



Family Planning & Reproductive Health Association

Reducing Unintended Pregnancy and Improving Public Health: Priorities for the Next Administration

- 1. Increase Title X Funding to \$700 million:** In its nearly four decades of operation, Title X, the only federal program devoted specifically to supporting family planning services, has become a critical component of the nation's public health infrastructure and a true public health success story, saving taxpayer dollars by reducing unintended pregnancy and the need for abortion, and improving women's health. Indeed, every dollar spent on Title X and other publicly funded contraceptive services saves the Medicaid program \$4.02 in labor, delivery and pre-natal care costs.¹

Currently, nearly 5 million women and men receive services at more than 4,400 health centers funded through the Title X program.² Despite the incredible success of the Title X program and the critical services it provides, Title X has been chronically underfunded, posing a significant challenge to the program's survival. If appropriations had kept up with inflation since FY 1980, the program would be funded at \$759 million rather than the FY 2007 funding level of \$283 million to simply provide services to the current population.³ The program is currently funded at \$300 million.

The next administration must increase funding for the Title X program to \$700 million. This critical commitment to Title X would ensure the most effective methods of contraception, screening tools and treatments are available to patients; better integrate HIV counseling, testing, and referral services into the family planning system; and allow family planning providers to serve some of the more than 10 million women estimated to be in need of publicly funded contraceptive services and supplies who do not currently receive these services.

- 2. Reverse the HHS Refusal Regulations:** New regulations proposed by the Department of Health and Human Services on August 26, 2008 have the potential to seriously limit access to health services, information, counseling and referrals, including comprehensive family planning services. These rules completely ignore the existing framework in federal law which has long protected both the rights of patients to access needed health care services and the rights of individual health care professionals to refuse to provide abortion services. These expansive, radical new rules are also in conflict with the canons of medical ethics and accepted standards of health care, and may conflict with state laws protecting access to reproductive health care services. If the proposed rule is not withdrawn, the President should take immediate steps to reverse this policy. Once a final rule is issued, additional guidance will be provided to the new Administration.
- 3. Expand Medicaid Coverage of Family Planning:** Medicaid coverage of family planning services is proven effective in helping low-income women avoid unintended pregnancy, thereby saving money to the state and federal governments. To date, 27 states have obtained waivers to expand Medicaid eligibility for family planning services, and all evaluations of these efforts have shown them to produce substantial cost savings. Of those, 20 states expand Medicaid coverage of family planning services based on income. States seeking to expand access to family planning services, however, must navigate a burdensome bureaucratic process of waiver approval, which lasts an average of 15



months, involves a significant investment of staff time and resources, and requires states to renew their family planning waivers on a regular basis.

The next administration must work to expand access to family planning by requiring states to provide coverage of Medicaid family planning services to women up to the same income level used to determine eligibility for pregnancy related care. The Guttmacher Institute estimates that requiring states to provide coverage of Medicaid family planning services to women up to the same income level used to determine eligibility for pregnancy related care (up to 200% FPL) would expand eligibility to more than 3.5 million women a year, prevent more than 500,000 unintended pregnancies, and save the federal government and states approximately \$1.5 billion.⁴

- 4. Advance Health Care Reform That Includes Comprehensive Family Planning:** Title X-funded family planning centers are the entry point into the health care system for millions of low-income, uninsured and underinsured Americans, and often serve as the only source of health care. The reach of these publicly funded health centers is expansive – 85 percent of U.S. counties have at least one health center providing subsidized family planning services, and 73 percent of counties specifically have a Title X-funded health center.⁵ Patients served by Title X are disproportionately women of color, and the majority of those receiving family planning services through Title X are low-income.

The latest census data show that 46 million Americans – over 21 million of which are women – are uninsured. Even for those who have insurance, accessing quality, affordable, comprehensive health care has become a real challenge. Family planning, including contraceptive services and supplies, education, counseling, and other preventive health services, is a critical element of basic health care that helps women and men build strong, socially responsible families. Family planning services are a key component of prevention, helping prevent at least 1.4 million unintended pregnancies every year, thus reducing the need for abortion.⁶ Given their reach and ability to reach at-risk populations, Title X health centers are ideally positioned to provide comprehensive health care services, including family planning services. The next administration must move forward a health care plan that incorporate common-sense, effective family planning services and policies into health care reform and that builds up on the existing network of family planning providers and utilizes this effective infrastructure to reach the most vulnerable populations.

- 5. Restore Access to Nominally-Priced Drugs:** The Deficit Reduction Act (DRA) of 2005 had an unexpected, negative impact on American women: it made contraception cost prohibitive for the four million women who depend on college health centers and safety-net providers for their birth control each year. The DRA inadvertently eliminated incentives for pharmaceutical companies to extend a “nominal price” to non-340B eligible family planning providers, which has resulted in the prices women are paying in university clinics and safety-net health centers to rise from an average \$5 to \$10 per month up to as much as \$40 or \$50 a month.⁷ The next administration must immediately take steps to correct this problem.
- 6. De-fund Harmful Abstinence-Only Programs and Invest in Comprehensive Sex Education** Since 1998, the federal government has spent more than \$1.3 billion on dangerous, ineffective “abstinence-only” programs, which contain factually and medically inaccurate information about reproductive health, and promote negative race, gender, and sexual orientation-based stereotypes.



These programs raise serious ethical, scientific, and public health concerns, and should be eliminated in the President's budget. The President's budget should:

- a. Abolish the Community-Based Abstinence Education program;
- b. Abolish the abstinence-only program within the Title V MCH Services Block Grant;
- c. De-link the Adolescent Family Life Act (AFLA) from the A-H definition in the Title V abstinence-only program; and
- d. Tighten AFLA program eligibility in order to end funding for all programs that promote an abstinence-only approach.

In addition, the President's budget should include new funding for complete, accurate, and age-appropriate sex education that gives young people the tools and knowledge they need to act responsibly and live healthy sexual and reproductive lives. These programs help to delay sexual activity and increase the likelihood that teens will use contraceptives when they do choose to have sex, helping to protect teens from unintended pregnancies and STIs, including HIV/AIDS. We urge the next President to make this critical investment in the health and lives of our young people by providing at least \$50 million in a new program for comprehensive sex education.

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¹ Guttmacher Institute. (Summer 2008). "Family planning clinics prevent 1.4 million unplanned pregnancies annually, save billions of government dollars." *Guttmacher Policy Review*, 11(3).

² Fowler, C. I., Gable, J., & Wang, J. (2008, February). *Family Planning Annual Report: 2006 National Summary*. Research Triangle Park, NC: RTI International.

³ Guttmacher Institute. Internal Memo, February 5, 2008.

⁴ Frost, J. J., Sonfield, A., & Gold, R. B. (2006, August). "Estimating the impact of expanding Medicaid eligibility for family planning services." *Occasional Report No. 28*.

⁵ Frost, J. J. (2004). "The availability and use of publicly funded family planning clinics: U.S. trends 1994 – 2001." *Perspectives in Sexual and Reproductive Health*, 36(5), 206-215.

⁶ Guttmacher Institute. (2008, August). "Facts on publicly funded contraceptive services in the United States." Retrieved November 24, 2008 from <http://www.guttmacher.org/media/nr/2008/07/31/index.html>.

⁷ Rooney, K. (2007, August 9). "The high price of campus birth control." *Time*. Retrieved from http://www.time.com/time/specials/2007/article/0,28804,1651473_1651472_1650461,00.html.