As of September 1, 2018, the Office of Population Affairs (OPA) provided Title X service delivery grants to the South Dakota Department of Health to support access to family planning and sexual health services in South Dakota. Despite Title X’s significant public health benefits for communities, funding cuts and attempts to weaken the program’s high standards of care threaten the provider network.

Title X helps ensure high-quality preventive health care to poor, low-income, and uninsured individuals who may otherwise lack access to care. Everyone deserves affordable, quality sexual and reproductive health care from the provider of their choice, regardless of their economic or insurance status.

- Of the 5,055 people served in South Dakota in 2017, 89% had incomes below 250% of the federal poverty line (FPL). Furthermore, 63% of patients had incomes at or below FPL ($12,060 for an individual that year).¹

- Nationwide, Congress appropriated just $286.5 million in fiscal year (FY) 2019 versus $317.5 million in FY 2010.² These cuts have impacted service providers’ ability to meet the demand for family planning and sexual health services. In 2017, OPA provided $1,061,000 to support 49 service sites across South Dakota.

South Dakota’s Title X providers served 5,055 people in 2017.

**Title X Saves Federal and State Money**

Without Title X, many low-income people in South Dakota would not have access to high-quality family planning services. In addition to direct clinical services, Title X supports critical needs that are not reimbursable under Medicaid and commercial insurance, such as staff salaries and training, community outreach, and public education about family planning and sexual health issues. Furthermore, patients rely on Title X’s strict confidentiality protections to ensure safe access to sensitive clinical services.

In 2010, services provided at Title X health centers in South Dakota saved the state and federal government $14,708,000. These savings came from preventing sexually transmitted diseases (including HIV), cervical cancer, and unintended pregnancies. At a national level, savings from Title X services totaled $7 billion that year.³
Title X: Essential to Improving Public Health and Saving Taxpayer Dollars in South Dakota

Family planning care helps patients prevent sexually transmitted diseases and plan the timing of their pregnancies, which helps them meet their educational and economic goals and, ultimately, have better health outcomes. The health centers in the Title X network offer gold-standard health care by operating in line with Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the US Office of Population Affairs, which was last updated in 2017.

- In 2010, 46 of every 1,000 South Dakota women ages 15-44 had an unintended pregnancy. Title X provides the sexuality education and contraceptive services and supplies that can help lower this rate.

- In 2017, there were 4,437 newly diagnosed chlamydia cases, 1,290 newly diagnosed gonorrhea cases, and 33 newly diagnosed syphilis cases in South Dakota. In 2015, an estimated 520 South Dakota residents ages 13 and above were living with HIV. Title X service sites provide critical education, testing, and outreach services to prevent the spread of these infections.

- In 2017, 9% of South Dakota residents were uninsured, 14% were enrolled in Medicaid or the Children’s Health Insurance Program, and 13% had incomes below FPL. Title X providers are often some of only a few family planning providers that accept Medicaid.

### Title X-funded health centers offer:

- Pregnancy testing and options counseling
- Contraceptive services and supplies
- Pelvic exams
- Screening for cervical and breast cancer
- Screening for high blood pressure, anemia, and diabetes
- Screening and treatment for STDs and HIV/AIDS, including linkages to HIV care
- Infertility services
- Health education
- Referrals for other health and social services

Additional cuts to, or restrictions on, the Title X provider network would harm tens of thousands of poor and low-income people and families across South Dakota, in turn costing, not saving, the government money.