

Briefly...

Policy Brief: Title X

Helping women and men plan pregnancy—and avoid unplanned pregnancy—not only makes families stronger and improves prospects for this generation and the next but also strengthens our workforce, reduces taxpayer burden, and reduces the need for abortion. Over the past 39 years, Title X, the nation's federally-funded family planning program, has played a critical role in preventing unplanned pregnancy by offering low-income and uninsured individuals access to high-quality contraceptive services, preventive screenings, and health education. Unfortunately, demand for these services far exceeds the supply and years of inadequate funding increases that have failed to keep pace with inflation have forced program providers to offer fewer contraceptive choices and limit services. For Title X to continue high-quality, cost-effective family planning services that help women and men avoid unplanned pregnancy, Congress should authorize and appropriate additional resources for the program.

Recommendation

Policymakers are encouraged to substantially increase funding for Title X in order to expand access to contraception, improve service delivery through enhanced provider training and increased patient counseling and outreach, and support greater use of long acting reversible methods of contraception (such as IUDs and implants).

Key Facts

Title X has a direct impact on reducing unplanned pregnancy by serving millions of low-income and uninsured individuals in need of contraceptive services.

- Title X funding supports 87 Title X grantees that provided family planning services to approximately five million women and men through a network of more than 4,400 community-based clinics. These clinics are located in State and local health departments, tribal organizations, hospitals, university health centers, independent clinics, community health centers, faith-based organizations, and other public and private nonprofit agencies.¹
- Title X-supported clinics served 66% (6.2 million) of women in need who received publicly funded family planning services in 2006.²
- In 2006, the contraceptive services provided at publicly funded clinics, such as those supported by Title X, helped women avoid 1.94 million unplanned pregnancies, which would likely have resulted in about 860,000 unintended births and 810,000 abortions.³
- Title X funding cannot be used for pregnancy care or to provide abortions.⁴

Stagnant funding for Title X has jeopardized the program's ability meet the demands of those in need of family planning services.

- In 2006, 17.5 million were in need of publicly funded contraceptive services and supplies.⁵
- Title X expenditures on contraceptive supplies increased by an average of 26 percent over three years (FY01-FY04), while funding from the program increased by an average of 11 percent during that period.⁶
- In fact, funding for Title X is 61% lower today than it was in 1980, when inflation is taken into account.⁷

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Additional funding for Title X will benefit individuals, couples, and taxpayers alike.

- Each \$20 million increment in new funding for Title X would help women avoid another 17,200 unplanned pregnancies, including 7,000 that would end in abortion.⁸
- In a single year, publicly-funded family planning services, including those subsidized by Title X funding, saved state and federal governments \$4.3 billion.⁹
- For every dollar spent on publicly funded family planning clinic services, the government saves \$4.02 in public sector maternal and infant care costs.¹⁰

Publicly-funded family planning services save taxpayers an estimated \$4.3 billion annually.

Legislative Background

Congress has long supported efforts to provide access to high quality, affordable family planning. In 1970, Title X of the Public Health Service Act was created with bipartisan support under President Nixon to establish a federal funding stream that supports the provision of family planning services to low-income individuals who are not eligible for Medicaid. The grant program, which is administered by the U.S. Department of Health and Human Services, Office of Family Planning, distributes funding to a network of public, private and nonprofit entities (including family planning clinics) to finance their own programs, and those entities, in turn, provide services on a sliding scale based on income.

Reauthorization of the Title X program expired in 1985; however, the program continues to be funded through the annual appropriations process in the Labor, Health and Human Services, and Education (LHHS) appropriations bill. The FY09 omnibus appropriations bill passed in March 2009 included \$307 million for Title X, a \$7 million increase to the FY08 total.

Currently the **the Prevention First Act (S.21/ H.R.463)** would increase the Title X authorization level to \$700 million, an amount slightly lower than its inflation-adjusted level. A funding increase of this magnitude would go a long way to help Title X meet the demand for low-cost family planning services.

Sources

1. National Family Planning and Reproductive Health Association (2008). *Title X (Ten) National Family Planning Program: A Critical Health Program For Low-Income Women and Men*. Washington, DC: Author. Available online at http://nfprra.org/images/pdf/facts/Title_X.pdf
2. Gold, R.B. et al., *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.
3. Ibid.

4. Consolidated Appropriations Act, Pub. L. No. 108-7 (2003) (“[A]mounts provided to said [Title X] projects under such title shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that such amounts shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office”). See also, 42 C.F.R. § 59.5 (Title X projects must “[n]ot provide abortion as a method of family planning”).
5. <http://www.guttmacher.org/pubs/win/WIN2006.pdf>
6. Sonfield, A, Gold, RB, Frost, JJ, and Alrich, C. *Cost Pressures on Title X family planning grantees, FY 2001-2004*, 2006, New York: Guttmacher Institute.
7. Gold RB, Stronger Together: Medicaid, Title X Bring Different Strengths to Family Planning Effort, *Guttmacher Policy Review*, 2007, 10(2):13-18.
8. Sonfield, A. Family Planning Clinics Prevent 1.4 Million Unplanned Pregnancies Annually, Save Billions of Government Dollars. *Guttmacher Policy Review*, 2008, 11(3):24.
9. Ibid.
10. Ibid.