

Family Planning Coalition

c/o National Family Planning and Reproductive Health Association
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March 15, 2010

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 David Obey
Chairman
House Appropriations Committee
United States House
Washington, DC 20515

The Honorable Jerry Lewis
Ranking Member
House Appropriations Committee
United States House
Washington, DC 20515

Dear Senators Inouye and Cochran and Representatives Obey and Lewis:

As you begin work on the fiscal year (FY) 2011 appropriations bills, we are writing to respectfully request that funding for the Title X family planning program be increased to \$700 million over the next five years, beginning with an increase of \$76.5 million in FY 2011. We appreciate the President's leadership in providing a nearly \$9.9 million increase for Title X in his FY 2011 Budget Request. However, as the percentage of uninsured women of reproductive age continues to rise as the result of the current economic downturn, more and more Americans are becoming increasingly reliant on Title X family planning centers for basic health care. In fact, 6 in 10 women who access care from a family planning health center consider it to be their usual source of health care.¹ We also urge the inclusion of language in the FY 2011 Labor, Health and Human Services and Education Appropriations Committee Report that addresses the updating of Title X program guidance and administrative rules as needed, which would allow Title X health centers to better serve patients. Finally, with the rate of Chlamydia on the rise, we ask that you include a much-needed \$10 million increase for the Infertility Prevention Program (IPP) within the Centers for Disease Control and Prevention (CDC). This modest increase has the potential to have an enormous public health impact given that an estimated three million Americans become infected with Chlamydia each year and that most of these go undiagnosed and untreated, which can cause dire consequences for women, including infertility.

Title X serves over five million low-income women and men at more than 4,500 health centers each year. Title X services help individuals plan the number and timing of their pregnancies, thereby helping to prevent nearly one million unintended pregnancies each year. In addition to contraceptive services and supplies, Title X health centers provide basic preventive health services, education, and counseling. For example, in 2008, Title X centers

¹ *Next Steps for America's Family Planning Program* The Guttmacher Institute, 2009
<http://www.guttmacher.org/pubs/NextSteps.pdf> [accessed March 5, 2010].

provided over 2.2 million Pap tests and over 2.3 million clinical breast exams.² These services promote public health and save tax dollars. For every public dollar invested in Title X, \$4.02 is saved in Medicaid-related costs alone.³

In spite of the program's critical role and proven effectiveness, funding for Title X continues to fall well short of what is needed. In a 2009 review of the program, the Institute of Medicine (IOM) concluded, "Funding for the program has periodically grown in actual dollars, but has not kept pace with inflation, increased costs of contraceptives, supplies, and diagnostics; greater numbers of people seeking services; increased costs of salaries and benefits; growing infrastructure expenses; or rising insurance costs." This has resulted in "Title X providers feel[ing] pressure to offer more and more comprehensive family planning services and comply with new program priorities without additional resources," thereby creating tension between fully meeting the needs of current patients and providing more limited services to a greater number of people.

Today millions of women are struggling to afford the contraceptive supplies and gynecologic health services they need. A December 2009 study found that at federally funded family planning health centers, the proportion of patients who are economically disadvantaged is increasing. More than four in five centers reported an increase in clients who were uninsured. Nearly two-thirds of centers reported a decrease in clients who were able to pay the full fee for their services.⁴ Another recent study found that 23% of surveyed women report having a harder time paying for birth control than in the past. This proportion rises to one out of three among women who reported earning less money or being generally worse off financially compared to last year. Nearly one out of four women report having put off a gynecological or birth control visit to save money in the past year.⁵ A significant increase in funding for the Title X program is a critical tool in assisting states to reduce unintended pregnancies and meet the reproductive health needs of low-income women.

Title X is a vital part of our nation's health care infrastructure. The IOM report found Title X to be a "valuable program" providing "critical services" to those in need. But IOM also concluded that improvements were needed in areas related to program administration and that program guidelines should be updated to better meet the needs of patients. While parts of the Title X program are updated with the issuance of occasional program directives, it has been years since a comprehensive review has been conducted with the purpose of evaluating how the program is administered and how patients receive care as a result.

In addition to increased funding, we strongly urge you to request the inclusion of language in the FY 2011 Labor, Health and Human Services and Education Appropriations Committee Report that addresses updating Title X program guidance and administrative rules as

² *Family Planning Annual Report 2008 National Summary* Office of Family Planning, Office of Population Affairs, Department of Health and Human Services, November 2009.

³ Frost JJ, Finer LB, and Tapales A, "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*, Volume 19, Issue 3, August 2008.

⁴ *A Real-Time Look at the Impact of the Recession on Publicly Funded Family Planning Centers*, the Guttmacher Institute, December 2009.

⁵ *A Real-Time Look at the Impact of the Recession on Women's Family Planning and Pregnancy Decisions*, the Guttmacher Institute, September 2009.

needed. This language would direct the Office of Family Planning within the Office of Population Affairs (OPA) to take into account the recommendations of the IOM by revisiting program guidance in order to maximize Title X revenue and better serve the patients who rely on this important program.

Finally, as Title X providers can attest to, Chlamydia is on the rise. According to the CDC, the 2008 reported rate was an increase of 9.2 percent over 2007. The magnitude of this unmet need and the cost-effectiveness of Chlamydia prevention programs have made them the number one priority of the CDC's Division of STD Prevention.

The Infertility Prevention Program (IPP) at CDC is an excellent example of an effective program. Currently funded at approximately \$33 million, it pays for screening and treatment of Chlamydia, the most commonly reported infectious disease in the United States and the number one cause of preventable infertility. We urge you to include a \$10 million increase in funding for this program, which currently supports 64 awards to 50 states, 8 territories and 6 cities, which work with safety net providers to offer screening and treatment to low-income, sexually active women.

The goal of the program is to detect and *stop* Chlamydia before it leads to a more serious infection—potentially causing infertility. Left untreated, 10 to 20 percent of Chlamydia and gonorrhea infections in women can result in pelvic inflammatory disease (PID) — a condition that can cause long-term complications such as chronic pelvic pain, ectopic pregnancy, and infertility. Untreated STDs are estimated to cause at least 24,000 women to become infertile each year.⁶ Tragically, Chlamydia is an extremely treatable infection—it is easily cured with a dose of antibiotics. Unfortunately, it is all too often a “silent” infection (most often, with no symptoms), and women often do not seek testing as a result. In fact, up to 90% of women and a large percentage of men with Chlamydial infection are asymptomatic—which is why it is so important this proactive, effective Chlamydia screening program is adequately funded.

The inability to screen eligible individuals is dramatically increasing the long-term costs associated with Chlamydia-related infertility. CDC estimates that the direct medical costs of Chlamydia are \$647 million each year and places “direct and indirect costs” at \$1.7 billion.^{7, 8} Despite success, testing, treatment, surveillance and other Chlamydia prevention efforts continue to be hampered by inadequate funding.

Now more than ever is the time to make a significant investment in Title X, beginning with an increase of \$76.5 million in FY 2011 and by committing to fund this effective program at \$700 million within the next five years. It is also time to include report language that recognizes the importance of updating Title X program guidelines and administrative rules as

⁶ CDC unpublished estimate, referenced in *Sexually Transmitted Diseases in the United States, 2008* Centers for Disease Control and Prevention (CDC), November 2009 <http://www.cdc.gov/std/stats08/2008survFactSheet.PDF> [accessed March 3, 2010].

⁷ CDC unpublished estimate, referenced in *Sexually Transmitted Diseases in the United States, 2008* Centers for Disease Control and Prevention (CDC), November 2009 <http://www.cdc.gov/std/stats08/2008survFactSheet.PDF> [accessed March 3, 2010].

⁸ *Take Action on HEDIS* Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/std/Chlamydia/hmoletter.pdf> [accessed March 3, 2010].

needed. Finally, it is time to increase funding for the Infertility Prevention Program (IPP) at the CDC by \$10 million, which will have a huge impact on the ability of public health providers to prevent and treat Chlamydia and thus reduce infertility and the costs related to untreated infections. We look forward to working with you to strengthen America's dedicated family planning program and to invest in infertility prevention.

Sincerely,

Abortion Care Network
Advocates for Youth
American Academy of Pediatrics
American Congress of Obstetricians and Gynecologists
American Medical Student Association
American Medical Women's Association
American Public Health Association
American Social Health Association
American Society for Reproductive Medicine
Association of Reproductive Health Professionals
Catholics for Choice
Center for Reproductive Rights
DC Campaign to Prevent Teen Pregnancy
Family Planning Councils of America
NARAL Pro-Choice America
National Asian Pacific American Women's Forum
National Association of Nurse Practitioners in Women's Health
National Campaign to Prevent Teen and Unplanned Pregnancy
National Coalition of STD Directors
National Council of Jewish Women
National Health Law Program
National Family Planning & Reproductive Health Association
National Latina Institute for Reproductive Health
National Organization for Women (NOW)
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America
Reproductive Health Technologies Project
Sexuality Information and Education Council of the U.S. (SIECUS)
SisterSong Women of Color Reproductive Justice Collective
Society for Adolescent Medicine
State Family Planning Administrators
Union for Reform Judaism
Unitarian Universalist Association of Congregations