

National  
**Family Planning**  
& Reproductive Health Association

April 24, 2018

House Appropriations Subcommittee on Labor, Health and Human Services, Education,  
and Related Agencies  
H-305, The Capitol  
Washington, DC 20515

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

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

Chairman Cole, Ranking Member DeLauro, and Committee Members:

My name is Clare Coleman; I am 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 Public Health Service Act, the nation's only program dedicated  
to family planning. **As the committee works on the Fiscal Year (FY) 2019  
appropriations bill, NFPRHA respectfully requests that you make a critical investment  
in Title X by including \$327 million for the program and that you include language  
reinforcing the program's principal role supporting providers to serve as essential  
health access points for contraceptive care and related preventive services in  
communities across the country.** Doing so 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; hospitals; family planning councils; Planned Parenthood; federally qualified health centers; and other private nonprofit organizations. These diverse provider networks help millions of poor and low-income individuals as well as those who are underinsured or uninsured receive access to high-quality contraceptive care and other preventive health services in all 50 states, the District of Columbia, and US territories.

An analysis published in the American Journal of Public Health in January 2016 found that Title X would need to be supported with approximately \$737 million in order for all low-income, uninsured women of reproductive age to access family planning services. It's also important to note that the Title X program also supports men, so the resource needs identified in the analysis are conservative. The FY 2018 omnibus provided \$286.5 million for the program, which is just a fraction of what is needed.

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. Furthermore, the demand for Title X clinical services is likely to increase. As the Centers for Medicare & Medicaid Services approves new conditions that create potential obstacles for beneficiaries to receive coverage under state Medicaid programs, such as premiums and other cost-sharing requirements, these displaced individuals may turn to Title X health centers to receive their care.

More importantly, Title X-funded health centers, because of the high quality and specialty care they provide, remain in demand for individuals regardless of their payer source. The existing Title X-funded provider network follows the nationally recognized clinical standards for family planning care, known as *Providing Quality Family Planning Services* (QFP), which draws on other nationally recognized clinical guidelines and was jointly developed by the Office of Population Affairs and the Centers for Disease Control and Prevention (CDC) in 2014. While the administration removed all requirements for and references to the QFP in the recent funding opportunity announcement, high-quality contraceptive care and related preventive services will remain a hallmark for tenured providers despite the additional financial strain that will result if the administration is successful in its effort to shift Title X funding toward agencies focused on behavior change rather than clinical care.

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%), even though the number of women in need of publicly funded contraceptive services and supplies rose 5% in that period. Those funding cuts have not been restored. These findings are very disturbing given that six in ten women who access care at a Title X-funded health center say that it is their primary source of care. In FY 2019, the financial challenge looks no less dire for health centers.

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 which provide a significant return on investment. Millions of low-income people depend on the Title X program for affordable access to the panoply of family planning services it supports, including contraceptive care, breast and cervical cancer screenings, STD testing and treatment, and HIV prevention 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 reiterating Congressional intent that Title X supports access to high-quality clinical family planning and sexual health services and making a significant investment in the nation's family planning safety net by appropriating \$327 million for Title X in FY 2019.

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NFPRHA appreciates the opportunity to provide this testimony. If you require additional information about the issues raised in this letter, please contact Lauren Weiss, Manager, Advocacy & Communications, at [lweiss@nfprha.org](mailto:lweiss@nfprha.org) or 202-552-0151.

Sincerely,

A handwritten signature in cursive script that reads "Clare M. Coleman".

Clare Coleman  
President & CEO