National
Family Planning
& Reproductive Health Association

September 6, 2018

Director Mick Mulvaney
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

Dear Director Mulvaney:

I am writing on behalf of the National Family Planning & Reproductive Health Association (NFPRHA), a non-partisan 501(c)3 membership association that advances and elevates the importance of family planning in the nation's health care system and promotes and supports the work of family planning providers and administrators, especially in the safety net. Representing nearly 900 members that operate or fund 3,500 health centers in the US, NFPRHA conducts and participates in research; provides educational subject-matter expertise to policy makers, health care providers, and the public; and offers its members varying levels of capacity-building support aimed at maximizing their effectiveness and financial sustainability as providers of essential health care.

Over a six-month period, the administration has taken steps that represent an existential threat to the publicly funded family planning network across the country. The administration released a funding opportunity announcement (FOA) for the Title X family planning program that discounted the importance of contraception and expertise in sexual and reproductive health. It subsequently provided Title X service delivery grants for only seven months, exacerbating the strain on agencies that are forced to operate in an unstable funding environment and forcing grantees to prepare to redirect already limited resources to fulfill the administrative burden associated with yet another competition. Of greatest consequence, the administration proposed a regulation in June that would devastate the Title X network by limiting provider participation, constraining health care information that patients can receive, and repurposing the program from its core intent of ensuring the availability of modern, medical methods of contraception to all, regardless of their income.

The administration also advanced a policy interpretation that undermines Medicaid, the nation's public insurance program on which 67 million poor and low-income individuals rely, when CMS rescinded a 2016 letter that underscored the free choice of provider provision of the Medicaid statute. Furthermore, the administration has issued a proposed rule that would significantly expand the ability of health care providers to withhold treatment, counseling, or medical information based on their religious or moral beliefs without any regard for the needs of patients. **NFPRHA urges the administration to reverse this dangerous course and instead demonstrate support for the publicly funded family planning network and the millions of people who rely on it.**

<u>Critical Role of Family Planning</u>
NFPRHA believes that diverse sources of public financing for family planning and sexual health services—through Title X, Medicaid, the section 330 federally qualified health center program, federal block grants including the Maternal and Child Health Block Grant and the Social Services Block Grant, as well as state funding programs—are essential to the survival of the family planning safety net upon which millions of people rely. Furthermore, NFPRHA supports efforts to ensure that family planning and sexual health continue to be delivered through a family planning

safety net that is designed by communities for communities. For decades, family planning administrators, both governmental and non-governmental, have established service delivery networks that include a range of providers: state, county, and local health departments, as well as hospitals, family planning councils, Planned Parenthoods, federally qualified health centers, and other nonprofit organizations.

The nation's family planning safety net leverages multiple public funding sources to deliver care to predominantly low-income, uninsured, and underinsured individuals and to those seeking confidential care. The providers' programs are largely anchored by Title X, the nation's only dedicated source of federal family planning funds, and Medicaid. These programs make up, on average, 19% and 38% of a participating health center's revenue, respectively. The remaining comes from private insurance reimbursement, state and local government support, other federal programs, patient fees, and other funding, such as grants from private foundations.[1] In 2014, 20.2 million women were in need of publicly funded family planning services, and that number continues to increase annually. However, with current funding levels, the publicly funded family planning network only had sufficient resources from these various public and private sources to meet the needs of 7.8 million people.[2] To sustain the family planning safety net's ability to keep its doors open to communities in need, NFPRHA specifically requests continued investments for the following essential federal programs:

Title X

NFPRHA requests that the administration reverse its dangerous course for the Title X program, as detailed above, and support a modest increase in funds for FY 2020 to meet the growing need for services.

The Title X family planning program, authored by then-Representative George H.W. Bush (R-TX), passed the House with only 32 dissenters and cleared the Senate unanimously. After becoming president, Bush noted, regarding family planning:

> We need to take sensationalism out of this topic so that it can no longer be used by militants who have no real knowledge of the voluntary nature of the [Title X national family planning] program but, rather are using it as a political stepping stone. If family planning is anything, it is a public health matter. [3]

The program remains a cornerstone of the publicly funded family planning safety net. Six in ten contraceptive clients seen in a Title X setting have reported that a Title X-supported health care center was their sole source of medical care.[4] Under the current regulations and program guidance, Title X sets the standard for high-quality family planning and sexual health service provision by focusing on outcomes and increasing service efficiency. Providers' adherence to the

[1] Christina Fowler et al, "Family Planning Annual Report: 2017 national summary," RTI International (August 2018). https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf.
[2] Jennifer Frost, Lori Frohwirth and Mia Zolna, "Contraceptive Needs and Services, 2014 Update," Guttmacher Institute (September 2016). https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update.
[3] Clare Coleman and Kirtly Jones, "Title X: a proud past, an uncertain future," *Contraception* 84 (2011): 209–211. http://www.arhp.org/UploadDocs/journaleditorialsept2011.pdf
[4] Megan Kavanaugh, Mia Zolna, and Kristen Burke. "Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016." *Perspectives on Sexual and Reproductive Health* (June 2018). https://www.guttmacher.org/journals/psrh/2018/06/use-health-insurance-among-clients-seeking-contraceptive-services-title-x.

guidelines in *Providing Quality Family Planning Services - Recommendations of CDC and the US Office of Population Affairs* make Title X-supported health centers the provider of choice for people with and without insurance. [5]

Patients at Title X-funded health centers receive evidence-based, confidential family planning and sexual health care, including contraceptive services and supplies, STD testing and treatment, preconception counseling, breast and cervical cancer screenings, and nondirective counseling in the event of a positive pregnancy test. Under well-established and effective existing regulatory standards that comply with statutory prohibitions, Title X does not pay for any abortion care. In 2015, Title X-funded health centers helped prevent approximately 822,300 unintended pregnancies, thereby preventing 277,800 abortions and 387,200 unplanned births.[6] Access to family planning also promotes healthy babies, by increasing the ability of parents to plan births with spacing that is appropriate for them.[7]

In spite of the increasing need for publicly funded family planning services and the demonstrated public health and fiscal benefits of the program, Title X investments have been substantially cut in recent fiscal years. In FY 2010 the program received $317 million, but in FY 2018 it received only $286.5 million. The reduced program investment is counter to research published in the *American Journal of Public Health* stating Title X would need at least $737 million to support all women in need of publicly funded family planning services.[8] It also unfortunately aligns with dramatic decreases in number of Title X-supported service sites – from 4,389 in 2010[9] to 3,858 in 2017[10] - and in the number of patients served - from 5.22 million in 2010[11] to 4.00 million in 2017.[12] **NFPRHA is deeply concerned about this diminished access to high-quality family planning and sexual health services and urges increased funding of at least $317 million in FY 2020 to reverse this devastating trend.**

Medicaid

Medicaid is the predominant funding source (75%) for publicly funded family planning care.[13] It is proven to save taxpayer dollars by expanding access to contraception and increasing the use of more effective contraceptive methods—essential factors in reducing high rates of unintended pregnancy.[14]

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[5] Loretta Gavin, et al, "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, 2014," *Morbidity and Mortality Weekly Report* 63 (April 2014): 1-29. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm.

[6] 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.

[7] "Birth Spacing and Birth Outcomes," March of Dimes (November 2015). http://www.marchofdimes.org/MOD-Birth-Spacing-Factsheet-November-2015.pdf

[8] Euna August, et al, "Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act," *American Journal of Public Health* (February 2016): 334-341.

[9] Christina Fowler et al, "Family Planning Annual Report: 2010 National Summary," RTI International (September 2011). https://www.hhs.gov/opa/sites/default/files/fpar-2010-national-summary.pdf.

[10] Fowler et al, "Family Planning Annual Report: 2017 National Summary."

[11] Fowler et al, "Family Planning Annual Report: 2010 National Summary."

[12] Fowler et al, "Family Planning Annual Report: 2017 National Summary."

[13] Kinsey Hasstedt, Adam Sonfield, and Rachel Gold, "Public Funding for Family Planning and Abortion Services, FY 1980-2015," Guttmacher Institute (May 2017). https://www.guttmacher.org/sites/default/files/report_pdf/public-funding-family-planning-abortion-services-fy-1980-2015.pdf.

[14] Jennifer Frost et al, "Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program," *The Milbank Quarterly* (December 2014): 696-749. DOI: 10.1111/1468-0009.12080.

In FY 2019, the president's budget request supported efforts to alter the structure and financing of Medicaid, which NFPRHA strongly opposed because of the detrimental impact the proposed changes would have on access to care for poor and low-income individuals. Since that time, Congress has not been able to reach an agreement on such changes. Given the essential role of the program and the complexity of Medicaid policy, NFPRHA urges the administration to signal its support for Medicaid in its current form.

Title V Maternal and Child Health (MCH) Block Grant

In addition to the many other important activities it supports, the Maternal and Child Health (MCH) block grant provides funds that states can use to help women plan their families. 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 in recent years, even as 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 $678 million for Title V MCH block grant in FY 2020, equal to the FY 2019 request of the Senate Appropriations Committee. NFPRHA further opposes cuts to, or the elimination of, any other maternal and child health programs as a trade-off for this increase.

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

Funding from NCHHSTP is utilized for HIV, other STDs, viral hepatitis, and TB prevention efforts in local health departments, nonprofit health care organizations, and state and local education agencies. In some of these health settings, funding from NCHHSTP is combined with Title X and other federal funds to create robust sexual health programs by paying for the cost of family planning nurse practitioners, testing supplies, and medications. NFPRHA requests that the administration recommends $1.12 billion in FY 2020 to support the work of this critical center.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutritional support to low-income pregnant women and parents with children under five years of age through food packages, health education, and referrals to health and social services. The program, administered through grants distributed by state WIC agencies, complements the Title X program and the efforts of the health care safety net to ensure access to health services for low-income women and families. WIC has improved birth outcomes, reduced health care costs, improved nutrition-related health outcomes, increased access to medical care, and improved preconception nutritional status.[15] NFPRHA supports $6.37 billion for the WIC program in FY 2020.

Sexual Health Education – Teen Pregnancy Prevention Program (TPPP)

Medically accurate sexual health education and counseling are key components of publicly funded family planning services. The Teen Pregnancy Prevention Program (TPPP) 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 $130 million for TPPP, as well as the removal of all funding for abstinence-unless-marriage programs, in FY 2020.

Exclude Harmful Policy Riders

[15] Marianne Bitler and Janet Currie, "Does WIC Work? The Effects of WIC on Pregnancy and Birth Outcomes," *Journal of Policy Analysis and Management* (Winter 2005): 73-91. DOI 10.1002/pam.20070.

The budget should be free of any policy riders that seek to eliminate certain family planning and sexual health providers from accessing public funds. Such riders, including those that object to a provider's scope of service beyond family planning and those that allow for exemptions for required services due to an entity's religious or moral objections to that care, are to the detriment of patients and public health.

NFPRHA further urges the president to remove the Hyde Amendment and related restrictions from his FY 2020 budget request. That harmful language prevents people who qualify for Medicaid, work as federal employees, or otherwise receive health care coverage or services directly from the federal government from accessing abortion through those programs. Access to abortion should not be dependent on how someone receives health care or coverage.

Finally, the budget should remove language added in the FY 2019 budget that would bar any immigrant without "satisfactory status" from accessing emergency Medicaid, which provides coverage in life-threatening situations, including labor and delivery care.

Conclusion

The president's FY 2020 budget request should strengthen the safety net to make certain that millions of current and future patients can obtain high-quality, affordable family planning and sexual health care from providers of their choice. Millions of Americans rely on publicly funded health care programs, including family planning, to make the best decisions for themselves and their families and to lead their best possible lives.

Thank you for considering these requests.

Sincerely,

Clare Coleman
President & CEO