

October 11, 2012

Mr. Jacob J. Lew
Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Dear Mr. Lew:

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. 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.

As you work on the Fiscal Year (FY) 2014 budget, **NFPRHA respectfully requests that you make a significant investment in Title X at \$327 million, an increase of \$33.1 million over FY 2012 funding and equal to the president's budget request for FY 2012.** Despite the increasing need for publicly funded family planning, the Title X program has sustained significant cuts – \$23.6 million over two fiscal years but which hit Title X providers in a single calendar year. At a time when health centers are seeking to modernize to meet the anticipated growth in demand resulting from the Affordable Care Act (ACA), it is critical that the Title X program receive the resources it needs to continue its role as an integral part of the public health safety net.

Title X

NFPRHA understands the administration's plans to advance a budget designed to reduce federal spending. However, President Obama's FY 2013 budget, which called for Title X to be level-funded at the FY 2012 appropriated funding level of \$296.8 million– a \$30.6 million reduction from the president's FY 2012 request – fails to recognize the important role publicly funded family planning plays in saving taxpayer dollars.

Title X serves over 5 million low-income women and men at nearly 4,400 health centers each year. Title X services help women and men plan the number and timing of pregnancies, helping to prevent 973,000 unintended pregnancies in 2008, which would have likely resulted in 432,600 unintended births and

406,200 abortions. In addition to providing contraceptive services and supplies, Title X health centers provide preventive health services, education, and counseling. Title X assists with patient referrals and helps coordinate care for individuals who traditionally have lacked access to routine care. The services provided at publicly funded health centers not only improve public health, they save billions of taxpayer dollars each year. In 2008, publicly funded family planning saved federal and state governments \$5.1 billion in 2008; services provided at Title X-supported centers accounted for \$3.4 billion in such savings in 2008 alone.ⁱ A recent estimate from the Brookings Institution found that expanding publicly funded family planning services would produce taxpayer savings of \$2–\$6 for every dollar spent.ⁱⁱ

For over 40 years, Title X has been the front lines of service provision in under-resourced communities across the country. The \$23.6 million in cuts to Title X in FY 2011 and FY 2012 – a 7.4% loss of funding in 2011 – came after the largest growth of patients served by the Title X network in more than a decade, an increase of more than 170,000 women, men, and teens between 2008 and 2010. Unfortunately, the recent funding cuts have reversed this trend and – in just one year, between 2010 and 2011 – the program experienced a decline of over 200,000 patients.

Despite the proven success of, public support for, and documented savings of Title X, the program is under extreme pressure. Politically-motivated efforts to eliminate the program by anti-family planning legislators have weakened Title X's reach. The recent cuts in Title X funding hurt the most vulnerable populations by undermining access to essential health services, and do nothing to advance the goal of deficit reduction. If we do not strengthen the infrastructure now, a network of safety net providers will not be available to serve those in need, including the millions of individuals who will gain health coverage through the ACA and will seek health care in the safety net.

NFPRHA urges you to make a significant investment in the nation's safety-net family planning health services and fund Title X at \$327 million in FY 2014.

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. Although the president's FY 2013 budget requested a nominal increase to the Title V MCH Block Grant, this funding level does not adequately address the rapidly shrinking maternal and child health resources in states. NFPRHA requests increased funding for the MCH Block Grant in FY 2014. Funding for the MCH Block Grant has been reduced significantly while the cost of providing health services continues to increase. Public health resources in states are rapidly shrinking while a growing number of women and children need support services. In many settings, Title V and Title X are used in an integrated system to fully support the provision of health services for women and families. It is important that Title V funds also 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 MCH Block Grant.

Centers for Disease Control and Prevention (CDC) – National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

NFPRHA asks that the budget for the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) within the CDC be significantly increased. NFPRHA appreciates the continued increases proposed by the president in previous budget years. However, NCHHSTP has experienced significant underfunding in preceding years, despite the important safety-net services that the center provides. STD programs in health departments are responsible for the direct delivery of STD-prevention and -control services and require additional funding support as the programs modernize to meet the demands of the ACA.

Of particular importance to NFPRHA is the inclusion of family planning in CDC's infertility and STD prevention efforts. NFPRHA is proud of the role that family planning providers play in testing and treating sexually-related infections like chlamydia, a direct cause of infertility. The CDC has a long history of funding STD screening for low-income women in family planning health centers and it has been highly successful. However, CDC's scarce resources have limited the available funds allocated to screen eligible individuals, which dramatically increases the long-term costs associated with chlamydia-related infertility.

Rates of other STDs have continued to rise each year, yet the current fiscal stresses in state and local governments have further hampered health departments' efforts to adequately respond to this epidemic. STD prevention is a basic public health service which necessitates an increased federal investment in NCHHSTP.

NFPRHA urges you to consider a significant increase to CDC's NCHHSTP – an increase that supports continued integration of STD prevention and family planning – to provide much needed attention to this nation's STD epidemic.

Comprehensive Sex Education – Teen Pregnancy Prevention Initiative (TPPI) and the Division of Adolescent and School Health (DASH)

NFPRHA appreciates the president's sustained support for the Teen Pregnancy Prevention Initiative (TPPI) in the FY 2013 budget. The FY 2013 budget request of \$105 million for the Teen Pregnancy Prevention Program ensures that community-based organizations can continue working to reduce teen pregnancy using evidenced-based initiatives. We hope you will consider including additional funds for this program in FY 2014. NFPRHA is pleased that the president's budget removes the \$5 million dedicated to abstinence programs in the FY 2012 appropriations bill. Additionally, NFPRHA strongly supports the president restoring funding for the Division of Adolescent and School Health, which took a devastating cut in the FY 2012 appropriations bill. The increase in DASH funding to the FY 2011 level of \$40 million will make significant inroads in supporting school-based HIV prevention activities.

NFPRHA supports increased funding for TPPI and HIV/STD Prevention Education within DASH.

Repeal the Hyde Amendment and Similar Restrictions on Abortion Care

We ask that President Obama omit restrictions on funding for abortion care for Medicaid-eligible and other women who rely on the federal government for medical 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.ⁱⁱⁱ 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 need for government-supported health care.

NFPRHA urges you to omit restrictions on funding of abortion services for women from the FY 2014 budget request.

Support the Public Health Safety Net Now and Strengthen it for the Future

Today, safety-net providers provide health care to the most vulnerable populations, a role that will undoubtedly grow when full ACA coverage expansion begins in 2014 and especially in light of the Supreme Court's decision to make the ACA's Medicaid expansion optional for states. Yet, the Title X program is under extreme pressure; the politically motivated attacks of recent years have left the program with fewer resources, adversely impacting its ability to meet the needs of patients. The president's FY 2014 budget should strengthen the safety net today to ensure that millions of current and future patients seeking services will be able to obtain the health care they deserve.

Therefore, NFPRHA requests \$327 million for the Title X program and increased funding in FY 2014 for other components of the public health safety net. NFPRHA looks forward to working with you to strengthen America's dedicated family planning program and to invest in the critical public health infrastructure that will ensure that health care reforms are a success. Thank you.

Sincerely,



Robin R. Summers, JD
Senior Policy Director

ⁱ Guttmacher Institute, Contraceptive Needs and Services; National and State Data, 2008 Update, (May 2010) access March 2012, <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>.

ⁱⁱ Thomas, A., Policy Solutions for Preventing Unplanned Pregnancy, Brookings Institute, Washington, DC (March 2012).

ⁱⁱⁱ Guttmacher Institute, *In Brief: Facts on Induced Abortion in the United States* (July, 2008) accessed 2011, http://www.guttmacher.org/pubs/fb_induced_abortion.pdf.