

October 16, 2015

The Honorable Shaun Donovan  
Director  
Office of Management and Budget  
725 17<sup>th</sup> Street, NW  
Washington, DC 20503

Dear Director Donovan:

We the undersigned organizations thank President Obama for the Administration's ongoing commitment to women's health. This Administration's leadership has been vital to sustaining investments in the domestic Title X family planning program, the international family planning and reproductive health program at USAID, and the U.S. contribution to the United Nations Population Fund (UNFPA). These investments collectively yield strong dividends for women and their health and wellbeing, and advance broader economic and global development goals. **We urge the President to cement his support for women's health in his final budget proposal and we respectfully request increased funding in fiscal year (FY) 2017 for family planning and reproductive health programs at home and abroad.**

#### **Increasing Support for Title X – America's Family Planning Program**

Title X is a vital component of our nation's health care infrastructure, serving more than four million low-income individuals annually at 4,127 health centers.<sup>1</sup> Nationwide, women and men rely on Title X for basic preventive and primary care services, including cancer screenings, contraception, and testing for sexually transmitted infections (STIs). In 2013, Title X-supported centers provided 4.1 million women with access to birth control, helping them to avoid 1 million unplanned pregnancies.<sup>2</sup> Studies show that when women are able to plan and space their pregnancies, they experience better social, health and economic outcomes for both themselves and their families. Moreover, the Title X program not only improves the health of millions of women, it is also cost-effective. For every \$1.00 invested in publicly funded family planning services, the Medicaid program saves nearly \$7.09.<sup>3</sup>

While the Affordable Care Act (ACA) has made great strides in improving access to health care for millions of uninsured people, it does not eliminate the need for publicly-funded family planning services or providers, as evidenced in the federal report "Family Planning Annual Report: 2014 National Summary." The reality is that the Title X program is fundamental to successful implementation of health care reform. Even in 2014, more than half (54%) of clients seen at Title X-funded centers remain

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<sup>1</sup> Christina Fowler, Julia Gable, Jiantong Wang, and Beth Lasater. *Family Planning Annual Report: 2014 National Summary*. Research Triangle Park, NC: RTI International. August 2015. <http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-national.pdf>.

<sup>2</sup> Guttmacher Institute. Frost, J., Zolna, M., and Frohwirth, L. *Contraceptive Needs and Services, 2013 Update*. July 2015. <http://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf>.

<sup>3</sup> Guttmacher Institute. Frost, J., Sonfield, A., Zolna, M., and Finer, L. *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program*. 2014. [https://www.guttmacher.org/pubs/journals/MQ-Frost\\_1468-0009.12080.pdf](https://www.guttmacher.org/pubs/journals/MQ-Frost_1468-0009.12080.pdf).

uninsured.<sup>4</sup> Title X-funded health centers provide health care access within communities for all patients regardless of payer source, and the program is a critical part of building the service delivery infrastructure needed to support increased demand. Notably, Title X-funded entities have now emerged as entry points to care and to coverage, with many systems providing education and enrollment assistance in their communities.<sup>5</sup>

Furthermore, Title X sets the national standard for quality family planning service provision—focusing on outcomes and increasing service efficiency. In April 2014, the U.S. Office of Population Affairs, in conjunction with the Centers for Disease Control and Prevention (CDC), issued clinical recommendations for all providers of family planning care, including Title X-funded providers.<sup>6</sup> Such efforts reinforce the network’s dual role as safety-net providers and centers of excellence for high-quality family planning care.

Despite the program’s integral role in health care and a well-documented increase in the need for publicly-funded family planning services, Title X has suffered devastating funding cuts in recent fiscal years. Between FY2010-FY2014, Congress cut funding for Title X by \$31 million, including nearly \$15 million due to sequestration alone. During that same time period, the total number of Title X patients shrunk by 1.1 million women and men, with no indication that patients sought care elsewhere.<sup>7</sup> While Congress restored \$8.2 million in FY2014 for Title X and continued that level of funding through FY2015, this amount was far less than what is needed to make the program “whole.”

The current Title X program funding level is simply insufficient to meet the needs of the millions of women who will remain uninsured—even after full ACA implementation. Data show that cuts to Title X funding correlate with increased health center closures and decreased numbers of patients served. For example, the aforementioned decreases in funding and patients between FY2010 and FY2014 corresponded with the elimination of approximately 262 Title X health centers. These funding cuts further limit the ability of Title X to provide the health care services low-income and uninsured women and men need. And as noted above, the program is an essential source of infrastructure support to ensure newly-insured individuals have strong points of health care access. **To ensure strong points of health care access for women in this country, the Administration’s support for additional Title X resources must be reflected in the President’s FY2017 budget request. A commitment to increase Title X funding to \$327 million will help strengthen America’s family planning program and its capacity to ensure access to high quality health care.**

## Investing in Health Information Technology (HIT) for Family Planning Centers

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<sup>4</sup> Christina Fowler, Julia Gable, Jiantong Wang, and Beth Lasater. *Family Planning Annual Report: 2014 National Summary*. Research Triangle Park, NC: RTI International. August 2015. <http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-national.pdf>.

<sup>5</sup> Guttmacher Institute. Sonfield, A., Hasstedt, K., Gold, R. *Moving Forward: Family Planning in the Era of Health Reform*. 2014. <http://www.guttmacher.org/pubs/family-planning-and-health-reform.pdf>

<sup>6</sup> The Office of Population Affairs and the Centers for Disease Control and Prevention. *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*. April 2014. <http://www.hhs.gov/opa/program-guidelines/family-planning-services/>.

<sup>7</sup> Christina Fowler, Julia Gable, Jiantong Wang, and Beth Lasater. *Family Planning Annual Report: 2014 National Summary*. Research Triangle Park, NC: RTI International. August 2015. <http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-national.pdf>.

It is also critical that family planning centers are equipped with the infrastructure to support the efficient delivery of quality health care at this time of heightened patient demand. As our nation's health care system moves towards promoting prevention and wellness on a much larger scale, family planning providers – including both Title X-supported providers and non-profit family planning service sites that do not receive Title X – must be supported in ensuring that reproductive health prevention is a part of those larger, system-wide reforms. To rise to this challenge, family planning centers will require a strong commitment of federal resources to support the adoption and implementation of HIT systems.

Updated equipment and technology are instrumental in assisting family planning centers to take up systems, such as electronic health records (EHR) and electronic practice management and billing systems. These systems help providers improve care coordination, better engage patients and families in their health care, reduce health care costs, and track health care quality and outcomes over time. In fact, the HHS Office of Population Affairs (OPA) will soon require Title X providers to update their HIT systems as a part of the transition to the Family Planning Annual Report (FPAR) 2.0. Family planning centers constitute an integral component of the safety net for those relying on Medicaid, and further serve as important access points for quality, affordable care for the newly-insured. It is therefore necessary that family planning centers are positioned to participate in health care delivery reform models engineered to better coordinate care and conserve limited resources. However, getting these essential systems off the ground remains costly and is out of reach for many safety net providers without assistance.

As the President considers additional investments in HIT for FY2017, it is critical that he prioritize infrastructure support for family planning centers, including Title X centers and nonprofit family planning service sites that do not receive Title X but are deemed essential community providers. The OPA's FY2013 funding opportunity for Title X grantees to develop and implement HIT systems was an important first step in this direction, but a broader financial and programmatic commitment is needed. While the Medicaid EHR incentive program has made tremendous strides in expanding access to EHR systems among some safety net providers, the existing eligibility criteria have prevented many family planning centers from qualifying. In fact, the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) concluded that the program's 30 percent Medicaid patient-encounter threshold and other criteria have prevented many safety net providers, including both Title X and non-Title X family planning service sites, from participating – even though these providers were found to serve the country's most vulnerable populations and stand to greatly benefit from enhanced HIT capabilities.<sup>8</sup> In ASPE's study, the law's restrictions were found to correspond to lagging rates of EHR adoption among safety net providers when compared to health care providers eligible for participation in the program.

To better encourage the use of HIT among the broad spectrum of health care providers that primarily serve low-income, uninsured and underinsured individuals, **the President's FY2017 budget plan should propose new funds to set forth additional funding opportunities for the full range of safety net providers, including Title X and non-Title X family planning centers.** Investing in HIT systems for family planning centers is essential to bolstering the nation's safety net. Direct support to both Title X and non-Title X family planning service sites would fill an important gap identified by the ASPE report and further the Administration's goal to facilitate widespread adoption of EHR.

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<sup>8</sup> Office of the Assistant Secretary for Planning and Evaluation, *EHR Payment Incentives for Providers Ineligible for Payment Incentives and Other Funding Study* (Jun. 2013), available at <http://aspe.hhs.gov/sites/default/files/pdf/76706/EHRPI.pdf>.

## International Family Planning and Reproductive Health

Engaging women is critical to any successful effort to build stronger, healthier and more stable countries. The President himself said it best in his 2015 address at the African Union: “The single best indicator of whether a nation will succeed is how it treats its women. When women have health care and women have education, families are stronger, communities are more prosperous, children do better in school, nations are more prosperous.” We wholeheartedly agree and believe that U.S. leadership is critical to making that a reality for so many women around the world.

Today there are 225 million women in developing countries who want to delay or prevent pregnancy but are not using a modern contraceptive method.<sup>9</sup> The United States has been the leading donor for international family planning and reproductive health programs, and our cost-effective investments have a critical impact on a broad range of health outcomes, including reducing unintended pregnancy, maternal deaths, infant and child mortality, and mother-to-child HIV transmission. In addition to providing contraceptive services, supplies, and information, the investments also support post-abortion care and programs to prevent and reduce female genital mutilation, gender-based violence, fistula, and child marriage. They are essential to promoting the rights and empowerment of women and girls and gender equality. According to research by the Guttmacher Institute, U.S. investments have a profound impact: the \$610 million invested in FY 2015, including \$35 million for UNFPA, supports 28 million women and couples in receiving contraceptive services and supplies; prevents 6 million unintended pregnancies which would result in 2.4 million abortions, of which 1.9 million would have been unsafe; and averts 12,000 maternal deaths.<sup>10</sup> Every additional dollar invested in contraception saves \$1.47 in pregnancy-related care.<sup>11</sup>

It is also critical that the United States support the important work of the United Nations Population Fund (UNFPA). This UN agency supports desperately needed programs to expand access to contraceptives, eliminate harmful practices, end gender discrimination, and improve maternal health in some 150 countries – including many crisis and conflict settings.

The global community has recognized and prioritized family planning and reproductive health as well: from Family Planning 2020 (FP2020), which builds on a growing momentum to improve women’s health worldwide, to the new 2030 Agenda for Sustainable Development, which calls for universal access to sexual and reproductive health services and reproductive rights as a critical aspect of ensuring healthy lives and promoting well-being for all at all ages and achieving gender equality and empowerment for all women and girls. Increasing access to family planning and reproductive health information and services is also critical to delivering on United States’ commitment to ending preventable maternal and child deaths. In fact, the recent USAID report, *Acting on the call: Ending preventable maternal and child deaths*, stated that increasing access to family planning and preventing unintended pregnancies would avert 5 million of the 15 million child deaths and 300,000 of the over 600,000 maternal deaths USAID

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<sup>9</sup> Singh, S., Darroch, J.E., and Ashford L.S. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health* - 2014. <https://www.guttmacher.org/pubs/AddingItUp2014.html>

<sup>10</sup> Guttmacher Institute. *Just the Numbers: The Impact of U.S. International Family Planning Assistance*. April 2015. <http://www.guttmacher.org/media/resources/just-the-numbers-2015.pdf>.

<sup>11</sup> Singh, S., Darroch, J.E., and Ashford L.S. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health* - 2014. <https://www.guttmacher.org/pubs/AddingItUp2014.html>

seeks to prevent in 24 priority countries by 2020.<sup>12</sup> U.S. leadership is vital in supporting this global momentum. A strong funding request from the Administration would be a strategic diplomatic signal of the ongoing commitment by the United States to delivering for women and achieving these goals. We ask that this commitment not be made at the expense of other global health, humanitarian, and development assistance accounts, as it is the combined impact of all these investments that is truly transforming the lives of millions of people around the world.

**The U.S. should provide an annual investment of at least \$1 billion to international family planning and reproductive health, including \$65 million to UNFPA.**

In the last few years, politically-motivated cuts to funding have led to decreased and stagnated funding for both Title X and international family planning and reproductive health programs—reducing women’s access to life-saving healthcare. In order to reverse this trend, we ask the President to redouble his vital support for women’s health by increasing investments in his FY2017 budget proposal.

Sincerely,

1. Advocates for Youth
2. AIDS Alabama
3. AIDS United
4. Alabama Alliance for Healthy Youth
5. American Academy of Pediatrics
6. American Congress of Obstetricians and Gynecologists
7. American Humanist Association
8. American Jewish World Service
9. American Society for Reproductive Medicine
10. Association of Reproductive Health Professionals
11. AVAC
12. AWHONN
13. Better World Campaign
14. Black Women's Health Imperative
15. CARE USA
16. Catholics for Choice
17. Center for Biological Diversity
18. Center for Health and Gender Equity (CHANGE)
19. Center for Reproductive Rights
20. Center for Women Policy Studies
21. EngenderHealth

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<sup>12</sup> United States Agency for International Development. *Acting on the call, : Ending preventable maternal and child deaths*. [http://www.usaid.gov/sites/default/files/documents/1864/USAID\\_ActingOnTheCall\\_2014.pdf](http://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf)

22. Family Care International
23. Feminist Majority Foundation
24. FHI 360
25. Global Youth Coalition on HIV/AIDS (GYCA)
26. Hadassah, The Women's Zionist Organization of America, Inc.
27. HarvestPlus
28. Human Rights Campaign
29. Institute for Science and Human Values
30. International Center for Research on Women (ICRW)
31. International Medical Corps
32. International Planned Parenthood Federation
33. International Planned Parenthood Federation - Western Hemisphere Region
34. International Women's Health Coalition
35. International Youth Alliance for Family Planning
36. Ipas
37. John Snow, Inc. (JSI)
38. JWI
39. Management Sciences for Health
40. Marie Stopes International-US
41. Medical Students for Choice
42. Methodist Federation for Social Action
43. NARAL Pro-Choice America
44. National Asian Pacific American Women's Forum
45. National Association of County and City Health Officials
46. National Center for Lesbian Rights
47. National Center for Transgender Equality
48. National Coalition of STD Directors
49. National Council of Jewish Women
50. National Family Planning and Reproductive Health Association
51. National Health Law Program
52. National Latina Institute for Reproductive Health
53. National LGBTQ Task Force Action Fund
54. National Organization for Women
55. National Partnership for Women and Families

56. National Women's Health Network
57. National Women's Law Center
58. PAI
59. Pathfinder International
60. Physicians for Reproductive Health
61. Planned Parenthood Federation of America
62. Population Association of America/Association of Population Centers
63. Population Connection Action Fund
64. Population Council
65. Population Institute
66. Promundo-US
67. PSI
68. Public Health Institute
69. Religious Institute
70. Reproductive Health Technologies Project
71. Sexuality Information and Education Council of the U.S. (SIECUS)
72. Sierra Club
73. Society for Adolescent Health and Medicine
74. The Religious Coalition for Reproductive Choice
75. Union for Reform Judaism
76. Unitarian Universalist Association
77. Unitarian Universalist Women's Federation
78. United Methodist Church, General Board of Church and Society
79. Universal Access Project
80. Women of Reform Judaism
81. Women's Information Network (WIN)
82. Women's League for Conservative Judaism
83. Woodhull Freedom Foundation