

Testimony of Clare Coleman, President & CEO
National Family Planning & Reproductive Health Association

Submitted to the Senate Appropriations Subcommittee on
Labor, Health and Human Services, Education, and Related Agencies

Re: Title X Family Planning Program
(Department of Health and Human Services/Office of Population Affairs)

April 3, 2015

Summary: Requesting \$327 million in funding for Fiscal Year (FY) 2016 for the national family planning program (Title X of the Public Health Service Act).

My name is Clare Coleman; I'm the President & CEO of the National Family Planning & Reproductive Health Association (NFPRHA), a membership organization representing the nation's safety-net family planning providers—nurse practitioners, nurses, physicians, administrators and other key health care professionals. Many of NFPRHA's members receive federal funding from Medicaid and through Title X 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 the Committee works on the Fiscal Year (FY) 2016 appropriations bill, NFPRHA respectfully requests that you make a significant investment in Title X by including \$327 million to restore the capacity of the program to serve those in need.

NFPRHA was pleased to see that the administration acknowledged Title X's integral role in health care delivery by including a \$13.5 million increase to \$300 million for Title X in the president's FY 2016 proposal; however, even that

amount is insufficient to meet the well-documented demand for publicly funded family planning services. Even 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. "Churning," confidentiality, and other issues will all play a role in keeping some individuals uninsured, underinsured, or unable to use the coverage they have for the full range of their family planning needs. More importantly, Title X-funded health centers provide health care access within communities for all patients regardless of payer source. If the Massachusetts health reform experience were to prove representative of what could be expected by nationwide health reform, there will be a strong increase in 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. According to a report by the Centers for Disease Control and Prevention (CDC), as 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.

The failure of states to expand Medicaid eligibility for all adults up to 138% of the federal poverty level (an income of \$16,243 a year for an individual in 2015)—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, 22 states have not expanded their Medicaid eligibility under the ACA. Of those, only 1 state (WI) have full-benefit Medicaid eligibility for childless adults. For working parents, 18 of the 22 states have Medicaid eligibility equal to or less than 75% of FPL (an income of \$8,828 a year); 13 have eligibility at or below 50% (an income of \$5,885 a year). Four states have eligibility set at less than 25% of FPL—that means individuals making more than \$2,943 are too "rich" for Medicaid.

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. That strain will be magnified should the Court rule in *King v. Burwell* this summer that premium tax credits should not be made available in states with an exchange managed by the federal government. The RAND Corporation estimates that enrollment in ACA-compliant plans sold within and outside of the exchanges would decline by 9.6 million in federal exchange states, a 70% decrease, and unsubsidized premiums would increase 47%.

Similar to other publicly funded health programs, Title X has unfortunately suffered budget cuts despite patient need. Between FY2010–FY2013, the Title X family planning program was cut \$39.2 million (–12.3%). Federal data show a strong correlation between federal funding cuts and the most dramatic reduction of patients served. During the same period, 667,000 patients were lost from the program, with no indication that they were absorbed into other safety-net healthcare systems. While Congress restored \$8.2 million over the FY2013 post-sequester level in FY2014, that amount only brought Title X resources back to a level matching its funding a decade a prior (e.g. FY2005 funding levels), and the FY2015 appropriation subsequently only provided that same level funding.

As appropriators grapple with how best to distribute limited federal resources, NFPRHA encourages the Committees continue to prioritize investments in programs, including Title X, that are proven to save critical taxpayer dollars. Every \$1 invested in publicly funded family planning services saves \$7.09 in Medicaid costs associated with unplanned births. Additionally, 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.

Moreover, appropriators should invest in programs, such as Title X, that focus on outcomes and increasing service efficiency. Title X has long set the standard for high quality family planning and sexual health service provision and recently doubled down on its efforts to lead the field by advancing best practices for clinical care. 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, high 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.

Lastly, Title X supports critical infrastructure and technology necessary for modern service delivery that are not reimbursable under Medicaid and commercial insurance. Resources for electronic health record 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. Increased Title X 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.

For these reasons, NFPRHA urges the Committee to make a significant investment in the nation's safety-net family planning health services and requests funding for Title X at \$327 million in FY 2016.