

September 18, 2015

The Honorable Shaun Donovan  
Director  
Office of Management and Budget  
725 17th St., NW  
Washington, DC 20503

Dear Director Donovan:

I am writing on behalf of the National Family Planning & Reproductive Health Association (NFPRHA), a membership organization 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. NFPRHA represents approximately 550 organizational members that operate or fund a network of nearly 5,000 safety net health centers and service sites in 49 states and the District of Columbia. NFPRHA's members provide affordable, high-quality, voluntary, comprehensive, and culturally sensitive family planning and sexual health care services to those that may otherwise lack access to health care.

The publicly funded family planning provider network that NFPRHA represents consists of a diverse group of public and private health centers including state, county, and local health departments, family planning councils, Planned Parenthoods, federally qualified health centers, community action partnerships, stand-alone family planning centers, hospitals, and universities. For decades, these providers have leveraged a panoply of public funding sources to deliver care to low-income, uninsured, or under-insured individuals as well as those seeking confidential care. In 2013, 20.1 million women were in need of publicly funded family planning services, yet with current funding levels this network was only able to meet the demand of 8.4 million of those women.<sup>i</sup>

Publicly funded family planning is broadly supported by the American public: three out of four women say that publicly funded family planning centers have a positive impact of public health. The providers' programs are largely anchored by Title X, the nation's only dedicated source of family planning funds, and Medicaid, which represent on average 20% and 40% of a health center's revenue, respectively.<sup>ii</sup> According to the Department of Health and Human Services' Family Planning Annual Report, another 2% of these health centers' revenue comes from a combination of block grants and other federal sources that work in conjunction with Title X and Medicaid. The rest is made up of private insurance reimbursement, state and local government support, patient fees, and other funding, such as from private foundations.

As you work on the fiscal year (FY) 2017 budget, **NFPRHA respectfully requests that you make a significant investment in family planning and sexual health care services in FY 2017 by providing robust support for the following essential federal programs that help America’s family planning safety net keep their doors open to communities in need.**

### **Title X**

As the nation’s only dedicated source of family planning funding, the Title X program is a cornerstone of the publicly funded family planning safety network. The program, which was designed to help ensure the provision of high-quality family planning and sexual health services to low-income and uninsured women and men, is responsible for preventing approximately 1 million unintended pregnancies, 345,000 abortions, and 500,000 unplanned births each year.<sup>iii</sup> Title X also plays an essential wraparound and infrastructure function by supporting critical needs that are not reimbursable under Medicaid and commercial insurance. For example, Title X funds are sometimes used for important infrastructure investments like modernizing facilities, purchasing new medical equipment, and supporting staff training and education.

Title X also sets the standard for quality family planning and sexual health service provision—focusing on outcomes and increasing service efficiency. In April 2014, Title X program administrators developed “Providing Quality Family Planning Services – Recommendations of CDC and the U.S. Office of Population Affairs.” The recommendations are the most rigorous set of clinical guidelines developed for family planning care providers, including Title X-funded providers. The recommendations define patient-centered care for family planning. Such efforts reinforce the network’s role as centers of excellence for high-quality health care, and make Title X-supported health centers providers of choice for those with and without insurance.

Many, including OMB, have questioned the role of Title X in the era of ACA, and the unequivocal reality is that even as more individuals benefit from insurance coverage through the ACA, the Title X network continues to play an essential role in our nation’s service delivery framework. “Churning,” confidentiality, and other issues will all play a role in keeping some individuals uninsured, underinsured, or unable to use the coverage they have for the full range of their family planning needs. More importantly, Title X-funded health centers provide health care access within communities for all patients regardless of payer source. Six in ten women reported that a Title X-supported health care center was their usual source of medical care,<sup>iv</sup> and four in ten women said it was their only source of care.<sup>v</sup> Moreover, the failure of many states to expand Medicaid eligibility for all adults up to 138% of the federal poverty level, along with new barriers to coverage being sought by some expansion states, means that Title X will remain essential for many low-income men and women. **For these reasons, NFPRHA urges OMB to make a significant investment in the Title X program by including \$327 million in the FY 2017 budget request.**

In spite of the increasing need for publicly funded family planning services, Title X has suffered devastating funding cuts in recent fiscal years. In FY 2010 the program received \$317 million, and that amount has been subsequently reduced to \$286.5 million in recent years including most recently in FY 2015. These funding reductions align with dramatic decreases in the total number of patients seen at a

Title X-supported health center -- from 5.22 million in 2010 to 4.13 million in 2014, a loss of approximately 1.1 million patients.<sup>vi</sup>

## **Medicaid**

Medicaid is the predominate funding source for publicly funded family planning care, particularly in states that have sought to expand Medicaid under the ACA or by receiving federal approval to increase eligibility to Medicaid family planning services. For this reason, NFPRHA respectfully requests that the administration work to ensure that the Medicaid program is fully able to support the work of family planning providers. The administration should consider demonstrating its support for family planning health centers participation in a Medicaid meaningful use electronic health records (EHR) incentives program similar to the one created under the HITECH Act. Such a policy is necessary to help address the gap caused by the oversight in federal planning that led to most family planning health providers' ineligibility for EHR incentives available under the HITECH Act. Resources for EHR implementation for safety-net providers – just as for others in the safety net – are necessary to help achieve the ACA goal of having a nationwide health information technology infrastructure and more coordinated models of care.

Additionally, the administration should again consider adopting the assumption, as it did in the FY 2016 budget proposal, that providers of family planning and sexual health services, such as OB/GYNs, nurse practitioners, and certified nurse midwives, would be able to participate in any planned extension of the enhanced Medicaid reimbursement rate. Doing so will help family planning providers remain solvent while caring for vulnerable populations.

## **Title V Maternal and Child Health (MCH) Block Grant**

The Maternal and Child Health (MCH) Block Grant is the only federal program of its kind devoted solely to improving the health of all women and children, and because of the block grant's flexibility, states have the authority to foster the health of women and children in different ways. Some states, for example, use a portion of their Title V funds to help women plan and space their babies. As a result, Title V funding is an important part of the publicly funded family planning network. Unfortunately, MCH Block Grant funding has been reduced while the number of women and children in need of these support services increases. Increasing Title V funds is vital in sustaining the coordinated care system between family planning and maternal and child health services. **NFPRHA supports \$637 million for Title V MCH Block Grant in FY 2017.**

## **Other Federal Block Grants**

Federal block grants like the Temporary Assistance for Needy Families (TANF) Block Grant, the Social Services Block Grant (SSBG), the Community Development Block Grant, and the Community Services Block Grant (CSBG) provide private and public organizations with funding to engage in a number of social support, economic development, and community health projects.<sup>vii,viii</sup> TANF, for example, is typically associated with cash assistance to needy families. However, one of the TANF program's goals is to reduce the incidence of out of wedlock pregnancies. States have latitude to operationalize that goal and some have done so by using TANF dollars to support public and private health centers that provide contraceptive services to low-income and uninsured women and men.<sup>ix,x</sup> Portions of the other aforementioned block grants are also used to foster the economic self-sufficiency of women and

families by ensuring they have access to the health services that help them prevent unintended pregnancies.<sup>xi,xii,xiii</sup> **NFPRHA requests the following support for essential federal block grants:**

- **\$16.7 billion for the Temporary Assistance to Needy Families Block Grant**
- **\$1.7 billion for the Social Services Block Grant**
- **\$2.8 billion for the Community Development Block Grant**
- **\$674 million for the Community Services Block Grant**

#### **Centers for Disease Control and Prevention (CDC) – National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)**

STD/HIV/Viral Hepatitis prevention is an essential component of comprehensive sexual health care. Funding from NCHHSTP is utilized by STD/HIV/Viral Hepatitis prevention, treatment, and control programs in local health departments and private not-for-profit health care organizations. In some of these health settings, funding from NCHHSTP is combined with Title X and other federal funds to create comprehensive sexual health programs by paying for the cost of reproductive health nurse practitioners, testing supplies, and treatment medications. NCHHSTP has experienced significant underfunding in recent years, despite the fact that STD rates are increasing among certain populations. **NFPRHA supports \$ 1.118 billion in FY 2017 for CDC's NCHHSTP program.**

#### **Sexual Health Education – Teen Pregnancy Prevention Initiative (TPPI)**

Medically accurate sexual health education and counseling are key components of publicly funded family planning services. The Teen Pregnancy Prevention Initiative (TPPI) provides funding to public and private organizations to engage in evidence-based initiatives that reduce teen pregnancy. These funds are often used by NFPRHA members to support their community education and outreach initiatives. **NFPRHA supports \$110 million for TPPI, as well as the removal of all funding for abstinence-unless-marriage programs, in FY 2017.**

The president's FY 2017 budget request should strengthen the safety net to make certain that millions of current and future patients seeking services can obtain the health care they deserve. As the health care environment evolves at an accelerated pace because of the ACA, these investments are necessary to help ensure that publicly funded family planning health centers are able to thrive in the new health care landscape. Ensuring robust resources through the aforementioned sources is a key opportunity by which the administration can continue to demonstrate its commitment to helping improve access to high-quality, affordable care.

Finally, the president should consider removing Hyde language from his FY 2017 budget request. That harmful language prevents women who utilize Medicaid, work as federal employees, or otherwise depend on the federal government for health care coverage from using those insurance sources to access abortions. Abortion is a legal medical service that low-income and uninsured women should not be denied because of their use of government-supported health care.

NFPRHA thanks President Obama for his commitment to reproductive health and requests continued support for all publicly funded family planning safety-net programs. NFPRHA looks forward to

continuing its work with the Administration to strengthen America's family planning network. Thank you for considering these requests.

Sincerely,



Clare Coleman  
President & CEO

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<sup>i</sup> Frost JJ et.al, *Contraceptive Needs and Services, 2013 Update*, New York: Guttmacher Institute, 2015,

<http://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf>.

<sup>ii</sup> Christina Fowler, Julia Gable, Jiantong Wang, Emily McClure, and Kathryn LeTourneau, *Family Planning Annual Report: 2014 National Summary*, (Research Triangle Park, NC: RTI International, September 2015), <http://www.hhs.gov/opa/pdfs/fpar-national-summary-2012.pdf>.

<sup>iii</sup> *Ibid.*

<sup>iv</sup> Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014.

<sup>v</sup> *Ibid.*

<sup>vi</sup> Christina Fowler, Julia Gable, Jiantong Wang, Emily McClure, and Kathryn LeTourneau, *Family Planning Annual Report: 2014 National Summary*.

<sup>vii</sup> "About TANF." Office of Administration for Children and Families – Office of Family Assistance. Accessed September 14, 2015.

<http://www.acf.hhs.gov/programs/ofa/programs/tanf/about>

<sup>viii</sup> "Q & A: Use of Funds – TANF Program Policy Questions and Answers." Office of Administration for Children and Families – Office of Family Assistance. Accessed September 14, 2015. <http://www.acf.hhs.gov/programs/ofa/resource/q-a-use-of-funds?page=all>

<sup>ix</sup> "About TANF."

<sup>x</sup> "Q & A: Use of Funds – TANF Program Policy Questions and Answers."

<sup>xi</sup> "About SSBG." Office of Administration for Children and Families – Office of Community Services.

<sup>xii</sup> Rae Tamblyn, *Community Services Block Grant Annual Report: Analysis and State-level Data*, National Association of Community Services Programs, December 2014. Accessed September 14, 2015. <http://www.nascsp.org/CSBG-News.aspx?id=179>.

<sup>xiii</sup> US Department of Housing and Urban Development, Office of Community Planning and Development, *Community Development Block Grant Program: Guide to National Objectives & Eligible Activities for Entitlement Communities*, no date. Accessed September 14, 2015.

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/library/stateguide](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide).