

Increase Funding for the Title X Family Planning Program
Help Low-Income Women Access Quality, Affordable Family Planning Services and Other Preventive Health Care

Title X (ten) of the Public Health Service Act was signed into law in 1970 by President Richard Nixon, with strong bipartisan support in Congress. As the first and only comprehensive federal program dedicated to the provision of family planning services, Title X is an integral component of the nation's public health infrastructure, supplying essential family planning and other preventive services to nearly five million people each year at more than 4,400 health centers nationwide.¹

Family planning and other services provided through Title X are crucial to the health of millions of low-income and uninsured individuals—particularly during these troubled economic times. Yet the Title X program has suffered from years of stagnant funding. The program received only \$307.5 million in funds in FY 2009² and just over \$300 million in FY 2008.³ Taking inflation into account, government support for this critical program is 63 percent lower today than it was in FY 1980.⁴

The Title X family planning program needs increased funding if it is to meet the growing demand for publicly-subsidized family planning and preventive health services.

Millions of Low-Income Women Are in Need of Publicly-Funded Family Planning

- One in four women has limited or no health insurance.⁵
- More than 17 million women were in need of publicly supported contraceptives in 2006, and that number continues to grow.⁶ As unemployment and uninsurance rates rise, family planning clinics across the country are reporting a significant increase in the number of women seeking publicly-subsidized contraception.⁷
- Rates of unintended pregnancies are increasingly concentrated among low-income women. Between 1994 and 2001, the unintended pregnancy rate for poor women shot up by 29%, even as it fell 20% for more affluent women.⁸ A poor woman in the U.S. is now nearly four times as likely as a more affluent woman to have an unintended pregnancy.⁹

Title X Helps Prevent Unintended Pregnancies and Keep Women and Families Healthy

- The average American woman wants two children and must use contraception for roughly three decades in order to achieve this goal.¹⁰
- Title X family planning services help women plan the number and timing of their pregnancies, which in turn reduces the incidence of maternal death, low birth weight babies, and infant mortality.¹¹
- Between 1980 and 2000, the services and supplies provided at Title X family planning clinics helped prevent 20 million unintended pregnancies.¹²

- During the same period, Title X-funded clinics helped prevent 5.5 million teen pregnancies. Without the Title X program, the number of teenage pregnancies occurring between 1980 and 2000 would have been 20 percent higher.¹³

Title X Provides Other Preventive Health Services that Improve Women's Overall Health

- Title X-funded clinics provide a broad range of services, including contraception; pelvic examinations; pregnancy testing; screenings for breast and cervical cancer, high blood pressure, anemia, diabetes, and sexually transmitted infections, including HIV; infertility services; counseling and health education; and referrals for other health and social services.¹⁴
- Since the program's inception, Title X-funded clinics have provided an estimated 54.4 million breast exams and 57.3 million Pap tests, resulting in the early detection of as many as 55,000 cases of invasive cervical cancer.¹⁵
- In 2006, Title X-funded clinics provided 2.4 million breast exams, 2.5 million Pap tests, 5.2 million STI tests and nearly 700,000 confidential HIV tests.¹⁶

Title X is Cost-Effective

- Every dollar put towards increased funding for Title X is estimated to save the Medicaid program \$3.80.¹⁷
- A 2006 study estimated that raising Title X funding to \$566 million—double its 2006 funding level—would allow the program to serve approximately 1.4 million new clients and prevent 244,000 unintended pregnancies, yielding a net government savings of \$794 million.¹⁸

Title X-Funded Clinics Help Fill Critical Gaps in the Health Care Safety Net

- The majority of Title X clients are uninsured and low-income but do not qualify for Medicaid. Sixty-seven percent of Title X clients have family incomes at or below the 2008 federal poverty level (FPL)—less than \$17,600 for a family of three—and receive services at no cost. Ninety percent have incomes at or below 200% FPL and receive services at a discounted rate.¹⁹
- More than six in 10 women who obtained care at a family planning center in 2006 considered the center their usual source of medical care.²⁰
- Support for the Title X family planning program is particularly important during these difficult economic times. According to recent reports, for example, the current economic recession has led more women in California to seek health care, including routine gynecological exams and contraceptives, at clinics and family planning agencies.²¹

Voters Strongly Support Efforts Like the Title X Family Planning Program as Part of a Comprehensive Approach to Reproductive Health Issues

- Voters’ strongly support (76%) efforts to reduce the number of unintended pregnancies in America through common-sense measures such as comprehensive sex education and access to contraception.²²
- An overwhelming majority (73%) strongly favor making it easier for women at all income levels to obtain contraceptives.²³

¹ Christina Fowler, Julia Gable, and Jiantong Wang, *Family Planning Annual Report: 2006 National Summary* (Research Triangle Park, NC: RTI International, February 2008).

² *Omnibus Appropriations Act, 2009*, Public Law 111-8, 111th Cong., 1st sess. (Mar. 11, 2009).

³ *Consolidated Appropriations Act, 2008*, Public Law 110-161, 110th Cong., 1st sess. (Dec. 26, 2007).

⁴ *Id.*

⁵ Elizabeth Patchias and Judy Waxman, *Women and Health Coverage: The Affordability Gap*, Pub. 1020, Volume 25 (Washington, DC: The Commonwealth Fund and the National Women’s Law Center, Apr. 2007).

⁶ Guttmacher Institute, “One Million New Women in Need of Publicly Funded Contraception,” *Guttmacher Policy Review* 9, no. 3 (Summer 2006), <http://www.guttmacher.org/pubs/gpr/09/3/gpr090320.html>.

⁷ Kathy Lohr, “Economy Puts Focus On Family Planning,” National Public Radio, Mar. 19, 2009; Kimi Yoshino, “Women’s Clinics See Rise in Calls and Visits,” *Los Angeles Times*, May 20, 2009, Health section.

⁸ Rachel Benson Gold, “Rekindling Efforts to Prevent Unplanned Pregnancy: A Matter of ‘Equity and Common Sense,’” *Guttmacher Policy Review* 9, no. 3 (Summer 2006), <http://guttmacher.org/pubs/gpr/09/3/gpr090302.html>.

⁹ *Id.*

¹⁰ The Alan Guttmacher Institute, *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics, 2000* (Washington, DC: AGI, 2000), <http://www.guttmacher.org/pubs/fulfill.pdf>.

¹¹ Agustin Conde-Agudelo, Anyeli Rosas-Bermúdez, and Ana Cecilia Kafury-Goeta, “Birth Spacing and Risk of Adverse Perinatal Outcomes, A Meta-analysis,” *Journal of the American Medical Association* 295 (2006): 1809-1823; David Stamilio et al., “Short Interpregnancy Interval: Risk of Uterine Rupture and Complications of Vaginal Birth After Cesarean Delivery,” *Obstetrics and Gynecology* 110 (2007):1075-1082.

¹² Gold, 2001. *Supra* note 1.

¹³ *Id.*

¹⁴ NFPRHA, 2008. *Supra* note 5.

¹⁵ Gold, 2001. *Supra* note 1.

¹⁶ Fowler et al., 2008. *Supra* note 2.

¹⁷ Jennifer J. Frost et al., “Estimating the Impacts of Serving New Clients by Expanding Funding for Title X,” Guttmacher Institute, *Occasional Report No. 33* (Nov. 2006), <http://www.guttmacher.org/pubs/2006/11/16/or33.pdf>.

¹⁸ *Id.*

¹⁹ Fowler et al., 2008. *Supra* note 2.

²⁰ Guttmacher Institute, “Facts on Publicly Funded Contraceptive Services in the United States” (Feb. 2009), http://www.guttmacher.org/pubs/fb_contraceptive_serv.html.

²¹ Yoshino, 2009. *Supra* note 9.

²² Research conducted by Peter D. Hart Research Associates on behalf of the National Women’s Law Center and Planned Parenthood Federation of America, 2007.

²³ *Id.*