Almost 70 percent of women served in publicly funded clinics are unmarried.[xix]

## Title X Covers a Broad Range of Family Planning and Preventive Health Services

By law, Title X projects are required to cover a "broad range of acceptable and effective family planning methods" and related preventive health services, including natural family planning methods, infertility services, and services for adolescents (Title X of the Public Health Service Act, 42 U.S.C. 300, et seq.). Services include counseling to help couples plan and space their children. Abortion is explicitly excluded from coverage. A woman facing an unintended pregnancy is entitled to non-directive counseling and referrals upon request regarding all her options, including prenatal care and delivery; infant care; foster care; adoption; and pregnancy termination.

Other vital reproductive health care services covered through Title X include cervical cancer screening, and screening and treatment for STIs. In 2006, Title X service providers performed more than 2.4 million Pap tests, 2.4 million breast exams, and 5.8 million tests for STIs, including 652,426 HIV tests and 2.3 million Chlamydia tests.[xx]

Title X covered services include:

- Pelvic exams and Pap tests
- Choice of contraceptive method (including periodic abstinence and other fertility awareness-based methods)
- Breast exams and instruction on breast self-examination
- Lab tests for high blood pressure, anemia, lipids, and diabetes
- Screening and appropriate treatment for sexually transmitted infections
- Basic infertility screening
- Referrals to specialized health care
- HIV counseling, testing, and referral
- Patient education and counseling related to contraception
- Pregnancy diagnosis and counseling
- Referral and follow-up for other services.

As a condition of receiving federal funds, program regulations and guidelines also establish a set of principles that guide the ethical delivery of services -- principles that require that services be voluntary, confidential and affordable. All patients, regardless of age, must receive voluntary and confidential services. Fees to patients are based on income and ability to pay, with priority given to low-income clients. Individuals with incomes at or below 100 percent of federal poverty guidelines are served without charge; those with incomes between 100-250 percent of federal poverty guidelines are charged on a sliding fee scale; and those with incomes above 250 percent of federal poverty guidelines can be charged full price for services.

## A Legacy of Success with an Uncertain Future

As noted previously, publicly funded clinics have an excellent track record both for improving public health and for providing cost-effective preventive services. A 2005 government review by the Office of Management and Budget specifically affirmed the value of the Title X family planning program. It concluded that the program serves a unique and valuable purpose, is cost-effective and effectively managed.[xxi]

Despite its success in advancing public health, the Title X program has been chronically underfunded, which poses a significant threat to the program's survival. Title X-funded clinics are required to provide comprehensive services but not given adequate support with which to do so. In addition, health care providers are struggling to expand services to meet ever-increasing demand. Specifically, the number of people in or near poverty who are eligible for services is growing, contraceptives are becoming more expensive as costly state-of-the-art medical technologies including new Pap tests and antibiotics become available. There is pressure to expand services and broaden outreach to men, as well as to serve the women who are the most difficult and expensive to reach.

Title X funding was limited to $300 million in FY 2008. If appropriations had kept up with medical inflation since FY 1980, the program would be funded at $759 million simply to provide services to the population it currently serves. Congress has not completed work on the FY 2009 spending bill that includes funding for Title X; however, the House Labor, Health, Human Services and Education (LHHS) Appropriations subcommittee proposed a $15 million dollar increase for Title X. The Senate Appropriations Committee reported a bill that funded Title X at last year's level of $300 million.

## The Benefits of Additional Funding for Title X

By helping women avoid unintended pregnancies and plan and space their children, the Title X program continues to offer tremendous benefits to millions of people. However, chronic underfunding constrains its impact. At present, clinics are able to reach just 41 percent of the 17.5 million women needing subsidized services. With additional funds, Title X clinics would be better-equipped to:

- Serve a greater proportion of clients needing subsidized services
- Improve infrastructure to make services even more accessible for clients by increasing staffing levels so as to provide more educational and counseling; expanding hours to better meet the need of working families; reconfiguring locations to maximize accessibility
- Make the most effective methods of contraception available to all patients
- Make available more accurate cervical cancer and HPV screening tools that are the standard of care in the private sector
- Make available new STI testing and treatment technology
- Increase Chlamydia testing
- Expand HIV testing and better integrate HIV counseling, testing and referral into the family planning system
- Implement the CDC's "Revised Recommendations for HIV Testing in Health Care Settings"
- Increase outreach to hard-to-serve populations

Instead of expanding services in this way, clinics are being forced to stretch tight budgets by offering fewer contraceptive choices, cutting services, and in some cases reducing staff or even closing health centers.

Greater investment in the Title X program would improve the nation's health. Federal officials should seize the opportunity to provide quality, comprehensive reproductive health services to all those who need them.

*September 2008*

---

[i] Guttmacher Institute, Facts on Contraceptive Use, *In Brief*, January 2008
[ii] Finer LB and Henshaw SK, Disparities in rates of unintended pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90-96.
[iii] Frost JJ, Darroch JE and Remez L, Improving contraceptive use in the United States, *In Brief*, New York: Guttmacher Institute, 2008, No.1.
[iv] Guttmacher Institute, Facts on Publicly Funded Contraceptive Services in the United States, *In Brief*, August 2008.
[v] Guttmacher Institute, Facts on Publicly Funded Contraceptive Services in the United States, *In Brief*, August 2008.
[vi] Guttmacher Institute, Facts on Publicly Funded Contraceptive Services in the United States, *In Brief*, August 2008.
[vii] Finer LB and Henshaw SK, Disparities in rates of unintended pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90-96.
[viii] Mosher WD et al., Use of contraception and use of family planning services in the United States: 1982-2002, Advance Data from Vital and Health Statistics, 2004, No. 350.
[ix] Gold, Rachel, An Enduring Role: The Continuing Need for a Robust Family Planning Clinic System, Guttmacher Policy Review, Winter 2008, Volume 11, number 1, p. 6.
[x] Frost JJ, Finer L and Tapales, "The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings", *Journal of Health Care for the Poor and Underserved*, 19 (2008): 778-796.
[xi] Frost JJ, Finer L and Tapales, "The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings", *Journal of Health Care for the Poor and Underserved*, 19 (2008): 778-796.
[xii] Frost JJ, Finer L and Tapales, "The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings", *Journal of Health Care for the Poor and Underserved*, 19 (2008): 778-796.
[xiii] Frost JJ, The availability and use of publicly funded family planning clinics: US trends 1994-2001, Perspectives on Sexual and Reproductive Health, 2004, 36(5):206-215.
[xiv] http://www.hhs.gov/opa/familyplanning /index.html, accessed 8/19/08
[xv] Frost JJ, The availability and use of publicly funded family planning clinics: US trends 1994-2001, Perspectives on Sexual and Reproductive Health, 2004, 36(5):206-215.
[xvi] Fowler, CI, Gable, J and Wang, J. (February 2008). *Family Planning Annual Report: 2006 National Summary*. Research Triangle Park, NC: RTI International.
[xvii] Guttmacher Institute, Facts on Publicly Funded Contraceptive Services in the United States, *In Brief*, August 2008.
[xviii] Finer LB and Henshaw SK, Disparities in rates of unintended pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90-96.
[xix] Frost JJ, Public or private providers? U.S. women's use of reproductive health services, *Family Planning Perspectives*, 2001, 33(1):4-12.
[xx] Fowler, CI, Gable, J and Wang, J. (February 2008). *Family Planning Annual Report: 2006 National Summary*. Research Triangle Park, NC: RTI International.
[xxi] http://www.whitehouse.gov/omb/expectmore/summary/10003513.2005.html