

## **TITLE X (TEN) NATIONAL FAMILY PLANNING PROGRAM** ***CRITICAL HEALTH PROGRAM FOR LOW-INCOME WOMEN AND MEN***

### **WHAT IS TITLE X?**

The national family planning program, Title X (ten) of the Public Health Service Act, is the only dedicated source of federal funding for family planning services in the United States. Established in 1970 with broad bipartisan support, Title X provides high-quality family planning services and other preventive health care to low-income and uninsured individuals who may otherwise lack access to health care. In its nearly four decades of operation, Title X has become a critical component of the nation's public health infrastructure and a true public health success story. A 2005 government review of the Title X family planning program confirms that the program serves a unique and valuable purpose, is cost-effective, and is effectively managed.<sup>1</sup>

Title X currently provides service delivery grants to 87 public and private, nonprofit grantees located in every state and U.S. territory, whom then determine which local providers receive funding. State, county, and local health departments make up the majority (57 percent) of Title X service providers. Hospitals, family planning councils and other private, nonprofit organizations make up the rest of Title X providers.

### **WHAT DOES TITLE X DO?**

Family planning services provided through Title X help to prevent unintended pregnancies and thereby reduce the need for abortion. The United States has one of the highest rates of unintended pregnancy among Western nations. Each year, half of the more than 6 million pregnancies in this country are unintended, and nearly half of those end in abortion.<sup>2</sup> Because the likelihood of pregnancy is so great if contraception is not used, the 11 percent of American women at risk for unintended pregnancy who do not use contraception account for half of all unintended pregnancies.<sup>3</sup> Publicly supported family planning services, such as those provided by Title X, help to prevent 1.3 million unplanned pregnancies each year, which would result in 632,300 abortions, 533,800 unintended births and 165,000 miscarriages.<sup>4</sup>

Every year, Title X-funded providers serve nearly five million low-income women and men at more than 4,400 health centers nationwide.<sup>5</sup> Health centers receiving Title X funds must provide an array of confidential preventive health services, including contraceptive services; pelvic exams; pregnancy testing; screening for cervical and breast cancer; screening for high blood pressure, anemia, and diabetes; screening for STDs, including HIV; basic infertility services; health education; and referrals for other health and social services. In 2006, Title X-funded clinics provided 2.5 million Pap tests, 2.4 million breast exams, 5.2 million STD tests, and 652,426 confidential HIV tests.<sup>6</sup>

In keeping with established medical ethics, a woman facing an unintended pregnancy is entitled to nondirective counseling and referrals upon request regarding all of her available options, including: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. By statute, no Title X funds may be used to pay for abortion.

## WHO DOES TITLE X SERVE?

The vast majority of Title X clients are uninsured and do *not* qualify for Medicaid. However anyone, regardless of income, can receive services at a Title X-funded clinic. Sixty-seven percent of Title X clients have family incomes at or below the federal poverty level (earning less than \$16,600 per year for a family of three) and receive services at no cost. Ninety percent have incomes at or below 200 percent of the federal poverty level and receive services at a discounted rate. Seventy-four percent of women receiving subsidized family planning services are age 20 or over.<sup>7</sup>

Title X patients are also disproportionately women of color. Nineteen percent of all Title X clients identify themselves as Black and 25 percent as Hispanic or Latino.<sup>8</sup> This is disproportionate to their representation in the general population, which stands at 13.4 percent<sup>9</sup> and 14.8 percent respectively.<sup>10</sup>

## WHAT DOES TITLE X NEED?

Title X received \$300 million in the FY 2008 budget. Years of stagnant funding, however, poses a significant challenge to the program's survival. Recent dramatic increases in the cost of hormonal contraceptives have forced Title X providers to stretch already-tight budgets by offering fewer contraceptive choices, cutting services, and in some cases even reducing staff or closing health centers. Title X providers are further strapped as a result of new and expensive contraceptive technologies; improved and expensive screening and treatment for STDs, including the HPV vaccine to prevent cervical cancer, and HIV; and the expense of training and retaining qualified health care personnel in an era of nursing shortages.

In 2004, over 17 million women needed publicly supported contraceptive care - a number that grew by 1 million women between 2000 and 2004 due to a rising uninsured population<sup>11</sup> - leaving Title X providers to serve increasing numbers of patients without commensurate increases in funding. A survey by The Guttmacher Institute found that Title X expenditures on contraceptive supplies increased by an average of 26 percent over three years, while the corresponding Title X grants increased by an average of 11 percent.<sup>12</sup> Had Title X funding kept pace with medical inflation since FY 1980, it would now be funded at \$759 million, instead of its FY 2007 funding level of \$283 million.<sup>13</sup> In other words, taking inflation into account, funding for Title X in constant dollars is 63 percent lower today than it was in FY 1980.

Increased funding for Title X is not only essential, but is cost effective. Every dollar spent to increase funding for Title X would save \$3.80 in pregnancy-related and newborn care cost to Medicaid.<sup>14</sup> A recent study, completed prior to the current increases in contraceptive prices, estimated that doubling the FY 2007 funding level to \$566 million could allow Title X to serve an estimated 1.4 million new clients, avert 244,000 unintended pregnancies and 98,000 abortions, thereby yielding a net government savings of \$794 million.<sup>15</sup>

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<sup>1</sup> <http://www.whitehouse.gov/omb/expectmore/summary.10003513.2005.html>

<sup>2</sup> Boonstra, H. et al., *Abortion in Women's Lives*, New York: Guttmacher Institute, 2006.

<sup>3</sup> Ibid.

<sup>4</sup> Forrest JD and Samara R, "Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures," *Family Planning Perspectives*, 1996, 28(5):188-195, p. 193.

<sup>5</sup> Fowler, CI, Gable, J, and Wang, J. (February 2008). *Family Planning Annual Report: 2006 National Summary*. Research Triangle Park, NC: RTI International.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> U.S. Census Bureau. *Facts for Features*, "Black History Month: February 2008," December 3, 2007.

<sup>10</sup> U.S. Census Bureau, *Facts for Features*. "Hispanic Heritage Month 2007, September 15-October 15," July 16, 2007.

<sup>11</sup> Guttmacher Institute, "Women in Need of Contraceptive Services and Supplies, 2004," Guttmacher Institute, 2006.

<sup>12</sup> Guttmacher Institute, "Cost Pressures on Title X Family Planning Grantees, FY 2001-2004," Guttmacher Institute, 2006.

<sup>13</sup> The Alan Guttmacher Institute. Memo, February 5, 2008.

<sup>14</sup> Frost, J. et al, "Estimating the Impacts of Serving New Clients by Expanding Funding for Title X." Guttmacher Institute, Occasional Report No. 33, November 2006.

<sup>15</sup> Ibid.