

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 low-income, under-insured and uninsured individuals who may otherwise lack access to health care. Signed into law by President Richard Nixon on December 24, 1970 as Public Law 91-572, the program created by Title X of the Public Health Service Act with broad bipartisan support.

Annually, Title X funds are leveraged through its diverse network of safety-net providers to deliver high-quality, confidential services to nearly five million low-income women and men across the country.¹ In fact, the program's strategies have become the standard of quality for providing family planning care across the nation's health care delivery system. In addition, Title X is the only federal program that funds critical infrastructure needs not paid for under Medicaid and private insurance, such as staff salaries, patient education, and community education about family planning and sexual health issues. Title X is also used to subsidize health center rent, utilities, and health information technology.²

How is the Program Administered?

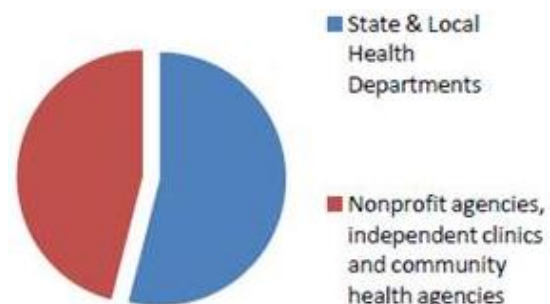
- Similar to other federal safety-net health care programs, the Title X grant program funds are appropriated to the Health Resources Services Administration (HRSA) through the annual, discretionary appropriations process by Congress. However, the program is unique in that while it is funded through HRSA, it has been administered by the Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health in the Department of Health and Human Services (HHS) since 1983.
- OPA provides Title X funding to 95 public and private nonprofit grantees in 4,168 service delivery sites across the country.³
- State, county, and local health departments make up the majority (53%) 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 2013, 3,217 health care professionals provided Title X services including nurse practitioners, physicians, physician assistants, certified nurse-midwives, registered nurses, counselors, and health educators.⁴
- By law, Title X funds are not the sole source of income for providers. Rather, Title X funding is leveraged throughout the health centers in its

network. In 2013, Title X grantees reported their major sources of revenue to include 39% Medicaid, 20% Title X, 10% state funding, 7% local funding, 5% patient fees, and 19% other funding streams.⁵

Title X Grantees



What Clinical Services Health Centers Provide?

- Title X health centers provide access to contraceptive services, supplies, and information to all who want and need them. By law, however, priority is given to persons from low-income families.
- Since its inception, Title X has statutorily required that its providers preserve patients' confidentiality for the array of services delivered, despite Title X funds not covering the full costs of services provided.
- Title X clinical services include pregnancy testing;

contraceptive counseling and services; pelvic exams; screening for cervical and breast cancer; screening for high blood pressure, anemia, and diabetes; screening for sexually transmitted diseases (STDs) and HIV/AIDS; infertility services; health education; and referrals for other health and social services.

- In 2013, Title X-funded centers provided 988,000 Pap tests, 1.6 million breast exams, nearly 6 million STD tests, and 1.2 million confidential HIV tests.⁶

Who Does Title X Serve?

- Six in ten women who obtain health care from a family planning center consider it to be their usual source of health care.⁷
- In 2013, Title X-funded providers served 4.6 million low-income women and men.⁸
- Seventy percent of Title X patients have incomes at or below the federal poverty level—meaning they earn less than \$11,770 per year. These patients receive services at no cost to them.⁹
- Between 2003 and 2013, Title X users with incomes at or below the federal poverty level rose from 67% to 70%, an increase of 3% of patients eligible for free services.¹⁰
- Sixty-three percent of Title X patients are uninsured, 25% have Medicaid or other public health insurance, and 10% have private insurance.¹¹
- Title X patients are disproportionately black and Hispanic or Latino, with 21% of Title X patients self-identifying as black and 30% as Hispanic or Latino,¹² as compared to 12.2% and 16.3% of the nation,¹³ respectively. Ninety-two percent of Title X patients are female, 8% are male.¹⁴

For every dollar invested in family planning, the taxpayer saves an estimated \$7.09.

What are the Benefits of Publicly Funded Family Planning Health Centers?

- Title X funding has been proven effective while simultaneously saving millions in taxpayer funds.

- Publicly funded health centers helped **prevent 1.5 million unintended pregnancies**, which would have resulted in 741,000 million unplanned births and 510,000 abortions in 2012.¹⁵
- Services provided by Title X centers helped women **avert 1.1 million of these unintended pregnancies**, which would have resulted in 527,000 unplanned births and 363,000 abortions.¹⁶
- 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 \$7.09.¹⁷ Services provided in Title X-supported centers alone yielded \$5.3 billion of the \$10.5 billion in total savings for publicly funded family planning in 2010.¹⁸

Title X centers helped women avert 1.1 million unintended pregnancies.

Endnotes

¹ Christina Fowler, Julia Gable, Jiantong Wang, and Emily McClure, Title X Family Planning Annual Report: 2013 National Summary, (Research Triangle Park, NC: RTI International, November 2014), <http://www.hhs.gov/opa/pdfs/fpar-2013-national-summary.pdf>.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Rachel Benson Gold, Adam Sonfield, Cory L. Richards and Jennifer J. Frost, *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, (New York: Guttmacher Institute, 2009) <http://www.guttmacher.org/pubs/NextSteps.pdf>.

⁸ Christina Fowler et al., Title X Family Planning Annual Report, November 2014.

⁹ Poverty Guidelines, Federal Register, 45629.

¹⁰ Christina Fowler et al., Title X Family Planning Annual Report, November 2014.

¹¹ Ibid.

¹² Ibid.

¹³ US Census Bureau, Overview of Race and Hispanic Origin: 2010, (March 2011) <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>.

¹⁴ Christina Fowler et al., Title X Family Planning Annual Report, November 2013.

¹⁵ Jennifer J. Frost, Mia R. Zolna and Lori Frohwirth, *Contraceptive Needs and Services, 2012 Update*, (New York: Guttmacher Institute, August 2014), <http://www.guttmacher.org/pubs/win/contraceptive-needs-2012.pdf>.

¹⁶ Ibid.

¹⁷ Jennifer J. Frost, Adam Sonfield, Mia R. Zolna, and Lawrence B. Finer, "Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program.

¹⁸ Ibid.