

Family Planning Coalition

c/o National Family Planning and Reproductive Health Association
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October 15, 2009

The Honorable Peter Orszag
Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Dear Director Orszag:

As organizations committed to advancing access to basic reproductive health care, we appreciate your leadership toward building a health care system that meets the needs of all Americans. Working toward this goal, the undersigned organizations are writing to request that funding for the Title X family planning program be increased to \$700 million over the next five years, beginning with an increase of \$76.5 million in fiscal year (FY) 2011.

Title X is a vital part of our nation's health care infrastructure. The Institute of Medicine (IOM), in their recent review of the program, found Title X to be a "valuable program" providing "critical services" to those in need, but also noted that the program is not currently receiving the funds needed to fulfill its mission. As the Administration and Congress work to reform our health care system, the President has stated that we must build on what works. Title X is a prime example of the type of successful programs that should be expanded.

Title X serves nearly five million low-income women and men at more than 4,500 health centers each year. Title X services help women and men plan the number and timing of their pregnancies, thereby helping to prevent nearly one million unintended pregnancies each year, nearly half of which would otherwise end in abortion. In addition to providing contraceptive services and supplies, Title X health centers provide basic preventive health services, education and counseling. For example, in 2007, Title X centers provided 2.2 million Pap tests and 2.4 million clinical breast exams. Not only do the services provided through Title X promote public health, they also save tax dollars. For every public dollar invested in Title X, \$4.02 is saved in Medicaid-related costs alone.

We appreciate the President's leadership in providing a \$10 million increase for Title X in his FY 2010 Budget Request. However, in spite of the program's critical role and proven effectiveness, funding for Title X continues to fall well short of what is needed. As the IOM report explains, "Funding for the program has periodically grown in actual dollars, but has not kept pace with inflation, increased costs of contraceptives, supplies, and diagnostics; greater numbers of people seeking services; increased costs of salaries and benefits; growing infrastructure expenses; or rising insurance costs." This has resulted in "Title X providers feel[ing] pressure to offer more and more comprehensive family planning services and comply with new program priorities without additional resources," thereby creating tension between fully meeting the needs of current patients and providing more limited services to a greater number.

An increase of \$76.5 million in FY 2011 would begin to address some of the critical needs facing Title X providers today.

- Increased costs of contraceptives, supplies and diagnostics: The most recent data on rising contraceptive costs among Title X providers found a 58 percent increase between 1995 and 2001¹, and the costs have only continued to rise since then, particularly with the growing demand for new highly-effective, longer-acting contraceptives like the contraceptive skin patch, the vaginal ring, and IUDs, which are significantly more expensive than traditional oral contraceptives. The new IUDs are effective for at least five years, and unlike other methods, there are no user errors like forgetting to take a pill. However, the upfront cost of several hundred dollars to stock these devices puts providing them out of reach for health centers already financially stretched beyond capacity. An increase of \$76.5 million in FY11 will allow health centers to begin making longer-acting contraceptives more accessible to those who want and need them.
- Increased costs of salaries and benefits: As the nationwide nursing shortage continues to grow, Title X health centers must compete with for-profit providers and hospitals to attract and retain qualified nurse practitioners. Today the median salary for a nurse practitioner in the U.S. runs about \$84,000 according to the American Academy of Nurse Practitioners, plus benefits.² \$76.5 million in additional Title X funding would help offset the rising annual cost of attracting and retaining qualified staff, enabling more health centers to hire and retain qualified nurse practitioners. This would, in turn, make a particularly big difference to a health center forced to scale back hours of service.
- Growing infrastructure expenses: The costs to maintain a Title X health center, including the costs associated with new equipment and technology, pose a significant burden for many Title X providers. More than a decade of relatively stagnant funding has forced many Title X providers to postpone upgrades and equipment advances in order to direct more dollars toward meeting the growing need for services. Health information technology, in the form of both electronic health records and electronic practice management systems, would improve the quality of care for Title X patients, increase providers' ability to provide useful data to the Title X program, and streamline billing and administrative procedures for the health centers. Unfortunately, with an estimated price tag of more than \$400,000 for a health center with six full time providers, upgrades like these are out of reach without additional funding.

The economic downturn has only deepened the problem of Title X's chronic underfunding. With the recession taking a heavy toll on state budgets nationwide, funds for family planning have been on the chopping block, with some states significantly cutting their family planning budgets. This puts an even heavier burden on already thin Title X dollars to provide the services that low-income and uninsured women and men need.

Today, approximately 17.5 million women and men need publicly supported contraceptive care. Given the current economic downturn and the rising number of uninsured, the number of those in

¹ <http://www.guttmacher.org/pubs/tgr/05/5/gr050506.html>

² <http://www.aanp.org/NR/rdonlyres/54B71B02-D4DB-4A53-9FA6-23DDA0EDD6FC/0/NPFacts6.pdf>

need of publicly supported care will continue to grow. Even with the passage of a health care reform bill and ideally, the expansion of Medicaid family planning coverage through a state option, the Title X program will remain an essential component of our health care system, as it provides much needed infrastructure support to safety net providers throughout the country. And as we learned from Massachusetts, expansion of health insurance coverage cannot truly be effective without also ensuring access to providers, particularly in medically underserved communities. While Title X is one of the nation's best and most cost-effective public health success stories, without additional funding, Title X-funded health centers will be unable to meet the growing demand for care or continue to provide quality preventive health services.

Now more than ever is the time to make a significant investment in Title X, by committing to fund this effective program at \$700 million within the next five years, beginning with an increase of \$76.5 million in FY 2011. We look forward to working with you to strengthen America's family planning program.

Sincerely,

American Academy of Pediatrics
American Association of University Women (AAUW)
American Civil Liberties Union
American College of Obstetricians and Gynecologists
American Medical Women's Association
American Nurses Association
American Public Health Association (APHA)
American Society for Reproductive Medicine
Association of Reproductive Health Professionals (ARHP)
Center for Reproductive Rights
Center for Women Policy Studies
Child Welfare League of America
Family Planning Councils of America (FPCA)
Healthy Teen Network
NARAL Pro-Choice America
National Alliance of State & Territorial AIDS Directors (NASTAD)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Coalition of STD Directors (NCSDD)
National Council of Jewish Women
National Family Planning & Reproductive Health Association (NFPRHA)
National Latina Institute for Reproductive Health
National Organization for Women (NOW)
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
People For the American Way
Physicians for Reproductive Choice and Health (PRCH)
Planned Parenthood Federation of America
Population Connection
Religious Coalition for Reproductive Choice
Reproductive Health Technologies Project (RHTP)

Sexuality Information and Education Council of the US (SIECUS)
SisterSong Women of Color Reproductive Health Collective
Society for Adolescent Medicine
Society for Public Health Education
State Family Planning Administrators (SFPA)

Cc: Thomas Reilly, Deputy Associate Director for Health Division, Office of Management and Budget
Bill Corr, Deputy Secretary, Department of Health and Human Services
Howard Koh, Assistant Secretary for Health, Department of Health and Human Services
Melody Barnes, Director, Domestic Policy Council
Dora Hughes, M.D., MPH, Counselor to the Secretary, Department of Health and Human Services
Richard J. Turman, Acting Assistant Secretary for Resources and Technology; and Chief Financial Officer, Department of Health and Human Services
Evelyn Kappeler, Acting Director of the Office of Population Affairs, Department of Health and Human Services