

March 31, 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:

I am writing on behalf of the National Family Planning & Reproductive Health Association (NFPRHA), a membership organization representing the nation's dedicated family planning providers – nurses, nurse practitioners, administrators and other key health care professionals. For more than 35 years, NFPRHA members have provided comprehensive preventive health care services in thousands of health centers to millions of women and men annually. Every day our members help people act responsibly, stay healthy and plan for strong families. Many of our members receive federal funding from Medicaid and 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. These critical components of the nation's public health safety-net are at the forefront of efforts to reduce rates of unintended pregnancy.

For these reasons, as you begin work on the Fiscal Year (FY) 2011 appropriations bills NFPRHA respectfully requests 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 fiscal year (FY) 2011. Further, NFPRHA asks for increased funding for additional programs that help to improve the reproductive health of the low-income populations our members serve, as detailed below.

**Title X**

NFPRHA appreciates the President's leadership in requesting 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 economic downturn, more and more Americans are becoming reliant on Title X family planning centers for their health needs.

While health care reform will result in extraordinary changes to the nation's health system, many of these changes will not be implemented for several years. Meanwhile, low-income women and men depend on the public health safety-net, including Title X providers, for health services. As health care reforms are implemented, many of the newly-insured population will continue to receive care from essential community providers such as those providing services under Title X.

Title X serves over five million low-income women and men at more than 4,500 health centers each year. Title X services help women and men plan the number and timing of their 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 basic preventive health services, education and counseling. For example, in 2008, Title X centers provided over 2.2 million Pap tests and over 2.3 million clinical breast exams.<sup>1</sup> Not only do the services provided through Title X promote public health, they also save tax dollars. For every public dollar invested in Title X, \$4.02 is saved in Medicaid-related costs alone.<sup>2</sup>

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.

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. Nearly one out of four women report having put off a gynecological or birth control visit to save money in the past year.<sup>3</sup> A significant increase in funding for the Title X program would be a critical tool in assisting states to reduce unintended pregnancies and meet the reproductive health needs of low-income women.

One means of providing the funding necessary to appropriately meet the needs of the patients served by the Title X program is by allocating funds from the Prevention and Public Health Fund established in the "Patient Protection and Affordable Care" Act. The Prevention and Public Health Fund authorizes \$500 million for FY 2010 to provide for expanded and sustained investment in prevention and public health programs authorized by the Public Health Service Act, such as Title X. A portion of this funding could be used to significantly invest in Title X.

Recognizing that the IOM report found Title X to be a "valuable program" providing "critical services" to those in need but also concluded that improvements were needed in areas related to

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<sup>1</sup> *Family Planning Annual Report 2008 National Summary* Office of Family Planning, Office of Population Affairs, Department of Health and Human Services, November 2009.

<sup>2</sup> 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.

<sup>3</sup> *A Real-Time Look at the Impact of the Recession on Women's Family Planning and Pregnancy Decisions*, the Guttmacher Institute, September 2009.

program guidelines, the Office of Population Affairs (OPA) at the Department of Health and Human Services (HHS) has begun a process to address the need for these updated program guidelines. In addition to increased funding, I strongly urge you to support the efforts of OPA and 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 needed. This would allow Title X health centers to better serve patients.

**NFPRHA urges you 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.**

### **Comprehensive Sex Education**

NFPRHA was pleased to see the President's budget requested an increase of \$19.2 million for the Teen Pregnancy Prevention Initiative, from \$114.5 million in FY 2010, to \$133.7 million for FY 2011, and I hope you will consider including this recommended increase in the FY 2011 appropriations bill. The establishment of this new initiative in FY 2010 has been a welcome return to evidence-based approaches that work to reduce teen pregnancy. However, NFPRHA hopes you will support comprehensive sex education that promotes healthy behaviors and relationships for all young people and includes STD/HIV prevention in addition to pregnancy prevention.

**As you approach this year's appropriations bill, I ask that you provide the President's recommended \$19.2 million increase for the Teen Pregnancy Prevention Initiative and broaden the initiative to include comprehensive sex education.**

### **Centers for Disease Control and Prevention (CDC) – Division of STD Prevention**

NFPRHA asks that the committee increase funding to the Division of STD Prevention within the CDC by \$213.5 million, for a total appropriation of \$367.4 million. 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.

Rates of STDs have continued to rise each year, but the financial resources required to meet this public health crisis have faltered. Federal funding for the Division of STD Prevention at the CDC has steadily declined since FY 2003. Additionally, the current fiscal crises in state and local governments have further hampered health departments' efforts to adequately respond to this epidemic. One quarter of the NFPRHA membership is state employees and report widespread cuts to a number of public health resources. The National Coalition of STD Directors recently conducted a study to assess the impact of the current economic crisis to STD programs across the nation. NCSD found that in 2008-2009, between 30 and 40% of health departments were forced to reduce disease intervention services, laboratory testing, clinical services for testing and care. In addition, between 2008-2009, 39 clinics supported by state and local STD programs closed their doors due to inadequate funding. Increased federal investment in STD prevention and control is critically needed.

**NFPRHA urges you to consider a \$213.5 million increase to CDC's Division of STD Prevention to provide much needed attention to this nation's STD epidemic.**

### **Infertility Prevention Program (IPP)**

The most commonly reported infectious disease in the U.S. is the sexually transmitted disease Chlamydia. 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. The Infertility Prevention Program (IPP) at the CDC, which provides funding to screen low-income women for Chlamydia in STD and family planning health centers, has been highly successful. However, 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.<sup>4</sup> The CDC estimates “direct and indirect costs” for Chlamydia at 1.7 billion.<sup>5</sup> Testing, treatment, surveillance and other Chlamydia prevention efforts continue to be hampered by inadequate funding.

**NFPRHA urges you to provide an additional \$10 million for the Infertility Prevention Program (IPP) at CDC.**

### **Title V Maternal and Child Health (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. Currently funded at \$662 million, NFPRHA requests an increase of \$68 million for a total of \$730 million. Over the past seven years, funding for the MCH Block Grant has been reduced significantly while the costs of providing health services has gone up. This reduced investment comes at a time when improvements in reducing infant mortality are stalled, low birth weight and preterm births are increasing, and the U.S. ranks 30<sup>th</sup> internationally in infant mortality rates. Additionally, racial and ethnic disparities persist across several indicators. Increasing funding for the MCH Block Grant would enable states to expand critical health care services to millions of pregnant women, infants and children, including those with special health care needs. As states face economic hardships and face limits on their Medicaid and SCHIP programs, more women and children seek care and services through MCH-funded programs. Resources are needed to reduce infant mortality, provide mental health care to those in need, improve oral health care, reach more children and youth with special health care needs, and reduce racial disparities in health care.

**NFPRHA supports an increase of \$68 million for the Title V Maternal and Child Health (MCH) Block Grant for a total of \$730 million.**

### **Repeal the Hyde Amendment**

We also ask that you strike from your FY 2011 appropriations bill language restricting funding of abortion services for Medicaid-eligible women. As an advocate for the low-income, NFPRHA deplores the denial of access to these services for women who depend on the federal government for their health care needs. Abortion is a vital part of women’s reproductive health care. At least half of women will experience an unintended pregnancy by age 45, and, at current rates, about one-

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<sup>4</sup> Chesson HW, Blandford JM, Gift TL, Tao G, Irwin KL. The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspect Sex Reprod Health*. 2004; 36(1):11-19 and Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *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> [accessed on March 3, 2010].

<sup>5</sup> *Take Action on HEDIS* Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/std/Chlamydia/hmoletter.pdf> [accessed March 3, 2010].

third will have had an abortion.<sup>6</sup> Unfortunately, Congressional bans on public funding for abortion services have severely restricted access to safe abortion care for low-income women. These policies create unjust obstacles to health care for these women, many of whom are women of color or immigrant women. Further, the executive order affirming President Obama's intention to apply the Hyde Amendment barring the use of federal funding for abortions to the policies enacted through health care reform is a huge setback for women's health.

NFPRHA was very pleased that the ban on the District of Columbia using its own funds to provide abortion services for low-income women was lifted in the FY 2010 omnibus appropriations bill, and I urge you to continue this in FY 2011. Despite this, far more work remains to ensure that women have access to safe and legal abortion services. Low-income 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 need for government-supported health care.

**NFPRHA urges you to strike the Hyde Amendment from the FY 2011 appropriations bill.**

**Place Emphasis on Access to Reproductive Health Care for the Low-Income**

Now is the time to make a significant investment in Title X, beginning with an increase of \$76.5 million in FY 11 and by committing to fund this effective program at \$700 million within the next five years. It is time to support the efforts of OPA regarding updated Title X program guidelines. Finally, it is time to increase funding for additional programs that help to improve reproductive health for low-income people and to remove barriers such as the Hyde Amendment which unfairly punish poor women.

As the voice for providers who serve the poor and low-income, NFPRHA looks forward to working with you to strengthen America's dedicated family planning program and to invest in these programs that address the reproductive health needs of the vulnerable communities that our members serve every day.

Thank you.

Sincerely,



Clare Coleman  
President & CEO

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<sup>6</sup> Guttmacher Institute, "In Brief: Facts on Induced Abortion in the United States," July, 2008  
[http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.pdf](http://www.guttmacher.org/pubs/fb_induced_abortion.pdf) [accessed September 9, 2008]