

Title X

An Essential Partner in the New Health Care Environment

Enactment of the Affordable Care Act (ACA) was an important step towards helping to ensure that millions of Americans gain access to affordable, comprehensive health insurance coverage and services, including critical preventive family planning and sexual health services. As the health care landscape evolves more quickly as a result of ACA reforms, the integral role that the publicly funded family planning network, particularly the Title X family planning program, plays in the nation's modernized, high quality service delivery framework should be recognized and considered as policy and opinion elites assess the merits of potential, incremental regulatory and legislative adjustments during the law's early years of implementation.

Title X Sets the Standard for High Quality Sexual & Reproductive Health Care

- Title X is the nation's only dedicated source of federal funding for family planning and is a key provider for low-income, under-insured, and uninsured individuals.
- The Title X program requires the provision of high-quality, comprehensive health care services regardless of ability to pay.ⁱ
- Title X-funded providers are unlike other public or private health centers because they are required to offer counseling on contraceptives, sexually transmitted diseases, and other types of preventive care - a unique aspect of the Title X setting that can help patients make healthy choices that remove future burdens from the public health care system.
- Many Title X health centers have a variety of contraceptive methods onsite, removing barriers and improving access to care for patients.ⁱⁱ
- Title X providers have helped bridge the gap in health disparities, with culturally competent care a focus and directive of the program.

Title X is Essential to Women's Health

- In 2013, publicly funded family planning health services helped prevent 2 million unintended pregnancies, which would have resulted in 1 million unplanned births and 693,000 abortions.ⁱⁱⁱ
- Services provided by Title X centers helped women avert 1 million of these unintended pregnancies, which would have resulted in 501,000 unplanned births and 345,000 abortions.^{iv}
- Title X plays an important role in providing early preventive care. In 2014, Title X-funded centers provided 813,900 Pap tests, 1.3 million breast exams, nearly 5 million STD tests, and 1 million confidential HIV tests.^v

Title X Saves Critical Taxpayer Dollars

- The Guttmacher Institute estimates that for every dollar invested in family planning, taxpayers save \$7.09.^{vi}
- Services provided in Title X-supported centers alone yielded \$5.3 billion of the \$10.5 billion in total savings for publicly funded family planning in 2010.^{vii}

Title X Provides the Infrastructure to Serve Millions Newly Insured by the ACA

- Title X supports critical infrastructure needs that are not reimbursable under Medicaid and commercial insurance, ensuring financial security for family planning health centers as they continue to adapt to a changing payer mix as a result of the ACA.^{viii}
- Title X funds can cover staff salaries, individual patient education, community-level outreach, and public education about family planning and sexual health issues. Title X support is also used to subsidize expenses like rent, utilities, and health information technology.
- Health centers funded by the Title X program are included in the ACA's definition of essential community providers (ECPs), a percentage of which insurers are required to contract with under the law – a further recognition of the important part they play in providing health care to low-income and underserved populations.^{ix}

Title X Serves as a Helping Partner in Ensuring Access to the ACA

- Six in ten women describe family planning centers as their usual source of medical care.^x
- Many family planning health centers are equipped to provide onsite education and assistance to patients eligible for enrollment in Medicaid and the health care exchanges.

Title X Provides Care for Those Left Out of the ACA

- Despite the expansion of affordable health coverage to millions that were previously uninsured or underinsured, many will continue to rely upon Title X-funded services for their basic preventive health care.
- Similar to other safety-net providers (such as community health centers) Title X-supported health centers will continue to serve patients regardless of payer source, including the insured, uninsured, under-insured, and patients seeking confidential services.
- **Massachusetts Proves Title X Vital After Health Reform:** A recent report by the Centers for Disease Control and Prevention (CDC) showed that despite the fact that health reform in Massachusetts expanded coverage for most people living in the state, Title X family planning health centers continued to have high volumes of patients, both insured and uninsured, and remained providers of choice for many.^{xi} Early indications showed that visits to Massachusetts safety-net providers grew by 31%.^{xii}

Populations that will be left out of ACA benefits include, but are not limited to, women and men:

- waiting to get enrolled in health insurance
 - who do not enroll in insurance
 - in need of sensitive and confidential services
 - who are incarcerated
 - who are undocumented
 - who are legal immigrants in the first five years of US residency (low-income, legal immigrants not yet eligible for Medicaid)
 - in states without Medicaid expansion
 - in states with legislatures that might block parts of the ACA
 - experiencing long wait times
 - without care due to the long process of fully implementing and administering the ACA
 - who cannot afford coverage despite the subsidies
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- **Lack of Medicaid Expansion:** The decision of numerous states to not expand Medicaid eligibility for all adults with incomes up to 138% of the federal poverty level (FPL) (\$16,394 a year for an individual in 2016)— along with barriers to coverage being sought by a number of states, such as requiring premiums and other cost-sharing—compounds the demand being placed on the Title X safety net. Currently, 19 states have not expanded Medicaid eligibility under the ACA. Sixteen of these states have Medicaid eligibility equal to or less than 75% of FPL (an income of \$8,910 a year). Twelve of those states have eligibility at or below

50% of FPL— that means individuals making more than \$5,940 a year are too “rich” for Medicaid.^{xiii} In all but one of the non-expansion states, childless adults do not qualify for Medicaid based on their income, no matter how poor they are.^{xiv}

Title X Provides Care for Those Left Out of the ACA

- One of the cornerstones of the Title X program is the confidentiality protections needed for individuals seeking sensitive health services. Title X can provide peace of mind to adolescents, those experiencing intimate partner violence, and individuals who need health privacy.^{xv}

Endnotes

ⁱ Andrea Flynn, “The Title X Factor: Why the Health of America’s Women Depends on More Funding for Family Planning,” Roosevelt Institute, October 28, 2013, accessed March 11, 2014, http://rooseveltinstitute.org/sites/all/files/2013_10_28_Flynn_Title_X.pdf.

ⁱⁱ Jennifer J. Frost, Rachel Benson Gold, Lori Frohwirth and Nakeisha Blades, *Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010*, (New York: Guttmacher Institute, May 2012), accessed March 20, 2014, <http://www.guttmacher.org/pubs/clinic-survey-2010.pdf>

ⁱⁱⁱ Jennifer J. Frost, Mia R. Zolna and Lori Frohwirth, *Contraceptive Needs and Services, 2013 Update*, (New York: Guttmacher Institute, July 2015), <https://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf>.

^{iv} Ibid.

^v Fowler, C.I., Gable, J., Wang, J., & Lasater, B. (2015 August). *Family Planning Annual Report: 2014 national summary*. Research Triangle Park, NC: RTI International.

^{vi} Jennifer J. Frost, Adam Sonfield, Mia R. Zolna, and Lawrence B. Finer, “Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program,”

^{vii} Ibid.

^{viii} Rachel Benson Gold, “Going the Extra Mile: The Difference Title X Makes,” Guttmacher Policy Review Spring 2012, Volume 15, Number 2. (New York: Guttmacher Institute, 2012) , <http://www.guttmacher.org/pubs/gpr/15/2/gpr150213.html>

^{ix} Patient Protection and Affordable Care Act, § 1311(c)(1)(C), Pub. L. No. 111– 148 (2010).

^x Jennifer J. Frost, *Contraceptive Needs and Services, 2010*.

^{xi} Marion Carter et. al., *Trends in Uninsured Clients Visiting Health Centers Funded by the Title X Family Planning Program — Massachusetts, 2005–2012* (US Government Printing Office: Centers for Disease Control and Prevention (CDC)’s Morbidity and Mortality Weekly Report, January 24, 2014) , <http://www.cdc.gov/mmwr/pdf/wk/mm6303.pdf>.

^{xii} Ibis Reproductive Health and Massachusetts Department of Health, *Low- Income Women’s Access to Contraception After Massachusetts Health Care Reform* (Massachusetts: Ibis Reproductive Health and MDPH Family Planning Program, September 2009), http://ibisreproductivehealth.org/work/contraception/documents/Ibis- MDPH_womencontracepMAHCR10-09.pdf.

^{xiii} Kaiser Family Foundation, *Medicaid Income Eligibility Limits for Adults as a Percentage of the Federal Poverty Level*, January 1, 2016, <http://kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/>

^{xiv} Kaiser Family Foundation, *Medicaid Income Eligibility Limits for Adults as a Percentage of the Federal Poverty Level*, January 1, 2016, <http://kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/>

^{xv} Office of Population Affairs, *Program Guidelines*, accessed March 10, 2014, <http://www.hhs.gov/opa/pdfs/2001-ofp-guidelines-complete.pdf>.