



April 3, 2014

The Honorable Tom Harkin
Chairman
Appropriations Subcommittee on
Labor, Health and Human Services
and Education
131 Dirksen Senate Offices Building
Washington, DC 20510

The Honorable Jerry Moran
Ranking Member
Appropriations Subcommittee on
Labor, Health and Human Services
and Education
156 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Jack Kingston
Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
House Appropriations Committee
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
House Appropriations Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Harkin, Ranking Member Moran, Chairman Kingston, and Ranking Member DeLauro:

As you develop Fiscal Year (FY) 2015 appropriations for the Departments of Labor, Health and Human Services, Education, and related agencies, the 71 undersigned members of the Family Planning Coalition respectfully request that you provide \$327 million in funding for the Title X family planning program. The organizations listed below collectively represent millions of administrators, providers, patients, researchers, and advocates who share the common mission of supporting and protecting federal funds for critical, cost-saving programs that provide family planning services to millions of women, men and families. By expanding support for the Title X family planning program you will help protect access to the public health safety net for millions in need of high-quality health services.

Title X remains the sole source of dedicated federal funding for family planning services for underserved populations. In fact, four out of ten women who receive care at a Title X-funded health center consider it to be their only source of health care and six in ten women consider it their main source of care.¹ Through Title X health centers, nearly five million women and men access life saving health care such as birth control, cancer screenings, and testing for sexually transmitted infections. As more individuals gain health care coverage through the Affordable

Care Act (ACA), the Title X health center network will continue to play an essential role in our nation's service delivery framework, setting the standard for and providing high-quality care to all patients.

Immediately following Massachusetts-implemented health care reform, there was a substantial increase in demand for safety-net services. Women had up to 70-day wait times to access OB/GYN services.ⁱⁱ Research examining the use of Title X health centers six years after the state enacted health care reform show that insurance coverage expanded for most people, but low-income women of reproductive age continued to need and seek care at Title X health centers.ⁱⁱⁱ In fact, early indications showed that visits to Massachusetts safety-net providers grew by 31%^{iv}. Furthermore, many states have failed to expand Medicaid, leaving the Title X safety net in high demand for this population. Increased federal funding for Title X will reinforce the network's capacity to provide care to these desperately in need.

Title X has suffered devastating budget 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, with no indication that patients sought care elsewhere.^v While Congress restored \$8.2 million in FY2014, funding Title X at \$286.5 million, it still remained less than the FY2013 enacted level of \$296.8 million. During these difficult economic times, our organizations encourage the Committees to invest in programs proven to save critical taxpayers dollars. For every \$1 invested in publicly funded family planning services, nearly six dollars is saved in Medicaid costs.^{vi} Additionally, services provided in Title X health centers alone yielded \$5.3 billion of the \$10.5 billion in total savings for publicly funded family planning in 2010.^{vii}

Finally, Title X also supports the infrastructure necessary for modern service delivery. Traditionally, Title X health centers have been excluded from other funding sources that would support the implementation of health information technology (HIT). Resources for electronic health record (EHR) implementation for Title X providers, similar to their other safety net counterparts, are necessary to help achieve the ACA goal of having a nationwide HIT infrastructure and more coordinated models of care. Increased Title X funding is essential to help address the oversight made in the HITECH ACT which caused many family planning health providers' to be ineligible for the EHR incentives.^{viii}

The Coalition looks forward to working with you to strengthen America's only dedicated family planning program and invest in the critical health infrastructure that millions of Americans rely on for basic health care. We thank you for your consideration and urge you to include at least \$327 million in FY2015 for the Title X family planning program. If you have any questions or would like additional information, please contact Annie Walden-Newman at the National Family Planning & Reproductive Health Association or Karen Stone at Planned Parenthood Federation of America.

Sincerely,

ACRIA (AIDS Community Research Initiative of America)
Advocates for Youth
African American Health Alliance
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Research Consortium of Atlanta
AIDS United
American Academy of Pediatrics
American Association of Birth Centers
American Congress of Obstetricians and Gynecologists
American Humanist Association
American Nurses Association
Asian & Pacific Islander American Health Forum
Association of Nurses in AIDS Care
American Public Health Association
American Sexual Health Association
American Society for Reproductive Medicine
Association of Maternal & Child Health Programs
Association of Reproductive Health Professionals (ARHP)
Black Women's Health Imperative
Catholics for Choice
Center for Reproductive Rights
Center for Women Policy Studies
Community Access National Network (CANN)
Family Equality Council
GMHC (Gay Men's Health Crisis)
Hadassah, The Women's Zionist Organization of America, Inc.
Healthy Teen Network
HIV Medicine Association
Housing Works
Institute for Science and Human Values, Inc.
Jewish Women International
Lifelong AIDS Alliance
Methodist Federation for Social Action
Midwives Alliance
Minnesota AIDS Project
NARAL Pro-Choice America
Nashville CARES
National Asian Pacific American Women's Forum
National Association of County and City Health Officials

National Association of Nurse Practitioners in Women's Health (NPWH)
National Center for Lesbian Rights
National Center for Transgender Equality
National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Latina Institute for Reproductive Health
National Health Law Program
National Minority AIDS Council
National Gay and Lesbian Task Force Action Fund
National Network of Abortion Funds
National Organization for Women
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Racial and Ethnic Health Disparities Coalition
Religious Coalition for Reproductive Choice
Religious Institute
Reproductive Health Technologies Project
Republican Majority for Choice
Sexuality Information and Education Council of the U.S. (SIECUS)
Society for Adolescent Health and Medicine (SAHM)
Southern AIDS Coalition
The AIDS Institute
The National Campaign to Prevent Teen and Unplanned Pregnancy
Union for Reform Judaism
Unitarian Universalist Association
Women of Reform Judaism

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), accessed 2014, <http://www.guttmacher.org/pubs/NextSteps.pdf>.

ⁱⁱ Merritt Hawkins and Associates, "2009 Survey of Physician Appointment Wait Times," accessed May 3, 2013. <http://www.merrithawkins.com/pdf/mha2009waittimesurvey.pdf>.

ⁱⁱⁱ Marion Carter, Kathleen Desilets, Lorrie Gavin, Sue Moskosky, Jill Clark, *Trends in Uninsured Clients Visiting Health Centers Funded by the Title X Family Planning Program — Massachusetts, 2005–2012* (Centers for Disease Control and Prevention (CDC)'s Morbidity and Mortality Weekly Report, January 24, 2014), accessed 2014, <http://www.cdc.gov/mmwr/pdf/wk/mm6303.pdf>.

^{iv} 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.

^v 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>.

^{vi} 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>.

^{vii} Ibid.

^{viii} "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>.