

September 27, 2013

Ms. Sylvia Mathews Burwell
Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Dear Ms. Burwell:

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 – I thank President Obama for his continued leadership on women's health and submit the following recommendations for consideration as the administration works to craft its fiscal year (FY) 2015 budget proposal.

NFPRHA represents approximately 550 organizational members that operate or fund a network of nearly 5,000 safety-net health centers and service sites in 49 states and the District of Columbia. Its members provide voluntary, comprehensive, and culturally sensitive sexual and reproductive 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 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 essential resources for those providing access to high-quality services in communities across the country.

As you work on the FY 2015 budget, **NFPRHA respectfully requests that you make a significant investment in Title X by requesting \$337 million, an increase of \$10 million over the president's budget request for FY 2014.** Doing so would signal the administration's continued strong support for the publicly funded family planning network and, if appropriated by Congress, would do a great deal to help safety-net providers prepare for changes in the health care economy that have been accelerated by the Affordable Care Act (ACA). Outlined below are recommendations that address the needs of the Title X safety net.

Title X

To help better equip providers in the Title X network to achieve the administration's "Triple Aim" goal of better health and care at a lower cost, we ask that the president request a \$10 million increase in funding for the Title X family planning program, to \$337 million, in FY 2015. Largely because Congress

has failed to pass annual Labor, Health and Human Services, Education, and Related Agencies appropriations bills, resorting to continuing resolutions, Title X's funding now sits at \$278 million, including reductions from sequestration as well as transfers made by the Department of Health and Human Services. While this would be a request of just \$10 million more than the president's FY 2014 budget, in reality, it would mean an increase of nearly \$40 million for this program – a critical increase during the early days of the ACA's full implementation.

The ACA presents a historic, positive shift in how health care is delivered throughout the country. Thanks to the ACA, in the coming months, millions of individuals will gain access to health care coverage, increasing demand for services within the already-strained safety net. At present, six in ten women describe family planning centers as their usual source of medical care.ⁱ After Massachusetts enacted state-wide health reform in 2006, visits to Massachusetts safety-net providers grew by 31%, suggesting the Title X network should be prepared for increased demand in 2015 and beyond as the ACA is fully implemented.ⁱⁱ Moreover, while only two percent of Massachusetts residents remain uninsured, 3 in 10 clients who sought care at family planning centers in Massachusetts in 2011 “either had no insurance coverage or had coverage they could not use for their care,”ⁱⁱⁱ highlighting the ongoing need for public funding for family planning services and supplies.

This demand for services by the Title X network could also be compounded by the variability of Medicaid eligibility thresholds and whether or not a state decides to expand eligibility to 133% of the federal poverty level as originally outlined in the ACA. At this writing, 21 states are leaning against expansion, many of which have the poorest citizens – 14 of the 18 states with eligibility equal to or less than 50% of FPL are leaning against expanding Medicaid, including 4 of the 5 states with eligibility limited to 25% of FPL or under.^{iv} Additional resources will reinforce the Title X network's capacity to provide care to these poorest of the poor.

Additionally, increased funding is essential to help address the gap caused by the oversight in federal planning that led to most family planning health providers' ineligibility for the electronic health records (EHR) incentives available under the HITECH Act.^v Resources for EHR implementation for safety-net providers – just as for others in the safety net – are necessary to help achieve the ACA goal of having a nationwide health information technology infrastructure and more coordinated models of care.

It must be recognized that patients pay the price every time Title X is cut. Title X has sustained reductions amounting to approximately \$39 million since FY 2010, and two years of federal data reporting show a strong correlation between the timing of cuts being implemented and the largest decrease in number of Title X sites. Between 2010–2012, the total number of Title X users shrunk from 5.22 million users to 4.76 million, a decrease of 440,000.^{vi} There is no indication that a majority of those patients are being absorbed and cared for by other health care settings.

We thank you for the recognition that the government should invest in rather than cut programs like Title X that save taxpayer funds. Every \$1 invested in publicly funded family planning services saves \$5.68 in Medicaid costs associated with unplanned births.^{vii} 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.^{viii}

For these reasons, NFPRHA urges you to make a significant investment in the nation's safety-net family planning health services and request funding for Title X at \$337 million in FY 2015.

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. The president's FY 2014 budget requested level funding to the Title V MCH Block Grant, which 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 2015. Funding for the MCH Block Grant has been reduced significantly while the cost of providing health services continues to increase. All 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 increased. 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 STD-control services and require additional funding support as the programs modernize to meet the demands of the ACA. 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, which goes hand-in-hand with family planning care, is a basic public health service which necessitates an increased federal investment in NCHHSTP.

NFPRHA urges you to consider an increase to CDC's NCHHSTP which would not only support continued integration of STD prevention and family planning but also 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 2014 budget, as well as his removal of the \$5 million dedicated to abstinence programs funded in the FY 2012 appropriations bill. That request support the principle that community-based organizations should work to reduce teen pregnancy using evidenced-based initiatives. We hope you will consider including additional funds for TPPI in FY 2015. Additionally, NFPRHA strongly supports the

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president restoring funding for the Division of Adolescent and School Health (DASH), 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, HIV/STD Prevention Education within DASH, as well as the removal of the \$5 million dedicated to abstinence programs.

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, 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.^{ix} 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 the administration to omit restrictions on funding of abortion services from the FY 2015 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 during ACA implementation 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 2015 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 \$337 million for the Title X program and increased funding in FY 2015 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,



Clare Coleman
President & CEO

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- ⁱ Rachel Benson Gold, Adam Sonfield, Cory L. Richards and Jennifer J. Frost, *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, (New York: Guttmacher Institute, 2009) <http://www.guttmacher.org/pubs/NextSteps.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), http://ibisreproductivehealth.org/work/contraception/documents/Ibis-MDPH_womencontracepMAHCR10-09.pdf.
- ⁱⁱⁱ Rachel Benson Gold, "Back to Center Stage: ACA Decision Gives New Significance to Medicaid Family Planning Expansions," *Guttmacher Policy Review*, Volume 15, Number 4, (Fall 2012), <http://www.guttmacher.org/pubs/gpr/15/4/gpr150413.html>.
- ^{iv} Kaiser Family Foundation, *Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level*, January 2013, accessed September 4, 2013, <http://www.statehealthfacts.org/comparereport.jsp?rep=130&cat=4>; Center on Budget and Policy Priorities, *Health Reform's Medicaid Expansion*, accessed September 4, 2013, <http://www.cbpp.org/cms/index.cfm?fa=view&id=3819>.
- ^v "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>.
- ^{vi} Preliminary Data from the Office of Population Affairs, *Family Planning Annual Report (2012)*, as reported during the Title X Grantee Meeting, Seattle, WA July 2013.
- ^{vii} Jennifer J. Frost, Mia R. Zolna and Lori Frohwirth, *Contraceptive Needs and Services, 2010*, (New York: Guttmacher Institute, July 2013), <http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf>.
- ^{viii} Ibid.
- ^{ix} 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.