



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

**Submitted to the House 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)**

March 8, 2017

Summary: Requesting \$327 million in funding for Fiscal Year (FY) 2018 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 national membership association representing providers and administrators committed to helping people get the family planning education and care they need to make the best choices for themselves and their loved ones. 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 cornerstones 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) 2018 appropriations bill, NFPRHA respectfully requests that you make a critical investment in Title X by including \$327 million, which would help make progress to restore the capacity of the program to serve those in need.

Publicly funded family planning services are provided through state, county, and local health departments as well as hospitals, family planning councils, Planned Parenthoods, federally qualified health centers, and other private nonprofit organizations. These diverse provider networks help ensure that millions of poor and low-income individuals as well as those who are underinsured or uninsured receive access to high-quality family planning and other preventive health services in all 50 states, the District of Columbia, as well as US territories.

An analysis published in the *American Journal of Public Health* in January 2016 found that in order for all low-income, uninsured women of reproductive age to access family planning services, the program would need to be supported with approximately \$737 million. The FY 2017 appropriations process is not yet complete; however, if it continues to track with the FY 2016 appropriated level of \$286.5 million, the Title X program will continue to receive only a fraction of what is needed to serve low-income, uninsured women across the country. It's also important to note that the Title X program also supports men, so the resource needs identified in the analysis are extremely conservative.

The Title X network will continue to play an essential role in our nation's service delivery framework regardless of how the health care economy evolves. "Churning" and confidentiality issues, for example, play a role in keeping some individuals uninsured or unable to use the coverage they have for the full range of their family planning needs. More importantly, Title X-funded health centers, because of the quality and specialty care they provide, remain in demand for individuals regardless of their payer source.

Furthermore, if and as Congress fundamentally alters the structure and financing of Medicaid, these changes will compound the demands being place on the Title X safety net. Proposals

currently under consideration will inevitably shift costs to states, forcing them to make choices about program eligibility, benefits, and provider payments in order to adapt to new funding constraints. Medicaid beneficiaries will also likely face new barriers to coverage, such as premiums and other cost-sharing requirements.

Likewise, last year's Zika virus outbreak highlighted the importance of the publicly funded family planning safety net and the need for robust Title X funding. The CDC-confirmed causal linkage between babies born with microcephaly and pregnant women infected with the Zika virus reinforced the simple concept that in a time of public health emergency, women will turn to Title X-funded providers for thorough counseling, risk assessment, and access to family planning services. While the public health threat has largely dissipated in the colder weather when mosquitos carrying the virus cannot thrive, public health experts expect and policymakers should prepare for the Zika virus to continue to spread domestically as warm weather returns.

Unfortunately, Title X, similar to other publicly funded health programs, has suffered budget cuts and flat funding for the last several years despite rising patient need. Between FY 2010-2014, the Title X family planning program was cut a net \$31 million (-10%). During the same period, approximately 1.1 million patients were lost from the program. These findings are very disturbing given that four in ten women who access care at a Title X-funded health center say that it is their only source of care. In FY 2018, the financial picture looks no less dire, especially because thus far there is not an agreement in place to provide budgetary relief from the sequester.

As appropriators grapple with how best to distribute limited federal resources, NFPRHA encourages the Committee to continue to prioritize investments in programs, including Title X, that focus on outcomes and increasing service efficiency and which provide a significant return

on investment. 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.

Millions of low-income women and men depend on the Title X program for affordable access to family planning and preventive health services that help them stay healthy. However, politically motivated attacks are jeopardizing the Title X program’s ability to help these vulnerable individuals and families. **NFPRHA urges the Committee to reverse this trend by making a significant investment in the nation’s family planning safety net and requests funding for Title X at \$327 million in FY 2017.**