

February 28, 2012

The Honorable Daniel Inouye
Chairman
Senate Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member
Senate Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
House Appropriations Committee
United States House
Washington, DC 20515

The Honorable Norm Dicks
Ranking Member
House Appropriations Committee
United States House
Washington, DC 20515

Dear Senators Inouye and Cochran and Representatives Rogers and Dicks:

I am writing on behalf of the National Family Planning & Reproductive Health Association (NFPRHA), a membership organization representing the nation's family planning providers – nurse practitioners, nurses, physicians, and administrators. Our members receive federal funding through Title X (ten) of the Federal Public Health Service Act — the only federally funded dedicated family planning program for the low-income and uninsured — Medicaid, and other publicly funded health programs. Public funds have helped form a network of diverse providers at the forefront of efforts to prevent unintended pregnancy and sexually transmitted infections, and support the health of women and men.

As the Appropriations Committees work on the Fiscal Year (FY) 2013 appropriations bill, NFPRHA respectfully requests that you make a significant investment in Title X to help restore the program's capacity to serve those in need. Title X was cut by \$23.6 million in the last two fiscal years alone and suffered multiple attempts at complete elimination. The Title X program cannot sustain any further cuts and must be restored at \$327.4 million to fulfill its mission in FY 2013.

The Importance of Title X

Title X is an underpinning of the public health safety-net infrastructure that serves millions of low-income Americans. These funds are desperately needed, as the percentage of uninsured women and men of reproductive age continues to rise as a result of the recession, and more and more Americans become reliant on the Title X network for health care. Therefore NFPRHA urges you to make a considerable investment in Title X, with an increase of \$33 million in FY 2013. This additional funding is the minimum of what is needed to help Title X providers prepare for participation as essential community providers as the Affordable Care Act (ACA) intends in 2014.

Today, Title X serves over 5.2 million low-income women and men at nearly 4,400 health centers each year, addressing about a third of the need for publicly funded family planning care.ⁱ Title X services help women and men plan the number and timing of pregnancies, thereby helping to prevent nearly one million unintended pregnancies each year. In addition to providing contraceptive services and supplies, Title X health centers provide preventive health services, education and counseling. In 2010, 1.8 million pap tests, 2.2 million breast exams, and nearly 7.2 million STD and HIV tests were performed at Title X health centers.ⁱⁱ

These centers, like many in the safety net, are under extreme pressure. Title X sites continue to see an increase in patients, over 170,000 new patients since 2009. Title X health centers must serve all patients without regard for their ability to pay, but cuts to funding have forced Title X health centers to reduce their hours, cut staff, and limit service availability. Because the ACA will not be fully in place until 2014, safety-net providers bear much of the burden of maintaining health care for the most vulnerable populations today.

NFPRHA urges you to make a significant investment in Title X, setting funding at \$327.4 million in FY 2013.

The Importance of Other Sexual and Reproductive Health Programs

NFPRHA also requests increased funding for programs that help to improve the sexual and reproductive health of the low-income populations our members serve, as detailed below.

Comprehensive Sex Education – Teen Pregnancy Prevention Initiative

Recent data from the Centers for Disease Control and Prevention (CDC) suggests that we continue to make progress in our efforts to reduce teen pregnancy in the U.S.ⁱⁱⁱ Unfortunately, the US rates of teen pregnancy continue to surpass those of other industrialized nations. The president's FY 2013 budget level-funds the Teen Pregnancy Prevention Initiative (TPPI) at \$105 million at a time when it is important that we continue to expand resources for programs that have been shown to reduce teen pregnancy. Additionally, the president proposed reducing funding for TPPI evaluation down to \$4.2 million after Congress supported his funding request last year. Resources to evaluate and replicate successful teen prevention programs across the

country should not be shortchanged. NFPRHA supports \$8.5 million for evaluation of TPPI programs in FY 2013.

As you approach this FY 2013 appropriations bill, NFPRHA asks that you provide additional resources for TPPI and maintain the TPPI evaluation funding level.

Centers for Disease Control and Prevention – Division of STD Prevention (DSTDP) & Division of Adolescent and School Health (DASH)

NFPRHA asks that the budget for the Division of STD Prevention (DSTDP) within the CDC be significantly increased. DSTDP has experienced significant underfunding in recent years and had a funding reduction in FY 2012. Rates of STDs continue to rise each year, but the resources required to meet the challenges have been inadequate. STD programs in health departments are responsible for the direct delivery of STD prevention and control services. These activities include providing clinical services, education and awareness efforts and monitoring disease trends through surveillance and epidemiology. Seventy-five percent of the Division of STD Prevention's annual funding is distributed in grants to 65 project areas. Many NFPRHA members work in or with these projects — one quarter of the NFPRHA membership is made up of state employees.

Of particular importance to NFPRHA is the Infertility Prevention Project (IPP) which provides funding to screen for Chlamydia, the most commonly reported infectious disease in the US.^{iv} Infection is often without symptoms, but if left untreated, Chlamydia can cause severe health consequences for women, including pelvic inflammatory disease (PID), ectopic pregnancy and infertility. IPP efforts to screen low-income women for Chlamydia in STD and family planning health centers has been highly successful. However, there are not enough funds allocated to screen eligible individuals, which dramatically increases the long-term costs associated with Chlamydia-related infertility. CDC estimates that the direct medical costs of Chlamydia are \$647 million each year.^v Testing, treatment, surveillance and prevention efforts continue to be hampered by inadequate funding.

Rates of other STDs have continued to rise each year, but again the resources required to meet the challenges have been inadequate.

CDC's DASH is a unique source of support for HIV prevention efforts in our nation's schools, providing funding and technical assistance to HIV/STD prevention programs. Despite research that shows that well-designed, well-implemented, school-based HIV/STD prevention programs can significantly reduce sexual risk behaviors among students, the program was cut by 25% last year. NFPRHA asks that you support these proven school-based prevention programs by increasing DASH funding in FY 2013.

NFPRHA urges you to consider an increase to CDC's Division of STD Prevention — in particular to increasing funding for the Infertility Prevention Project (IPP) within the division — and to the Division of Adolescent and School Health to provide much-needed resources for this nation's HIV/AIDS and STD epidemic.

Maternal and Child Health – Title V MCH Block Grant

The Maternal and Child Health (MCH) Block Grant authorized by Title V of the Social Security Act is the only federal program of its kind devoted solely to improving the health of all women and children. NFPRHA is disappointed by the President's request and urges Congress to support at least funding at the FY 2012 appropriated level for the program. Publicly supported maternal and child health programs are facing the same challenges as family planning programs in the states; even as the economy improves, states resources are scarce as a result of the recession. In many settings, Title V and Title X funds are used in an integrated system to fully support the provision of reproductive health services. It is important that Title V funds be increased to sustain the coordinated care system between family planning and maternal and child health services.

NFPRHA supports increased funding for the Title V Maternal and Child Health (MCH) Block Grant.

Medicaid

NFPRHA was deeply concerned by the proposal made by House Budget Chairman Paul Ryan (R-WI) in 2011 to convert the Medicaid program into a block grant. Medicaid is the cornerstone of health care for the poor and low-income; more than 58 million Americans are enrolled in Medicaid.^{vi} Medicaid is also a pivotal source of funding for family planning services and supplies. Converting Medicaid into a block grant, or in any other way shifting Medicaid costs onto the states, would only serve to tie states' hands, capping needed funding and forcing many poor and low-income individuals to go without care or to seek uncompensated care in our nation's safety-net hospitals and clinics, a practice that contributes to skyrocketing health care costs.

NFPRHA opposes efforts to convert the Medicaid program into a block grant or shift costs onto the states.

Repeal the Hyde Amendment and Similar Restrictions on Abortion Care

As an advocate for the low-income, NFPRHA deplores the denial of access to abortion care for women who are on Medicaid, serve in the military, work as a federal employee, or otherwise depend on the federal government for their health care coverage. Abortion care is a legal medical service that should be accessible to women without these types of restrictions. At least half of women will experience an unintended pregnancy by age 45, and, at current rates, about one-third will have had an abortion.^{vii} Unfortunately, Congressional bans on federal funding for abortion care have severely restricted access for women. These policies create unjust obstacles

to health care for these women, many of whom are women of color or otherwise underserved. All women should have access to the full range of reproductive health services, and should not be hindered by unfair barriers which punish them because of their reliance on government-supported health care.

NFPRHA urges you to remove restrictions on funding of abortion services for Medicaid-eligible women and lift similar restrictions on abortion care from the FY 2013 appropriations bill.

It is imperative that Congress continue its 40-year history of support for the Title X family planning program. Congress must protect funding for this essential, cost-effective program and the critical reproductive and sexual health programs that improve public health.

NFPRHA looks forward to working with you to strengthen America's family planning program and to invest in the critical public health infrastructure that cares for millions of Americans in need. Thank you.

Sincerely,



Clare Coleman
President & CEO

ⁱ Guttmacher Institute, *Contraceptive Needs and Services*, 2008 Update, New York 2010.

<http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>.

ⁱⁱ Office of Population Affairs, *Family Planning Grantees, Delegates, and Clinics*.

<http://www.opaclearinghouse.org/pdf/dynamic/region.cfm?regionID=8&pdf=1>.

ⁱⁱⁱ Centers for Disease Control and Prevention, *Improving the Lives of Young People by Improving Communities and Reducing Teen Pregnancy*, March 2011. <http://www.cdc.gov/chronicdisease/resources/publications/aag/teen-preg.htm>.

^{iv} Centers for Disease Control and Prevention, *STD Facts - Chlamydia*, updated March 2011, <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>.

^v *Perspectives on Sexual and Reproductive Health*. 2004;36:6-10, as referenced in *Moving Science Into Coverage: An Employer's Guide to Preventive Services* National Business Group on Health, December 2009 <http://www.businessgrouphealth.org/preventive/topics/chlamydia.cfm>.

^{vi} Kaiser Family Foundation, "State Health Facts: Medicaid & CHIP." <http://www.statehealthfacts.org/comparecat.jsp?cat=4&rgn=6&rgn=1>.

^{vii} Guttmacher Institute, *In Brief: Facts on Induced Abortion in the United States* (July, 2008). http://www.guttmacher.org/pubs/fb_induced_abortion.pdf.