

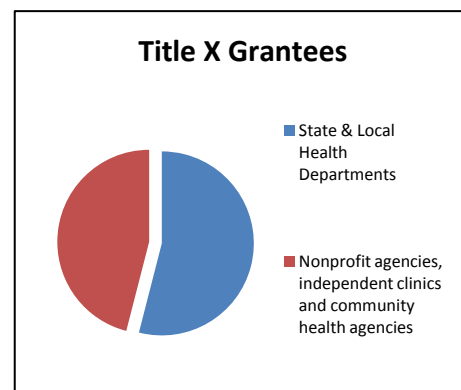
Title X Fact Sheet

Protect Access to Family Planning for Poor and Low-Income Americans

The national family planning program, Title X (ten) of the Public Health Service Act, is the only dedicated source of federal funding for family planning services in the United States. Established in 1970 with broad bipartisan support, Title X provides high-quality family planning services and other preventive health care to low-income and uninsured individuals who may otherwise lack access to health care.

What Does Title X Do?

The Title X program supports services for 91 public and private nonprofit grantees in nearly 4,400 service delivery sites. State, county, and local health departments make up the majority (54%) of Title X service providers. Hospitals, family planning councils, and other private non-profit organizations make up the rest of the Title X providers. In 2011, Title X-funded providers served more than **5 million low-income men and women**.¹ The number of Title X patients has increased by 13% since 1999. Forty-nine percent of the US population makes less than 250% of the federal poverty level (about \$28,000 in 2012). An estimated 17.4 million women were in need of publicly funded contraceptive care in 2008, an increase of more than one million (6%) from 2000 to 2008.²



***Title X-funded health centers
provide a wide range of services:***

- Pregnancy testing
- Contraceptive services
- Pelvic exams
- Screening for cervical and breast cancer
- Screening for high blood pressure, anemia, and diabetes
- Screening for STDs and HIV/AIDS
- Infertility services
- Health education
- Referrals for other health and social services

In 2011, Title X-funded centers provided 1.5 million Pap tests, 1.9 million breast exams, 6 million STD tests, and 1.3 million confidential HIV tests.³ Six in ten women who obtain health care from a family planning center consider it to be their usual source of health care.⁴ **Title X supports critical infrastructure needs that are not reimbursable under Medicaid and commercial insurance**, such as staff salaries, individual patient education, community-level outreach, public education about family planning and women's health issues. Title X support is also used to subsidize health center rent, utilities, and health information technology.⁵

¹ Christina Fowler, Stacey Lloyd, Julia Gable, Jiantong Wang, and Emily McClure, *Title X Family Planning Annual Report: 2011 National Summary*, (Research Triangle Park, NC: RTI International, November 2012) <http://www.hhs.gov/opa/pdfs/fpar-2011-national-summary.pdf>.

² Guttmacher Institute, *Facts on Publicly Funded Contraceptive Services in the United States*, (May 2012) http://www.guttmacher.org/pubs/fb_contraceptive_serv.html.

³ Christina Fowler et al., *Title X Family Planning Annual Report*.

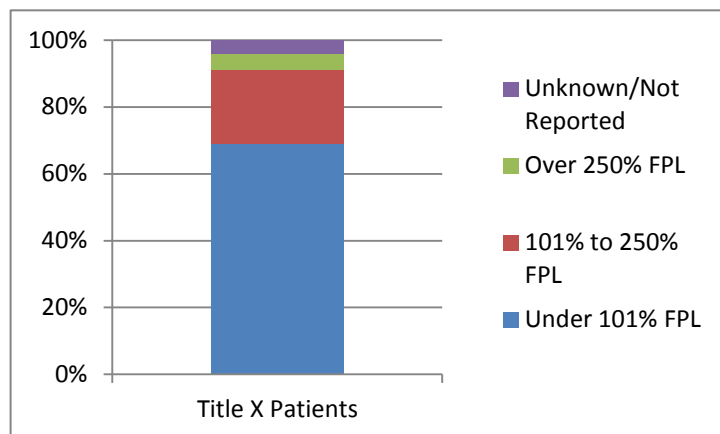
⁴ Rachel Gold, Adam Sonfield, Cory Richards, and Jennifer Frost, *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System* (NY: Guttmacher Institute, 2009), <http://www.guttmacher.org/pubs/NextSteps.pdf>.

⁵ Christina Fowler et al., *Family Planning Annual Report*.

Who does Title X Serve?

The vast majority of Title X patients are poor and low-income. **Sixty-nine percent of patients have incomes at or below the federal poverty level**—meaning they earned less than \$11,170 per year. These patients receive services at no cost to them. Ninety-one percent of Title X patients have incomes at or below 250% FPL, and receive services at a discounted rate.^{6,7} Sixty-four percent of patients are uninsured, 25% have Medicaid or other public health insurance, and 9% have private insurance.

Between 1999 and 2011, Title X users with incomes at or below the federal poverty level increased from 65% to 69%, representing a 17% increase (2.9 million to 3.4 million) in the actual number of patients eligible for free services. Title X patients are disproportionately black and Hispanic or Latino, with 20% of Title X patients self-identifying as black and 29% as Hispanic or Latino,⁸ as compared to 12.2% and 16.3% of the nation,⁹ respectively.



Why is Title X Essential?

In 1999, the US Centers for Disease Control and Prevention (CDC) called family planning one of the ten great public health achievements of the twentieth century.¹⁰ In 2009, the non-governmental Institute of Medicine assessed the Title X program, and found that funding should be “increased so the program [Title X] can meet its statutory responsibility to provide family planning services to those who cannot obtain them through other sources.”¹¹

Family planning services at Title X-funded health centers helped prevent 973,000 unintended pregnancies in 2008, which would have likely resulted in 432,600 unintended births and 406,200 abortions.¹² Title X-funded services produce significant cost savings to the federal and state governments; services provided at Title X-supported clinics accounted for \$3.4 billion in such savings in 2008 alone. Recent Brookings estimates found that **expanding publicly funded family planning services would produce taxpayer savings of \$2–\$6 for every dollar spent.¹³**

Additional cuts to Title X funding, given the increased demand for services and the current economy, would threaten access to critical health services for millions in need across the country.

⁶ *Ibid.*

⁷ Poverty Guidelines, *Federal Register*, 45629.

⁸ Christina Fowler et al., *Family Planning Annual Report*.

⁹ US Census Bureau, *Overview of Race and Hispanic Origin: 2010*, (March 2011)

<http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>.

¹⁰ Centers for Disease Control and Prevention, *Ten Great Public Health Achievements—United States, 1900–1999*, Morbidity and Mortality Weekly Report (April 2, 1999), <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>.

¹¹ Institute of Medicine, *A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results* (Washington, DC: The National Academies Press, 2009).

¹² Guttmacher Institute, *Contraceptive Needs and Services: National and State Data, 2008 Update*, (May 2010) <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>.

¹³ Adam Thomas, *Policy Solutions for Preventing Unplanned Pregnancy*, (Washington DC: Brookings Institute, March 2012) <http://www.brookings.edu/research/reports/2012/03/unplanned-pregnancy-thomas>.