National
Family Planning
& Reproductive Health Association

September 5, 2014

The Honorable Shaun Donovan
Director
Office of Management and Budget
725 17th St., NW
Washington, DC 20503

Dear Director Donovan:

I am writing on behalf of the National Family Planning & Reproductive Health Association (NFPRHA), a membership organization representing the nation's safety-net family planning providers – nurse practitioners, nurses, administrators and other key health care professionals. Its members provide voluntary, comprehensive, and culturally sensitive family planning and sexual health care services to those that may otherwise lack access to health care. Many of NFPRHA's members receive federal funding from Medicaid and through the Title X family planning program, the only federally funded, dedicated family planning program for the low income and uninsured.

As you work on the FY 2016 budget, **NFPRHA respectfully requests that you make a significant investment in Title X by requesting $327 million for FY 2016.** Doing so would signal the administration's continued strong support for the publicly funded family planning network. These critical components of the nation's public health safety net are essential resources for those providing access to high-quality services in communities across the country.

Title X

NFPRHA was disappointed that the president's FY 2015 proposal requested only $286.5 million for Title X, level funding that matched the FY 2014 appropriated amount and would bring Title X resources back a decade to its FY 2005 funding levels. Although the Senate Labor, Health and Human Services, Education, and Related Agencies Appropriations subcommittee increased this amount to $300 million in its funding proposal, it remains to be seen whether an FY 2015 appropriations bill will be passed or if Congress will continue its recent pattern of passing continuing resolutions that provide level funding.

In spite of the program's integral role in health care and a well-documented, increasing need for publicly funded family planning services, Title X has suffered devastating funding cuts in recent fiscal years. Between FY2010-FY2013, funding for Title X was cut by $39.2 million (-12.3 percent), including nearly $15 million due to sequestration alone. During that same time period, the total number of Title X patients shrunk from 5.22 million to 4.76 million.[i] While Congress restored $8.2 million in FY2014 for

Title X funding, this amount was far less than what is needed to make the program "whole" from its previous reductions. Furthermore, the Supreme Court's recent decision in *Burwell v. Hobby Lobby Stores, Inc.,* undermining the ACA's historic contraceptive coverage requirement, potentially adds strain on Title X to assume the cost of care for individuals who legally should have their contraception paid for by their insurance.

As more individuals benefit from insurance coverage through the Affordable Care Act (ACA), the Title X network continues to play an essential role in our nation's service delivery framework. Title X-funded health centers provide health care access within communities for all patients regardless of payer source. As shown in Massachusetts, demand for services at safety-net centers, such as those funded by Title X, increases rather than diminishes as insurance coverage expands. In fact, visits to Massachusetts safety-net providers grew by 31% after the state implemented its health reform[ii]. Notably, Title X-funded entities have now emerged as entry points to care and to coverage, with many systems providing education and enrollment assistance in their communities.

Moreover, the failure of states to expand Medicaid eligibility for all adults up to 138% of the federal poverty level (an income of $16,105 a year for an individual in 2014)—along with new barriers to coverage being sought by some expansion states, such as premiums and other cost-sharing requirements—compounds the demand being placed on the Title X safety net. Currently, 24 states have not expanded their Medicaid eligibility under the ACA. Twenty of these states have Medicaid eligibility equal to or less than 75% of FPL (an income of $8,753 a year); 14 have eligibility at or below 50% (an income of $5,835 a year). Five states have eligibility set at less than 25% of FPL—that means individuals making more than $2,918 are too "rich" for Medicaid.

Title X also sets the standard for quality family planning and sexual health service provision—focusing on outcomes and increasing service efficiency. In April 2014, the program issued "*Providing Quality Family Planning Services - Recommendations of CDC and the U.S. Office of Population Affairs,"* that outlines the most up-to-date clinical recommendations for all providers of family planning care, including Title X-funded providers, to help define patient-centered, quality care in a family planning visit. Such efforts reinforce the network's dual role as safety-net providers and centers of excellence for family planning and sexual health care. 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.[ii]

Lastly, Title X supports critical needs that are not reimbursable under Medicaid and commercial insurance, supporting the financial infrastructure for family planning health centers as they adapt to a changing payer mix as a result of the ACA.[iii] For example, resources to implement electronic health records are necessary to help achieve the ACA goal of having a nationwide health information technology infrastructure. Increased Title X funding is essential to help remedy the oversight in federal regulation that led to most family planning health providers' ineligibility for the electronic health records (EHR) incentives available under the Health Information Technology for Economic and Clinical Health (HITECH) Act.[iv]

For these reasons, NFPRHA urges OMB to make a significant investment in the Title X program by including $327 million in the FY 2016 budget request. In addition, NFPRHA supports these other public health priorities:

Title V Maternal and Child Health (MCH) Block Grant

The Maternal and Child Health (MCH) Block Grant is the only federal program of its kind devoted solely to improving the health of all women and children. Similar to Title X, MCH Block Grant funding has been reduced while the number of women and children in need of these support services increases. 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 in FY 2016.**

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

STD programs in health departments are responsible for the direct delivery of STD-prevention and STD-control services and require additional funding support as the programs modernize to meet the demands of the ACA. Similar to Title X, NCHHSTP has experienced significant underfunding in preceding years, despite the fact that rates of STDs have continued to rise each year. Current fiscal stresses in state and local governments have further hampered health departments' efforts to adequately respond to this epidemic. STD prevention is an essential component of comprehensive family planning care. **NFPRHA supports increased funding for CDC's NCHHSTP program.**

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

Medically accurate sexuality education and counseling are key components of publicly funded family planning services. NFPRHA appreciates the president's increased funding for the Teen Pregnancy Prevention Initiative (TPPI) in the FY 2015 budget, as well as his removal of funding for abstinence programs. The Teen Pregnancy Prevention Initiative (TPPI) provides funding to community-based organizations that use evidence-based initiatives to reduce teen pregnancy. Additionally, NFPRHA strongly supports the restoration of funding for the Division of Adolescent and School Health (DASH) which helps support school-based HIV prevention activities. **NFPRHA supports increased funding for TPPI and HIV/STD Prevention Education within DASH, as well as the removal of funding for abstinence programs in FY 2016.**

Repeal the Hyde Amendment and Similar Restrictions on Abortion Care

Abortion is a legal medical service, and NFPRHA strongly opposes the denial of access to abortion for women who are on Medicaid, work as a federal employee, or otherwise depend on the federal government for their health care coverage. At least half of US women will experience an unintended pregnancy by age 45, and about one-third will have had an abortion.[v] Unfortunately,

congressional bans on federal funding for abortion have created 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, including abortion, and should not be punished them because of their need for government-supported health care. **NFPRHA requests the Administration repeals the Hyde Amendment and similar restrictions on abortion services for FY 2016.**

NFPRHA thanks President Obama for his commitment to women's health and requests continued support for publicly funded safety-net programs that are vital in the changing health care economy. The president's FY 2016 budget request should strengthen the safety net to ensure that millions of current and future patients seeking services will be able to obtain the health care they deserve.

Therefore, for FY 2016, NFPRHA requests $327 million for the Title X program and increased funding for other important public health programs. NFPRHA looks forward to continuing to work as a partner 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.

Sincerely,

Clare Coleman
President & CEO

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[i] Christina Fowler, Julia Gable, Jiantong Wang, Emily McClure, and Kathryn LeTourneau, *Family Planning Annual Report: 2012 National Summary*, (Research Triangle Park, NC: RTI International, December 2013), http://www.hhs.gov/opa/pdfs/fpar-national-summary-2012.pdf.

[ii] 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), accessed 2014, http://ibisreproductivehealth.org/work/contraception/documents/Ibis-MDPH_womencontracepMAHCR10-09.pdf.

[ii] Patient Protection and Affordable Care Act, § 1311(c)(1)(C), Pub. L. No. 111-148 (2010).

[iii] 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

[iv] "Certification and EHR Incentives: HITECH Act," US Government's official website for Health Information Technology, accessed 2013, http://www.healthit.gov/policy-researchers-implementers/hitech-act-0.

[v] 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.