

# TITLE X'S ROLE Connecticut

National  
**Family Planning**  
& Reproductive Health Association

The Title X ("ten") family planning program is critical to providing and maintaining access to family planning services for people with low and no incomes and people who are un- or under-insured. This mission has been threatened by years of insufficient funding and politically motivated attacks, leaving millions without access to federally supported services.

## 2023 GRANTEES

**\$2,543,150**

Cornell Scott-Hill Health Corporation  
Planned Parenthood of Southern New England

## STATE FACTS



**5%**

PEOPLE WITHOUT HEALTH INSURANCE, 2021



**236,680**

WOMEN AGES 15-49 WITH INCOMES AT OR BELOW 250% FPL, 2021



**24\***  
**WEEKS**

LEGAL CUT-OFF FOR ABORTION, MARCH 2023<sup>2</sup>



**51,753**

WOMEN AGES 15-49 WITHOUT HEALTH INSURANCE, 2021



**263% FPL**

CUTOFF FOR MEDICAID FAMILY PLANNING ELIGIBILITY FOR ADULTS, 2023<sup>1</sup>

## FIVE YEAR LOOK BACK<sup>3,4</sup>

**49,257**

PATIENTS  
SEEN AT

**30**

HEALTH CENTERS  
IN

**2018**

**\$2,817,000**

Cornell Scott-Hill Health Corporation  
Planned Parenthood of Southern New England

**32,097**

PATIENTS  
SEEN AT

**26**

HEALTH CENTERS  
IN

**2019**

**\$2,400,000**

Cornell Scott-Hill Health Corporation  
Planned Parenthood of Southern New England

**7,895**

PATIENTS  
SEEN AT

**6**

HEALTH CENTERS  
IN

**2020**

**\$460,000**

Cornell Scott-Hill Health Corporation

**8,253**

PATIENTS  
SEEN AT

**6**

HEALTH CENTERS  
IN

**2021**

**\$347,340**

Cornell Scott-Hill Health Corporation

**DATA  
COMING IN  
FALL 2023**

**2022**

**\$2,945,554**

Cornell Scott-Hill Health Corporation  
Planned Parenthood of Southern New England

<sup>1</sup> If a state has no federally funded family planning expansion, the percentage given is for childless adults to access full benefit Medicaid.

<sup>2</sup> 24\* indicates that state law bars abortion after fetal viability, which providers may determine on an individual basis, so the deadline may be later. Abortions may also be permitted in certain circumstances after viability. However, in certain states with this cut-off there are not clinics that offer care to the legal limit.

<sup>3</sup> The grantees list includes any grantee that was awarded funds in that year. Additional organizations may have had funds for a grant that ended partway through the year.

<sup>4</sup> This count includes any service site that participated for any portion of the year.

# Connecticut

## TITLE X PATIENTS BY SEX

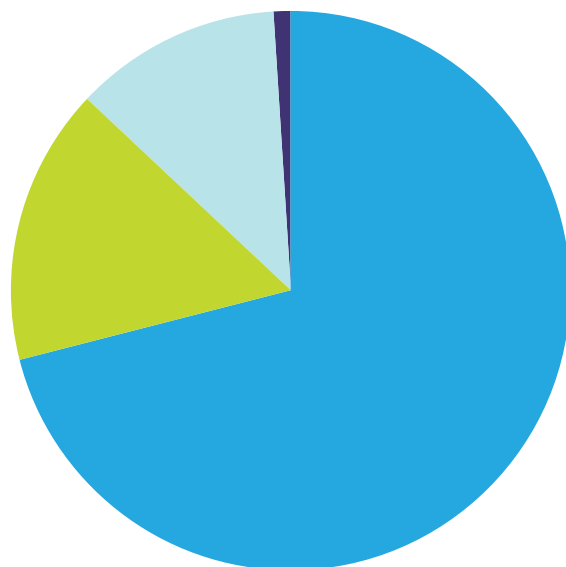
The Office of Population Affairs collected only binary sex data



## CASES DIAGNOSED STATEWIDE<sup>5</sup>

	2016		2019
Chlamydia	13,911	↑	15,290
Gonorrhea	2,731	↑	4,418
Syphilis	217	↑	482
Congenital Syphilis	0	↑	3
HIV	256	↓	212

## TITLE X PATIENTS BY INSURANCE STATUS



71% PUBLIC 16% PRIVATE 12% UNINSURED 1% UNKNOWN

## TITLE X PATIENTS BY INCOME LEVEL

Relative to the Federal Poverty Level (FPL)



### CARE AT NO COST

### DISCOUNTED FEE

### FULL FEE

95%

5%

0%

0%

### BELOW 101% OF FPL

Less than \$12,880  
for an individual

### 101%–250% OF FPL

\$12,880 – \$32,200

### MORE THAN 250% OF FPL

More than \$32,200

### INCOME UNKNOWN

<sup>5</sup>The CDC recommends using 2019 as a comparison year given challenges with data collection in 2020. Data is not yet available for any more recent year.