

Title X in Context

Understanding the Diverse Funding Sources that Support the Publicly Funded Family Planning Network

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Table of Contents

Introduction.....	3
Who are Title X-funded family planning providers, and where do they get their funding?.....	4
How do different funding sources support Title X health centers?.....	5
Moving Forward: Steps to a Stronger Publicly Funded Family Planning Network.....	17
Conclusion.....	19

Introduction

For more than 40 years, the Title X (ten) family planning program has helped publicly funded family planning providers across the country deliver high-quality family planning and sexual health services to millions of predominantly low-income women and men. These services have in turn prevented unplanned pregnancies, sexually transmitted diseases, abortion, and cancer.¹ The Title X program, however, does not act alone in helping women and men take charge of their health and wellness. Instead, Title X is part of a diverse portfolio of funding that includes Medicaid, funding from state and local governments, private grants and fundraising, reimbursement from commercial insurance, patient fees, and federal grants.² Together these funding sources support family planning services in 4,127 Title X-funded health care centers across the country that serve an estimated 4.1 million women and men.³ Understanding the diverse funding sources that support the publicly funded family planning network, and how those funding sources work together to provide reproductive health services, is key to ensuring a robust safety net.

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

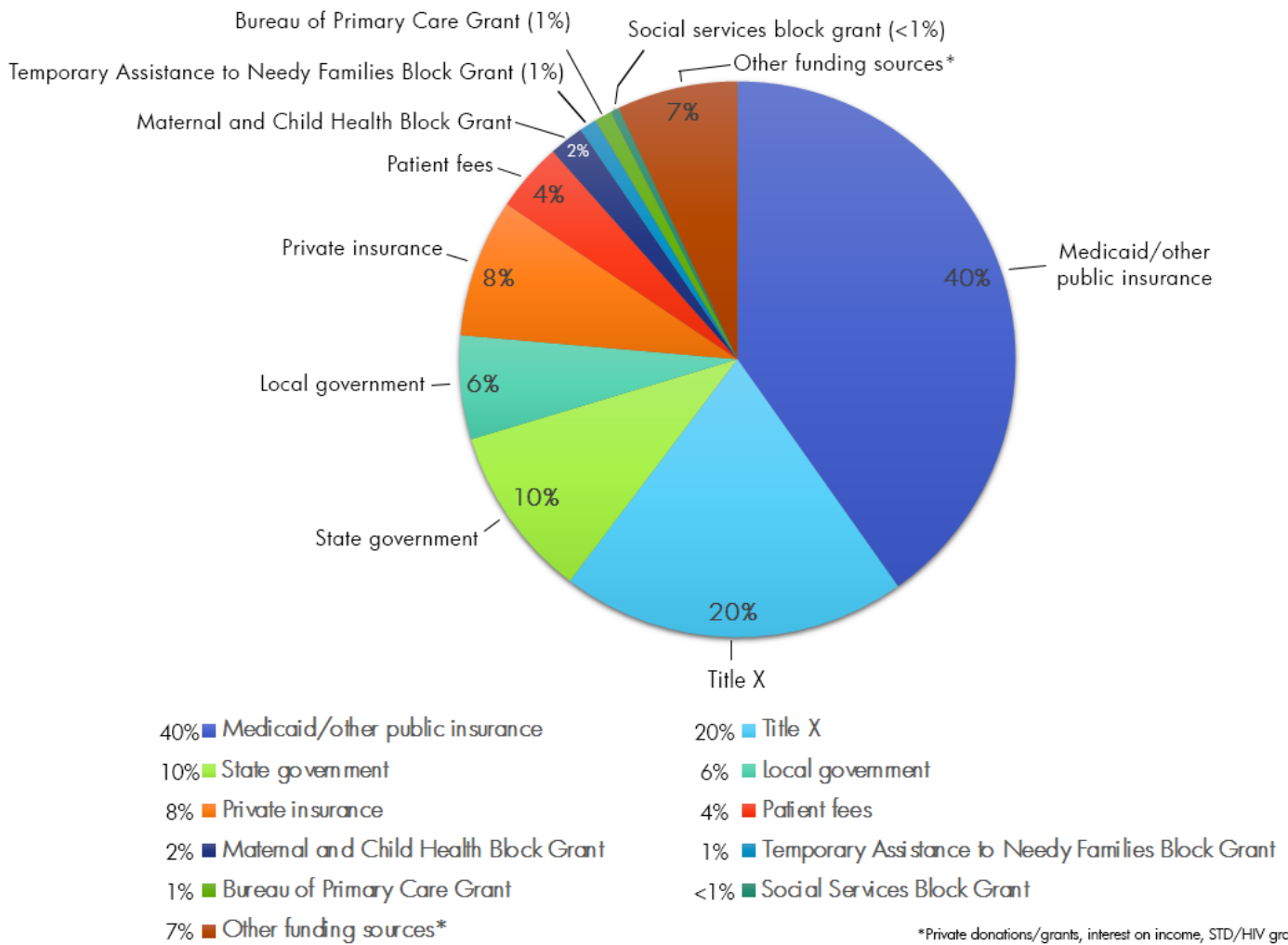
2 U.S. Office of Population Affairs, *Family Planning Annual Report: 2014 National Summary*, RTI International, Research Triangle Park, N.C.: 2015, <http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-national.pdf>, Accessed October 5, 2015.

3 Ibid.

Who are Title X-funded family planning providers, and where do they get their funding?

Title X health centers are as diverse as the funding on which they rely. They can include state and local health departments, Planned Parenthoods, community health centers, community action partnerships, universities, hospitals, school-based health centers, and independent nonprofit organizations.⁴ Below is a breakdown of an average revenue mix used by a Title X-supported health center; however, the breakdown can vary largely from state to state and health center to health center.⁵

Average family planning health center revenue mix:⁶



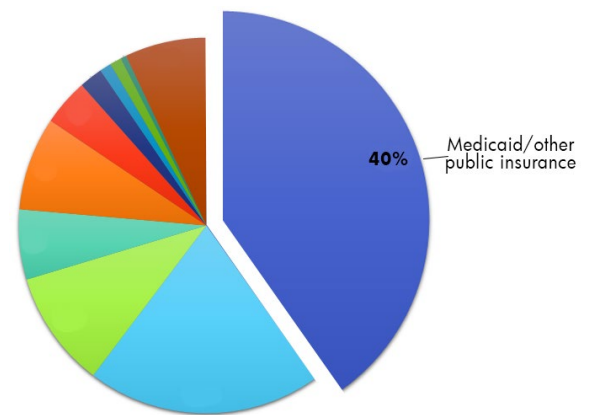
4 Ibid.
5 Ibid.
6 Ibid.

How do different funding sources support Title X health centers?

Multiple funding sources are used in different ways to support publicly funded family planning. Here are some specific examples of how these sources work together.

Medicaid:

Medicaid is by far the largest revenue stream for the Title X provider network, comprising 40% of an average funding mix.⁷ Medicaid is also the fastest growing revenue stream—increasing by 43% from 2004 to 2014⁸—and continued growth is expected given the potential for Medicaid expansion under the Affordable Care Act (ACA).⁹ The proportion of patients visiting a Title X health center with Medicaid coverage increased from 23% in 2010¹⁰ to 29% in 2014,¹¹ a growth of 26%.



Medicaid and other safety-net programs:

Medicaid is a public insurance program used to directly reimburse clinicians and health care centers for the reproductive health services they provide, such as STD testing and treatment, cancer screening, and contraceptive care.¹² Unfortunately, Medicaid reimbursement rates often do not cover the true cost of providing services. To recover the difference, publicly funded family planning providers rely on other funding streams, such as federal grants and state/local funding, to balance the books.¹³

This is certainly the case for Planned Parenthood Association of Utah's (PPAU) health centers. A high percentage of PPAU's patients are enrolled in Medicaid. Unfortunately, Utah's Medicaid reimbursement rates for family planning and sexual health care services are well below the cost of providing those services. PPAU makes up the difference using a combination of Title X, private grants, and fundraising.¹⁴

7 Ibid

8 Ibid

9 "A Look at CBO Projections for Medicaid and CHIP." Henry J. Kaiser Family Foundation, accessed October 18, 2014, <http://kff.org/medicaid/issue-brief/how-much-will-medicaid-cost-in-the-future-and-why-a-look-at-federal-projections/>.

10 Fowler, CL, Lloyd, SW, Gable, J, and Krieger, K, U.S. Office of Population Affairs, *Family Planning Annual Report: 2010 National Summary*, Research Triangle Park, NC: RTI International, <http://www.hhs.gov/opa/pdfs/fpar-2010-national-summary.pdf>, accessed October 27, 2015.

11 U.S. Office of Population Affairs, *Family Planning Annual Report*. 2015.

12 "Medicaid: A Primer – Key Information on the Nation's Health Coverage for Low-Income People." Henry J. Kaiser Family Foundation, accessed October 18, 2014, <http://kaiserfamilyfoundation.files.wordpress.com/2010/06/7334-05.pdf>.

13 Phone interview with Robin Summers. Sr. Policy Director. National Family Planning and Reproductive Health Association. October 10, 2015.

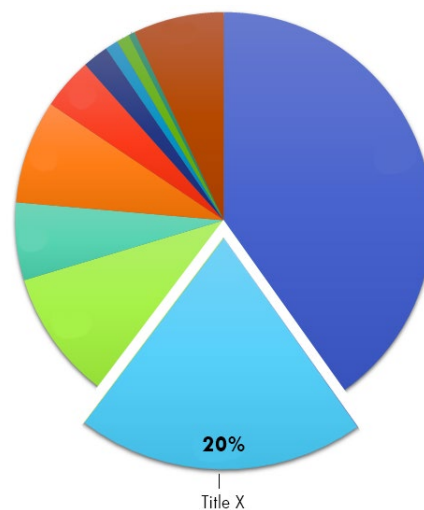
14 Phone interview with Carrie Galloway, President and CEO, Planned Parenthood Association of Utah, May 12, 2015.

Table 1. Medicaid revenue at Title X-supported health centers as a share of total revenue and as a whole dollar amount by fiscal year.

	2010	2011	2012	2013	2014
Share of Revenue (%)	37%	39%	40%	40%	39%
Total Amount (\$)	\$481.3 M	\$506.6 M	\$498.7 M	\$505.7 M	\$490 M

Title X family planning funding:

Title X funding constitutes 20% of revenue utilized by family planning centers, making it second only to Medicaid.¹⁵ That figure has declined somewhat in recent years, as the Title X program has experienced significant federal funding cuts. In 2010, Title X received \$317.5 million in federal funds, shrinking to \$286.5 million in 2014.¹⁶ Over the same period, Title X as a share of total revenue across the provider network decreased from 22%¹⁷ to 20%.¹⁸ Unlike Medicaid, Title X is not an insurance or reimbursement program, but a grant. Grants are awarded on a competitive basis to state health agencies and nonprofits by the US Department of Health and Human Services' Health Resources and Services Administration (HRSA). The grants must be used to create and execute a comprehensive reproductive health and family planning program that primarily cares for poor and low-income women and men.¹⁹



Title X and other safety-net programs:

Because of the grant's versatility, Title X funding is a critical share of a publicly funded family planning center's fiscal portfolio. The funding can be used to pay for a patient's care, but it can also be used to pay for other costs associated with providing family planning services that are not paid for by Medicaid, private insurance, or other more restrictive federal grants. For example, Title X can cover the cost of purchasing contraceptives, pay a portion of clinicians' salary, support staff training and education, offset utility costs, or purchase medical equipment and supplies.²⁰ Title X special project grants are also sometimes used to engage in special HIV prevention initiatives and implement ACA by helping family planning centers cover the cost of electronic medical records systems.²¹

15 U.S. Office of Population Affairs, *Family Planning Annual Report*.

16 Napili, A, Congressional Research Service, *Title X (Public Health Services Act) Family Planning Program*, 2015, <https://www.fas.org/sgp/crs/misc/RL33644.pdf>, access October 27, 2015.

17 Fowler, CL, Lloyd, SW, Gable, J, and Krieger, K, U.S. Office of Population Affairs, *Family Planning Annual Report: 2010 National Summary*.

18 U.S. Office of Population Affairs, *Family Planning Annual Report: 2014 National Summary*.

19 Napili, A, Congressional Research Service, *Title X (Public Health Services Act) Family Planning Program*.

20 Sonfield, et al. *Moving Forward: Family Planning in the Era of Health Reform*.

21 "Title X: An Essential Partner in the New Health Care Environment." National Family Planning and Reproductive Health Association, accessed October 22, 2014, http://www.nationalfamilyplanning.org/title_x.

Table 2. Title X revenue as a share of health centers' total revenue, as a whole dollar amount, and as a federal appropriation by fiscal year.

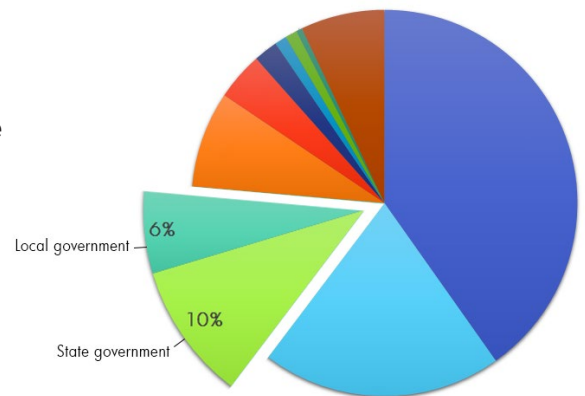
	2010	2011	2012	2013	2014
Share of Revenue (%)	22%	21%	21%	20%	20%
Total Amount (\$)	\$279.3 M	\$276 M	\$267.1 M	\$253.7 M	\$249.5 M
Federal Appropriation	\$317.5 M	\$299.4 M	\$293.9 M	\$278.3 M	\$286.5 M

State and local government funding:

State and local government funding accounts for 16% of an average Title X health center's revenue.²² These funds typically come from state and local taxes and are distributed to local health departments and nonprofits to provide a range of services, including sexual health services, to uninsured and underinsured individuals.

Many states provide some level of financial support for family planning,²³ however the number is shrinking. In 2010, states committed \$136 million in general funds for family planning.²⁴ That figure shrank to \$121 million in 2014,²⁵ a difference of \$15 million or 11%.

Local governments are also limiting their commitment to family planning funding as a result of ongoing budget constraints. In 2010, their total contribution to family planning safety net was \$91 million,²⁶ dropping by 12% to \$80 million in 2014.²⁷



State/local funding and other safety-net programs:

The downward trend in state/local government support is disconcerting. Funding from those sources is typically flexible and often combined with Title X and other federal grants to pay for the entirety of an uninsured patient's services, cover other costs associated with care that are not directly reimbursable by third-party payers, or pay for services that cannot be paid for by other federal programs. The situation is somewhat different in Louisiana. There, the state legislature allocates between \$12 million and \$20 million per year for family planning and sexual health care. The funds are distributed to parish health departments by the Louisiana Department of Health and Hospitals (LDHH) and is used primarily to support care for uninsured or underinsured poor and low-income individuals. However, parish departments must deplete their federal funding sources, like Title X and Title V, before they can begin using state family planning funding.²⁸

22 Ibid.

23 Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*.

24 Fowler, CL, Lloyd, SW, Gable, J, and Krieger, K, U.S. Office of Population Affairs, *Family Planning Annual Report: 2010 National Summary*.

25 U.S. Office of Population Affairs, *Family Planning Annual Report: 2014 National Summary*.

26 Fowler, CL, Lloyd, SW, Gable, J, and Krieger, K, U.S. Office of Population Affairs, *Family Planning Annual Report: 2010 National Summary*.

27 U.S. Office of Population Affairs, *Family Planning Annual Report: 2014 National Summary*.

28 Phone interview with Michelle Alletto, Louisiana Department of Health and Hospitals, Family Planning Programs, July 15, 2015.

Table 3. State funding revenue at Title X-supported health centers as a share of total revenue and as a whole dollar amount by fiscal year.

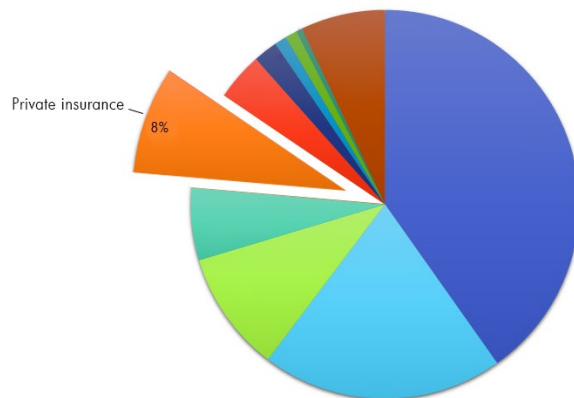
	2010	2011	2012	2013	2014
Share of Revenue (%)	10%	10%	9%	10%	10%
Total Amount (\$)	\$135.5 M	\$125.4 M	\$117.5 M	\$131.1 M	\$121 M

Table 4. Local funding revenue at Title X-supported health centers as a share of total revenue and as a whole dollar amount by year.

	2010	2011	2012	2013	2014
Share of Revenue (%)	7%	7%	7%	7%	6%
Total Amount (\$)	\$91.3 M	\$84.2 M	\$87 M	\$93.8 M	\$80.4 M

Commercial insurance:

Reimbursement from commercial insurance is a small portion of the revenue family planning centers utilize,²⁹ but that source could to grow dramatically with the ACA³⁰ in place as more Americans gain access to private health insurance either through an employer or the marketplace.³¹ From 2012 to 2014, the percentage of privately insured patients visiting a publicly funded family planning center increased 56%, while the percentage of uninsured patients fell by 16%.^{32,33} Many newly insured individuals want to continue utilizing publicly funded family planning centers despite the ability to obtain care elsewhere. The high quality, specialty reproductive care offered at publicly funded family planning centers makes them trusted providers among people of diverse economic backgrounds.³⁴



29 U.S. Office of Population Affairs, *Family Planning Annual Report*.

30 Congressional Budget Office, *Insurance Coverage Provisions of the Affordable Care Act—CBO’s April 2014 Baseline*, Washington, D.C.: 2014, <http://www.cbo.gov/publication/43900>.

31 “Summary of the Affordable Care Act.” Henry J. Kaiser Family Foundation, accessed October 20, 2014, <http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>.

32 U.S. Office of Population Affairs, *Family Planning Annual Report*.

33 U.S. Office of Population Affairs, *Family Planning Annual Report*, RTI International, Research Triangle Park, N.C.: 2013, <http://www.hhs.gov/opa/pdfs/fpar-national-summary-2012.pdf> (Accessed October 5, 2015).

34 Eikner D, Gadon S, Gebretatios Y, Kelinson A, Kleider M, Lewis J, and Paterson N, *Managing Family Planning Revenue Cycles*, Washington, D.C.: National Family Planning and Reproductive Health Association – Life After 40 Project, 2013.

Commercial insurance and safety-net programs:

While reimbursement from third-party payers is generally more robust compared to Medicaid, and closer to the actual cost of providing care, private insurance cannot act alone to sustain publicly funded family planning health centers. For instance, private insurance, like Medicaid, cannot be billed for many costs related to the provision of care, such as health center modernization and staff training. Perhaps of even greater significance is the fact that most private health insurers do not pay for all contraceptive brands or all aspects of a family planning visit. Publicly funded family planning centers rely on other versatile funding sources, like Title X, state and local funding, and federal grants to help fill in the gaps when private payers do not pay for certain services and products. Even with a robust private insurance billing program, publicly funding family planning health centers would likely operate at a loss without these other critical safety-net programs.

Table 5. Private payer revenue at Title X-supported health centers as a share of total revenue and as a whole dollar amount by fiscal year.

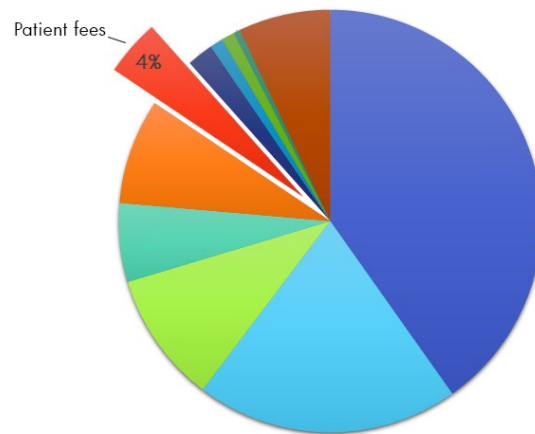
	2010	2011	2012	2013	2014
Share of Revenue (%)	4%	4%	5%	5%	8%
Total Amount (\$)	\$50.4 M	\$51.7M	\$64 M	\$69.2 M	\$95.1 M

Patient fees and copays:

Patient fees and copays account for approximately 4% of a typical family planning center’s total revenue, shrinking from 7% in 2010.³⁵ The near 43% decrease may be attributed to a number of factors.

First, as a result of the ACA, preventive services like family planning visits, HIV/STD screening, and cervical exams require no patient cost sharing.³⁶

Publicly funded family planning centers are therefore no longer collecting those fees, decreasing the total dollar amount of that revenue stream. Secondly, the sharp downturn in Title X funds appropriated by Congress over the last several years has caused a steep decline in patient volume across the network. In 2010, Title X centers saw 5.2 million patients³⁷ and 4.1 million in 2014,³⁸ a loss of nearly 1.1 million patients (21%). Title X regulations require grantees offer uninsured patients services at no cost to those with incomes less than 100% of the federal poverty level (FPL), and patients



35 Coleman C, Davidson L, Eikner D, Gadon S, Kelinson A, McGrath M, Walden-Newman A, *Building Blocks for Effective Relationships with Third-Party Payers*, Washington, D.C.: National Family Planning and Reproductive Health Association – Life After 40 Project, 2014.

36 American Public Health Association, *Affordable Care Act Overview: Selected Provisions*, August 2012, https://www.apha.org/~media/files/pdf/topics/aca/aca_overview_aug2012.ashx, accessed October 27, 2015.

37 Fowler, CL, Lloyd, SW, Gable, J, and Krieger, K, U.S. Office of Population Affairs, *Family Planning Annual Report: 2010 National Summary*.

38 U.S. Office of Population Affairs, *Family Planning Annual Report: 2014 National Summary*.

between 100-250% of FPL pay for services on a sliding fee scale based on income.³⁹ Many of the patients lost as a result of Title X budget cutbacks would likely have had incomes that fell between 100% and 250% of FPL, but without those patients, Title X health centers were unable to collect the fees associated with their care.

Patient fees/copays and safety net-programs:

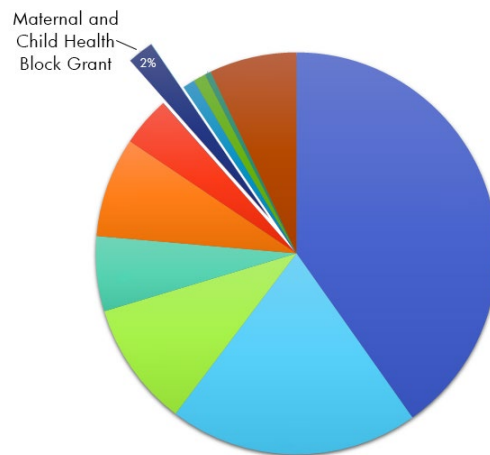
An individual with an income at 133% FPL, for example, makes approximately \$15,000 a year,⁴⁰ and any fee she pays toward her health services constitutes a significant portion of her monthly income. Nevertheless, many low-income patients do pay a portion of the costs of their services, and Title X and other funding sources often cover the difference. A conglomeration of funding sources, including Title X, pay for the entirety of those patients who are at or below 100% FPL and are otherwise uninsured or unable to use their insurance.

Table 6. Patient fee revenue at Title X health centers as a share of total revenue and as a whole dollar amount by year.

	2010	2011	2012	2013	2014
Share of Revenue (%)	7%	6%	6%	5%	4%
Total Amount (\$)	\$84.5 M	\$72.2 M	\$70.4 M	\$69.4 M	\$53.2 M

Title V Maternal and Child Health (MCH) Block Grant:

The MCH Block Grant is the only federal program of its kind devoted solely to improving the health of all women and children. The grant is also administered by HRSA, where funds are distributed to states and territorial departments of health. Because of the block grant’s flexibility, states have the authority to foster the health of women and children in different ways. Some states use their funds to support immunization programs, increase access to childhood health assessments and follow up treatment services, or engage in perinatal health promotion, to name a few possibilities. Other states use a portion of their Title V grants to foster the health of women and babies by helping women plan and space their pregnancies. These states do so by funding direct contraceptive care and counseling.⁴¹



Title V and other safety-net programs:

In Idaho, for example, Title V funds are awarded to the State Department of Health and Welfare. The Department uses most of the grant to fund programmatic activities associated

39 Congressional Research Service, “Title X (Public Health Service Act) Family Planning Program.

40 “Federal Poverty Guidelines.” Families USA, accessed October 20, 2014, <http://familiesusa.org/product/federal-poverty-guidelines>.

41 U.S. Department of Health and Human Services, Health Resources Services Administration, Maternal and Child Health Bureau, *Understanding Title V of the Social Security Act*, No date, <http://www.amchp.org/AboutTitleV/Documents/UnderstandingTitleV.pdf>, accessed November 13, 2015.

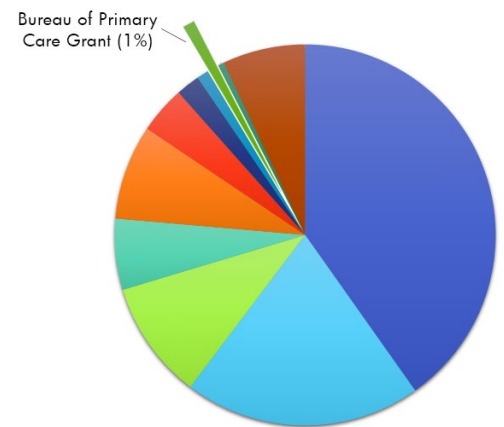
with prenatal care, perinatal nutrition, childhood immunizations, and substance abuse treatment among pregnant women.⁴² However, a portion of the grant is designated for family planning services. That portion of the grant is combined with Title X dollars and distributed to local health departments as a family planning grant to help cover the cost of family planning nurse practitioner salaries, contraceptives, and other supplies needed to provide family planning services.⁴³ Idaho's process is not atypical, and it is fairly common for Title X and Title V funds to be bundled together in one contract before being distributed to local health departments. In other states, the Title X/Title V package is also sometimes distributed to nonprofit organizations in addition to local health departments. Unfortunately, MCH Block Grant funding has decreased while demand for these support services continues to grow.⁴⁴

Table 7. MCH block grant revenue at Title X health centers as a share of total revenue, as a whole dollar amount, and as a federal appropriation by fiscal year.

	2010	2011	2012	2013	2014
Share of Revenue (%)	2%	2%	2%	2%	2%
Total Amount (\$)	\$21.2 M	\$25.5 M	\$24.4 M	\$19.9 M	\$23.1 M
Federal Appropriation	\$660.7 M	\$656.3 M	\$638.7 M	\$604.9 M	\$634 M

Federally qualified health center funding (Section 330 funding):

Section 330 of the Public Health Service Act (PHSA) authorizes HRSA to provide grants to federally qualified health centers (FQHCs) throughout the country. In order to be eligible for the grants, FQHCs must provide outpatient primary care to primarily poor and low-income individuals in areas with limited access to other health care centers. FQHCs must also serve all patients regardless of their ability to pay. The grants are used to support a number of activities, including constructing new health centers, expanding health services at existing facilities, strategic and institutional planning, and reducing infant mortality. Some FQHCs use a portion of their section 330 grants to support their family planning and reproductive health work.⁴⁵



42 Idaho Department of Health and Welfare. Maternal and Child Health Block Grant. 2016 Application/2014 Annual Report. June 2015. Accessed October 6, 2015. <http://www.healthandwelfare.idaho.gov/Portals/0/Health/Childrens%20Special%20Health/StateApplicationReportBook20150616.pdf>

43 Phone interview with Josie Evans Graham. Program Specialist. Idaho Department of Health and Welfare Family Planning Program. July 2015.

44 Health Resources and Services Administration – Maternal and Child Bureau, *Understanding Title V of the Social Security Act*.

45 Heisler, E.J., *Federal Health Centers*, Congressional Research Service, December 24, 2013, <https://www.fas.org/sgp/crs/misc/R42433.pdf>, accessed November 16, 2015.

Federally qualified health center funding and other safety-net programs

Because section 330 grants typically only cover approximately 20% of a federal health centers total operating costs, the centers often utilize several other funding sources and revenue streams. In fact, revenue from Medicaid is nearly 40% of a typical FQHC's funding portfolio. State and local support constitutes another 17% of federal health center funding, and the remainder of operating costs are covered by a mixture of patient fees, other third party payers (Medicare, CHIP, private insurance), and federal grants like Title X.⁴⁶

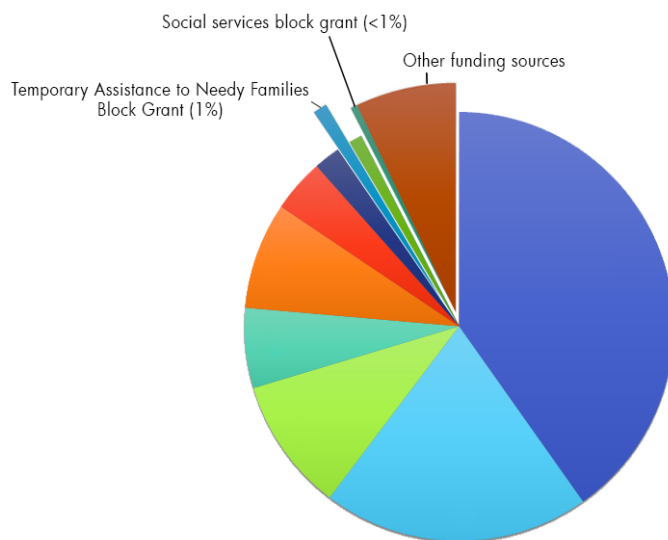
Table 8. Federal health center funding revenue at Title X health centers as a share of total revenue, as a whole dollar amount, and as a federal appropriation by fiscal year.

	2010	2011	2012	2013	2014
Share of Revenue (%)	<1%	<1%	<1%	1%	1%
Total Amount (\$)	\$4.1 M	\$5.3 M	\$4.6 M	\$11.5 M	\$10.1 M
Federal Appropriation	\$2.2 B	\$2.6 B	\$2.8 B	\$3.1 B	\$3.64 B

Other federal grants:

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

STD/HIV/Viral Hepatitis prevention is an essential component of comprehensive sexual health care. Funding from NCHHSTP is typically awarded to state and large city health departments, where the funding is then distributed to local health departments and nonprofit organizations to support STD/HIV/Viral Hepatitis prevention, treatment, and control programs.⁴⁷ Grant funds are often used to purchase testing and treatment supplies, fund education initiatives, as well as pay for clinician and staff salaries.⁴⁸



NCHHSTP funding and other safety net-programs:

Funding from NCHHSTP is not typically combined with Title X and other family planning safety net dollars before being awarded to local health departments and nonprofit organizations. However, health care service sites may pool resources to create

46 Ibid.

47 Centers for Disease Control. National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention. December 3, 2015 accessed on December 4, 2015, <http://www.cdc.gov/nchhstp/>.

48 Ibid.

comprehensive sexual health programs. In Georgia, for example, money from NCHHSTP is utilized by the State Department of Public Health to help local health departments purchase STD/HIV testing kits, treatment supplies, and to cover the cost of laboratory expenses. If local health departments also have Title X funds at their disposal, the two funding sources are sometimes used to cover different portions of the same patient's care. For instance, poor and low-income women seeking reproductive health care at a local health department might have the STD/HIV testing and treatment portion of their visit covered by resources from NCHHSTP. However, the family planning portion of their visit, such as contraceptive care and counseling would be paid for by Title X. In other health care centers across the country, local health departments sometimes also combine funding from NCHHSTP with Title X and other funding sources to pay a portion of reproductive health clinicians' salaries.⁴⁹

Table 9. NCHHSTP federal appropriations by fiscal year.

	2010	2011	2012	2013	2014
Federal Appropriation	\$1.12 B	\$1.12 B	\$1.2 B	\$1.1 B	\$1.1 B

Teen Pregnancy Prevention (TPP) Program and Personal Responsibility Education Program (PREP):

Both TPP and PREP are designed to support evidence-based sexual health education initiatives in schools and the community. TPP is administered by the Office of Adolescent Health in the Office of the Assistant Secretary for Health at HHS, and PREP is administered by the Administration on Children, Youth, and Families' Family and Youth Bureau at HHS. PREP grants are largely awarded to state departments of health, while TPPI funds are primarily awarded to community-based organizations. Grantees often use the bulk of their funds to cover the salaries of program administrators, and the salaries and instructional expenses of community health educators.⁵⁰

TPP/PREP and safety-net programs:

While PREP or TPPI funds cannot be used for the provision of direct clinical reproductive health services, or any sexual health education that may take place in clinical visit,⁵¹ synergy does occur between these educational programs and other federal grants that support clinical services. In Indiana, for example, TPPI/PREP funds are used to support the work of sexual health educators working in schools and the community, many of whom often refer students to publicly funded family planning centers for direct reproductive health care services. Similarly, Title X and other federal grant funds are often used to create educational material that are sometimes used by TPPI/PREP educators during classroom and community instruction.⁵²

49 Phone interview with Michelle Allen. STD Program Director. Georgia Department of Public Health. October 10, 2015.

50 "Solomon-Fears, C, *Teenage Pregnancy Prevention: Statistics and Programs*. Congressional Research Service. June 23, 2014, <https://www.fas.org/sgp/crs/misc/RS20301.pdf>, accessed November 23, 2015.

51 Ibid.

52 Phone interview with Kristin Adams and Chun Liu. Indiana Family Health Council. July 10, 2015.

Table 10. PREP and TPPI federal appropriations by fiscal year.

		2010	2011	2012	2013	2014
PREP	Federal Appropriation	\$75 M	\$75 M	\$75 M	\$75 M	\$75 M
TPPI	Federal Appropriation	\$109.9 M	\$104.8 M	\$104.6 M	\$105 M	\$101 M

National Breast and Cervical Cancer Early Detection Program (NBCCEDP):

The NBCCEDP is designed to help low-income uninsured and underinsured women access no-cost breast and cervical cancer screenings. The program is administered by the CDC, which awards grants to state, territorial, and tribal government departments of health. These departments of health use the funds to establish a fee-for-service system, whereby participating health care centers can bill the state department of health for breast and cervical cancer screenings.⁵³

NBCCEDP and other safety-net programs:

Title X-supported health centers often make use of the NBCCEDP funds. In Montana, for example, a low-income woman seeking a comprehensive reproductive health visit at a local health center might have her contraceptives and family planning counseling paid for by Title X, but NBCCEDP would cover the cost of her annual cervical and breast exam. At a health center that does not participate in NBCCEDP, Title X would likely have covered the cost of entire visit.⁵⁴ NBCCEDP can therefore help stretch scarce Title X dollars. Unfortunately, NBCCEDP funding has also been dramatically reduced since 2010, leaving fewer dollars available to help low-income women access needed breast and cervical cancer screenings.⁵⁵

Table 11. NBCCEDP federal appropriations by fiscal year.

	2010	2011	2012	2013	2014
Federal Appropriation	\$215 M	\$200 M	\$181 M	\$166 M	\$171 M

Economic development 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 (CDBG), 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.^{56,57,58,59}

53 Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program. September 16, 2015. Accessed October 13, 2015. <http://www.cdc.gov/cancer/nbccedp/about.htm>.

54 Phone interview with Helen McCaffrey. Montana Department of Public Health and Human Services. Women's Reproductive and Sexual Health Program. July 7, 2015.

55 "The National Breast and Cervical Cancer Early Detection Program: Ensuring Access to Life Saving Cancer Screenings." Cancer Action Network. American Cancer Society. Accessed April 26, 2016. <http://www.acscan.org/content/wp-content/uploads/2016/02/NBCCEDP%20Ensuring%20Access%20to%20Cancer%20Screenings%20-%20Federal%2001.27.16%20FINAL.pdf>.

56 "About TANF." Office of Administration for Children and Families – Office of Family Assistance. Accessed October 22, 2014. <http://www.acf.hhs.gov/programs/ofa/programs/tanf/about>

57 "About SSBG." Office of Administration for Children and Families – Office of Community Services.

58 Rae Tamblyn, *Community Services Block Grant Annual Report: Analysis and State-level Data*, National Association of Community Services Programs, December 2014.

59 Ibid.

Economic Development Block Grants and other safety-net programs:

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 flexibility to operationalize that goal, and some states, like Ohio, have done so by using a portion of its TANF dollars to support public and private health centers that provide contraceptive services to low-income and uninsured women and men.^{60,61} In Ohio, TANF and SSBG funds are granted to the Department of Health where they are bundled with Title X and Title V dollars as a family planning grant that is distributed to local health departments and nonprofits to provide clinical and educational services.⁶² The state of Idaho, however, has opted to use a portion of its TANF dollars to provide grants to local health departments to support their community education programs that provide sexual health education in public schools.⁶³

CDBG and CSBG^{64,65} funding can also be used to support sexual health care services. CDBG funds are typically awarded to city and county governments by the US Department of Housing and Urban Development. The funding is very flexible, giving local authorities the ability to address unique community development needs. Many localities use the funding to provide low-income individuals with access to affordable housing and to improve public facilities, like libraries and firehouses. However, CDBG funds may also be used to provide public services, such as health care.⁶⁶ The CSBG is similarly flexible. These funds are awarded by HHS to state health departments. State health departments then distribute the money to local community action partnerships (CAPs) that engage in a number of comprehensive poverty reduction activities, such as life and financial coaching, neighborhood revitalization, and job training. Some CAPs also engage in the direct provision of health care services.⁶⁷ The Family Planning Association of Northeastern Ohio Community (a CAP), for instance, uses its CDBG and CSBG funds to fight poverty by improving the health of low income individuals and families. The bulk of the Family Planning Association of Northeastern Ohio's CSBG funding is used to pay for rent and staffing of two fulltime healthcare centers and two satellite centers. Sexual health care services provided at those sites are paid for by a combination of CDBG, TANF, SSBG, Title X and Title V funds. Together, these programs work to ensure that low-income Ohioans have access to affordable family planning care and can avoid unintended pregnancies that often drive families into poverty.⁶⁸

60 "About TANF."

61 "Q & A: Use of Funds – TANF Program Policy Questions and Answers." Office of Administration for Children and Families – Office of Family Assistance. Accessed October 22, 2014. <http://www.acf.hhs.gov/programs/ofa/resource/q-a-use-of-funds?page=all>

62 Phone interview. Lisa Wolfe. Formerly with the Ohio Department of Health Family Planning Program. August 14, 2015.

63 Phone interview with Josie Evans Graham.

64 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.

65 Rae Tamblin, *Community Services Block Grant Annual Report: Analysis and State-level Data*, National Association of Community Services Programs, December 2014.

66 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*.

67 Rae Tamblin, *Community Services Block Grant Annual Report: Analysis and State-level Data*.

68 Phone interview. Mary Wynne-Peasapanen. Family Planning Services. Family Planning Association of Northeast Ohio. July 14, 2015.

Table 12. Federal block grant revenue at Title X-supported health centers as a share of total revenue, as a whole dollar amount, and as a federal appropriation by fiscal year.

Program		2010	2011	2012	2013	2014
SSBG	Share of Revenue (%)	3%	2%	1%	1%	<1%
	Total Amount (\$)	\$34 M	\$23.7 M	\$11.2 M	\$8.8 M	\$5.6 M
	Federal Appropriation	\$1.7 B	\$1.7 B	\$1.7 B	\$1.61 B	\$1.58 B
TANF	Share of Revenue (%)	1%	1%	1%	1%	1%
	Total Amount (\$)	\$14.5 M	\$14.5 M	\$13.5 M	\$13.3 M	\$10.6 M
	Federal Appropriation	\$16.5 B	\$16.5 B	\$16.5 B	\$16.9 B	\$16.7 B
CDBG	Share of Revenue (%)	unknown	unknown	unknown	unknown	unknown
	Total Amount (\$)	unknown	unknown	unknown	unknown	unknown
	Federal Appropriation	\$3.87 B	\$3.21 B	\$3.01 B	\$3.14 B	\$3.1 B
CSBG	Share of Revenue (%)	unknown	unknown	unknown	unknown	unknown
	Total Amount (\$)	unknown	unknown	unknown	unknown	unknown
	Federal Appropriation	\$700 M	\$679 M	\$677 M	\$635 M	\$667 M

Moving Forward: Steps to a Stronger Publicly Funded Family Planning Network

Even with the Affordable Care Act (ACA) in place, women and men will continue to seek care from the publicly funded family planning safety network, and much can be done to make certain the network has the capacity to provide high-quality, affordable family planning and sexual health care. To strengthen the network, policymakers might consider the following opportunities:

Expand coverage of comprehensive preventive health services and full access to contraceptive methods for all women and men served by Medicaid.

The ACA requires that almost all private health insurance plans offer all FDA-approved contraceptive methods and reproductive health services with no cost sharing. Similarly, Medicaid Alternative Benefit Plans (ABP) created as a result of ACA's Medicaid expansion must do the same. Traditional Medicaid programs are not required, however, to offer the same coverage benefits.⁶⁹ As a result, women and men enrolled in traditional Medicaid often have access to fewer contraceptive methods. Extending ACA's preventive services requirement to traditional Medicaid plans would ensure that women and men can access the contraceptive method that is appropriate for their circumstances. Additionally, federal grants like Title X often pay for services not covered by Medicaid. Extending ACA's preventive services requirement to traditional Medicaid will enable family planning providers to utilize federal grant funding to support care for those without insurance or use the funding to make critical investments in health infrastructure and modernization.⁷⁰

Lift the Medicaid 5-year bar for legal immigrants.

Poor and low-income legal immigrants living in the US must wait five years after obtaining citizenship before becoming eligible for Medicaid.⁷¹ During that time period, many legal immigrants either go without care or rely on less restrictive health programs like Title X and other federal funding sources to help subsidize their sexual health care. The piecemeal system of providing health care to poor and low-income uninsured legal immigrants not only results in poorer health outcomes and discontinuity of care,⁷² but it also places added strain on an already strapped publicly funded family planning safety network. Lifting the 5-year Medicaid bar will enable low-income and poor legal immigrants to access comprehensive care, enabling them to take charge of their reproductive health. Moreover, it will allow scarce Title X and other federal grant funding to be used to support reproductive health services for those who would otherwise go without care.

69 Paradise, J, Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, *Medicaid Moving Forward*, March 2015.

70 Phone interview with Robin Summers.

71 National Immigration Law Center. *A Quick Guide to Immigrant Eligibility for ACA and Federal Means Tested Programs*. September 2015, accessed December 4, 2015, <http://nilc.org/accesstobens.html>.

72 National Immigration Law Center, *Consequences of Being Uninsured*, August 2014, Accessed December 4, 2015, <http://nilc.org/uninsured.html>.

Increasing funding levels of Title X and other federal grants utilized by the publicly funded family planning network.

Since FY 2010, Title X funding has been cut by 10% or \$31 million.⁷³ Even at the program's appropriated height of \$317 million in FY 2010, the Title X program was insufficiently funded to ensure that all low-income women of reproductive age who required family planning services would have been able to access those services. Recent research indicates that in order to meet that level of need, the Title X program would require approximately \$737 million (as of May 2014), even in the era of expanded health insurance access in the era of ACA.⁷⁴

Over the same time period, the publicly funded family planning safety network has also lost additional revenue largely due to declining funding for other federal grants that support the network. These losses serve to only exacerbate strain on an already strapped program. For instance, federal support for the SSBG shrunk by \$120 million between FY 2010 and FY 2014. As a result, the amount of SSBG funding committed to the publicly funded family planning safety network decrease from \$34 million in FY 2010⁷⁵ to \$5.6 million in FY 2014,⁷⁶ a difference of \$28.4 million or 84%. Similarly, federal support for the TANF program has remained stagnant since 1995 at approximately \$16.5 billion per year. As a result, both inflation and growing poverty has placed an increasing amount of pressure on the TANF program to focus its work on core poverty alleviation programs,⁷⁷ making less money available for unplanned pregnancy prevention initiatives. Since FY 2010, the amount of TANF dollars utilized to support the publicly funded family planning safety network have decreased from \$14.5 million⁷⁸ to \$10.6 million⁷⁹ in FY 2014, a difference of \$3.9 million or 27%. Declining support for these, and several other federal grants, has resulted in the publicly funding family planning network seeing over 1 million fewer patients. These figures are disturbing given that 4 in 10 women utilizing a Title X-funded health center report it as their only source of care.⁸⁰ Increased funding for the programs that support the publicly funded family planning network will ensure that poor and low-income women and men can access the reproductive health services that allow them to achieve optimal health.

73 Napili, A, Congressional Research Service, *Title X (Public Health Services Act) Family Planning Program*.

74 August, E. M et al. Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act. *American Journal of Public Health*. 2016 Feb; 106(2):334-41.

75 U.S. Office of Population Affairs, *Family Planning Annual Report: 2010 National Summary*.

76 U.S. Office of Population Affairs, *Family Planning Annual Report: 2014 National Summary*.

77 "About TANF."

78 U.S. Office of Population Affairs, *Family Planning Annual Report: 2010 National Summary*.

79 U.S. Office of Population Affairs, *Family Planning Annual Report: 2014 National Summary*.

80 Sonfield, et al. *Moving Forward: Family Planning in the Era of Health Reform*.

Conclusion

Supporting family planning in the US extends beyond simply supporting the Title X family planning program. Title X works in conjunction with a number of programs and revenue sources to help publicly funded family planning centers meet the reproductive health needs of low-income and uninsured women and men. Supporting all revenue sources that the family planning safety net relies on ensures that women and men can access the care and information that allow them to make the best decisions for themselves and the ones they love.