



March 2, 2017

Director Mick Mulvaney
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

Dear Director Mulvaney:

The undersigned organizations collectively represent millions of providers, patients, administrators, researchers, and advocates who have a mission of supporting and protecting federal funds for critical, cost-saving programs that ensure millions of women, men and families can access high-quality family planning services. We share the approach of former President George H.W. Bush, who, as the lead congressional sponsor of the legislation that created the Title X program, said in 1969:

We need to make population and family planning household words. We need to take sensationalism out of this topic so that it can no longer be used by militants who have no real knowledge of the voluntary nature of the [Title X national family planning] program but, rather are using it as a political stepping stone. If family planning is anything, it is a public health matter. ⁱ

As the new administration develops its fiscal year (FY) 2018 budget request, we respectfully request that it similarly recognizes the essential role of publicly funded family planning and sexual health care services.

The nation's family planning safety net uses multiple public funding sources to deliver care to predominantly low-income, uninsured, and underinsured individuals and to those seeking confidential care. These providers' programs are largely anchored by Title X, the only federal funding stream dedicated entirely to family planning, and Medicaid. On average, Title X and Medicaid represent 19% and 40% of each individual health center's revenue, respectively.ⁱⁱ The remaining revenue comes from private insurance reimbursement, state and local government support, patient fees, and other funding, such as grants from private foundations and other federal programs.ⁱⁱⁱ

In 2014, 20.2 million women were in need of publicly funded family planning services. However, publicly funded family planning centers only had sufficient resources from Medicaid, Title X, and other programs to serve 5.3 million of these women, a 22% decline from 2010.^{iv} **To sustain the family planning safety net's ability to keep its doors open to people who need**

services, we request additional funding for the Title X program. We further ask that you preserve the current structure of Medicaid to safeguard beneficiaries' access to care.

Title X

Title X, which was introduced by then–Representative George H.W. Bush (R–TX) and signed into law by President Richard Nixon in 1970, remains the cornerstone of the publicly funded family planning safety net. Six in ten women seen at a Title X–supported health care center have reported that the center was their usual source of medical care.^v In 2014, Title X–funded health centers helped prevent approximately 904,000 unintended pregnancies, thereby preventing 326,000 abortions and 439,000 unplanned births.^{vi} In addition to direct clinical care, Title X supports critical infrastructure needs (including new medical equipment and staff training) that are not reimbursable under Medicaid or private insurance.

Notably, an evaluation of the program by the George W. Bush administration in 2005 concluded that the program was “Moderately Effective” – the second–highest rating possible – and noted that Title X was particularly strong in its overall purpose, design, and management.^{vii} Other research has shown that Title X saves the federal government approximately \$7 billion a year.^{viii}

In spite of the increasing need for publicly funded family planning services and the demonstrated public health and fiscal benefits of the program, Title X investments have been substantially cut in recent years. Congress has yet to restore the program’s funding to \$317 million, its peak investment (which was the appropriation in FY 2010). The reduced program investment is counter to research published in the *American Journal of Public Health* stating Title X would need at least \$737 million to support all women in need of publicly funded family planning services.^{ix} It also unfortunately corresponds to dramatic decreases in the number of patients served at Title X–funded sites, dropping from 5.22 million in 2010^x to 4.02 million in 2015.^{xi} We are deeply concerned about diminishing access to high–quality family planning and sexual health services and urge increased funding to reverse this devastating trend. **For these reasons, we ask OMB to request a modest investment in the Title X program by including \$327 million for the program in FY 2018.**

Medicaid

Medicaid is the predominant funding source for publicly funded family planning care. It saves taxpayer dollars by expanding access to contraception and increasing women’s use of more effective contraceptive methods – essential factors in reducing high rates of unintended pregnancy among low–income women.^{xii} We support the provision of family planning and sexual health and supplies through Medicaid as an essential component of preventive care. We strongly oppose any changes to the structure or financing of Medicaid, including a conversion to a per–capita cap system or a block grant, which would shift costs to states and result in reductions in eligibility, benefits, protections for enrollees, and provider reimbursement for all health care services, including family planning services and supplies.

Conclusion

The president's FY 2018 budget request should strengthen the safety net to make certain that millions of current and future patients can obtain high-quality, affordable health care. Communities across the country rely on publicly funding family planning to make the best decisions for themselves and their families and to lead their best possible lives.

If you have any questions or would like additional information, please contact Lauren Weiss at the National Family Planning & Reproductive Health Association at lweiss@nfprha.org or 202-293-3114 ext. 224 or Karen Stone at Planned Parenthood Federation of America at karen.stone@ppfa.org or 202-973-4834.

Thank you for considering these requests.

Sincerely,

AIDS Alabama
American Academy of Pediatrics
American Psychological Association
American Public Health Association
American Sexual Health Association
Americans for Democratic Action (ADA)
Association of Nurses in AIDS Care
Association of Reproductive Health Professionals
Cascade AIDS Project
Center for Reproductive Rights
Girls Inc.
Guttmacher Institute
Hadassah, The Women's Zionist Organization of America, Inc.
Healthy Teen Network
HIV Medicine Association
Housing Works, Inc
Human Rights Campaign
Institute for Science and Human Values
NARAL Pro-Choice America
National Abortion Federation
National Association of Nurse Practitioners in Women's Health (NPWH)
National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Health
National Organization for Women

National Partnership for Women & Families
PAI
People For the American Way
Planned Parenthood Federation of America
Population Connection Action Fund
Project Inform
Sexuality Information and Education Council of the U.S. (SIECUS)
The National Campaign to Prevent Teen and Unplanned Pregnancy
Union for Reform Judaism
Unity Wellness Center
Women of Reform Judaism

ⁱ Clare Coleman and Kirtly Jones, "Title X: a proud past, an uncertain future," *Contraception* 84 (2011): 209–211.
<http://www.arhp.org/UploadDocs/journaleditorialsept2011.pdf>

ⁱⁱ Christina Fowler et al, "Family Planning Annual Report: 2015 National Summary," RTI International (August 2016).
<https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2015.pdf>.

ⁱⁱⁱ Ibid.

^{iv} Jennifer Frost, Lori Frohwirth and Mia Zolna, "Contraceptive Needs and Services, 2014 Update," Guttmacher Institute (September 2016). <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.

^v Adam Sonfield, Kinsey Hasstedt, and Rachel Gold, "Moving Forward: Family Planning in the Era of Health Reform," Guttmacher Institute (March 2014). <https://www.guttmacher.org/report/moving-forward-family-planning-era-health-reform>.

^{vi} Jennifer Frost, Lori Frohwirth and Mia Zolna, "Contraceptive Needs and Services, 2014 Update," Guttmacher Institute (September 2016). <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.

^{vii} Ellen Clayton et al, "A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results," Institute of Medicine (May 2009), available at <http://nationalacademies.org/hmd/reports/2009/a-review-of-the-hhs-family-planning-program-mission-management-and-measurement-of-results.aspx> (see Appendix E).

^{viii} Adam Sonfield, "Beyond Preventing Unplanned Pregnancy: The Broader Benefits of Publicly Funded Family Planning Services," *Guttmacher Policy Review* (December 2014). <https://www.guttmacher.org/gpr/2014/12/beyond-preventing-unplanned-pregnancy-broader-benefits-publicly-funded-family-planning>.

^{ix} Euna August, et al, "Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act," *American Journal of Public Health* (February 2016): 334–341.

^x Christina Fowler et al, "Family Planning Annual Report: 2010 National Summary," RTI International (August 2011).
<https://www.hhs.gov/opa/sites/default/files/fpar-2010-national-summary.pdf>.

^{xi} Fowler et al, "Family Planning Annual Report: 2015 National Summary."

^{xii} Jennifer Frost et al, "Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program," *The Milbank Quarterly* (December 2014): 696–749. DOI: 10.1111/1468-0009.12080.