

Title X

An Introduction to the Nation's Family Planning Program

For more than 40 years, the Title X (ten) family planning program, the nation's only dedicated source of federal funding for family planning, has provided high-quality, culturally sensitive family planning services and other preventive health care to predominantly low-income, under-insured, and uninsured individuals who may otherwise lack access to health care. President Richard Nixon signed the program into law on December 24, 1970, as Public Law 91-572 with broad bipartisan support. The program's strategies set the standard for high-quality family planning care across the nation's health care system.

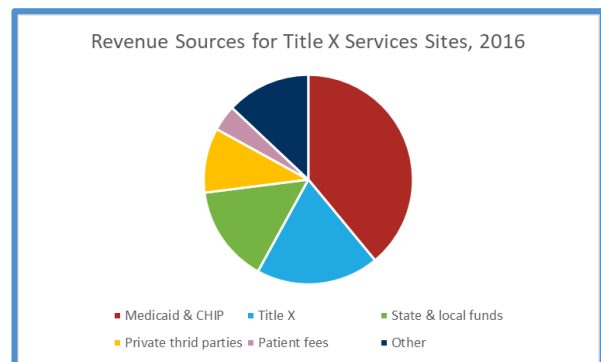
Title X funds are leveraged through its diverse network of safety-net providers to deliver high-quality, confidential services to more than 4 million low-income people across the country each year.¹ In addition, Title X is the only federal program that funds critical needs not paid for under Medicaid and private insurance, such as staff salaries, health information technology, patient education, and community education.²

How is the Program Administered?

- Similar to other federal safety-net health care programs, the Title X grant program funds are appropriated to the Health Resources Services Administration (HRSA) through the annual, discretionary appropriations process by Congress. While it is funded through HRSA, the program has been administered by the Office of Population Affairs (OPA) within the Department of Health and Human Services (HHS) since 1983.
- In 2016, OPA provided Title X grants to 91 agencies, supporting 3,898 service delivery sites.³
- State, county, and local health departments make up half of Title X service providers. Hospitals, family planning councils, Planned Parenthoods, federally qualified health centers, and other private non-profit organizations make up the rest of the Title X network.

What Does the Provider Network Look Like?

- In 2016, 3,550 full-time equivalent health care professionals provided Title X services including nurse practitioners, physicians, physician assistants, registered nurses, counselors, and health educators.⁴
- By law, Title X funds are not the sole source of income for providers. In 2016, Title X grantees reported their major sources of revenue to include 39% Medicaid/CHIP, 19% Title X, 15% state and local funding, 10% private third-party payers, 4% patient fees, and 13% other funding streams.⁵

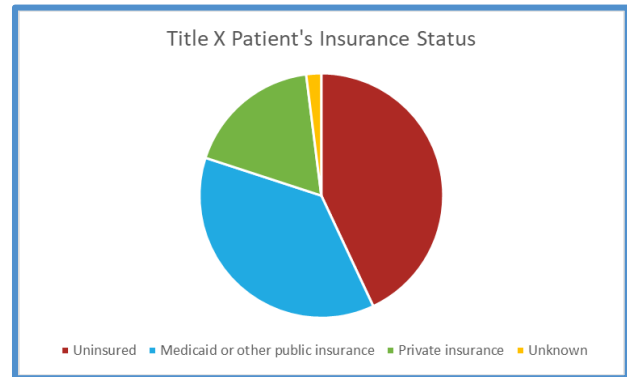


What Services Do Health Centers Provide?

- Title X health centers provide contraceptive services, supplies, and information to all who need them. By law, however, priority is given to poor and low-income people.
- Title X-funded centers adhere to high standards of clinical care and patient confidentiality.
- Title X services include pregnancy testing; contraceptive counseling and services; pelvic exams; screening and treatment for sexually transmitted diseases (STDs); screening for cervical and breast cancer, high blood pressure, anemia, diabetes, and HIV/AIDS; infertility services; health education; and referrals for health and social services.
- In 2016, Title X-funded centers provided 720,215 Pap tests, more than 900,000 breast exams, more than 5 million STD tests (excluding HIV tests), and 1.2 million HIV tests.⁶

Who Does Title X Serve?

- Six in ten women who obtain health care from a publicly funded family planning center consider it to be their usual source of health care.⁷
- In 2016, Title X-funded providers served more than 4 million patients.⁸
- Sixty-four percent of Title X patients have incomes at or below the federal poverty level—meaning they earned less than \$11,880 in 2016. These patients receive services at no cost to them.⁹
- Forty-three percent of Title X patients are uninsured, 37% have Medicaid or other public health insurance, and 18% have private insurance.¹⁰ The number of uninsured patients has dropped dramatically since the passage of the Affordable Care Act and the resultant expansion of Medicaid eligibility in some states.
- Title X patients are disproportionately Black and Hispanic or Latino/a, with 21% of Title X patients self-identifying as Black or African American and 32% as Hispanic or Latino/a,¹¹ as compared to 12% and 18% of the nation, respectively.¹² Eighty-nine percent of Title X patients are female and 11% are male; the number of male patients served by Title X has grown by 67% since 2006.¹³



What are the Public Health Benefits of Title X?

- In 2015, Title X-funded health centers helped prevent approximately 822,300 unintended pregnancies.¹⁴
- Title X provides significant cost savings to the federal and state governments. The Guttmacher Institute estimates that for every dollar invested in family planning, the taxpayer saves \$7.09. Services provided in Title X-supported centers alone yielded \$7 billion of the \$13.6 billion in net government savings that resulted from publicly funded family planning services in 2010.¹⁵

¹ Christina Fowler et al, "Family Planning Annual Report: 2016 National Summary," RTI International (August 2017). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2016-national.pdf>.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Jennifer Frost, "U.S. Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995-2010," Guttmacher Institute (May 2013). https://www.guttmacher.org/sites/default/files/report_pdf/sources-of-care-2013.pdf.

⁸ Fowler et al, "Family Planning Annual Report: 2016 National Summary."

⁹ Office of the Assistant Secretary for Planning and Evaluation, "Computations for the 2016 Poverty Guidelines," US Department of Health & Human Services (2017). <https://aspe.hhs.gov/computations-2016-poverty-guidelines>.

¹⁰ Ibid.

¹¹ Ibid.

¹² Population Distribution by Race/Ethnicity: 2016, Kaiser Family Foundation (2017). <https://www.kff.org/>.

¹³ Fowler et al, "Family Planning Annual Report: 2016 National Summary."

¹⁴ Jennifer Frost, et al, "Publicly Funded Contraceptive Services at U.S. Clinics, 2015," Guttmacher Institute (April 2017). <https://www.guttmacher.org/report/publicly-funded-contraceptive-services-us-clinics-2015>.

¹⁵ Adam Sonfield, "Beyond Preventing Unplanned Pregnancy: The Broader Benefits of Publicly Funded Family Planning Services" *Guttmacher Policy Review* 17, issue 4 (2014).