Estimating the Impact of Serving New Clients by Expanding Funding for Title X

Jennifer J. Frost, Adam Sonfield,
Rachel Benson Gold, Fatima H. Ahmed

Occasional Report No. 33
November 2006

Acknowledgments

This report was written by Jennifer J. Frost, Adam Sonfield, Rachel Benson Gold and Fatima H. Ahmed, all of the Guttmacher Institute. The authors thank their colleagues at the Guttmacher Institute who provided guidance and assistance throughout this effort, including Susheela Singh, Lawrence B. Finer and Cory L. Richards. The authors also thank Lori Frohwirth and Mia Zolna for assistance with data analysis, and Fannie Chen for important research support in the project's early phases. The report was copyedited by Haley Ball. Kathleen Randall, Hector Duarte and Judith Rothman were responsible for layout and production.

Special thanks are due to the following individuals, who reviewed drafts of this work and provided invaluable comments: Roberta Herceg-Baron, Linda Hock-Long and Paul Whittaker, Family Planning Council, Philadelphia; Marjorie Sable, University of Missouri-Columbia; and Margie Fites Seigle, California Family Health Council. Additionally, the authors thank the participants in our focus group on the use of new Title X funding and officials from numerous states across the country, who provided data and information about the cost of Medicaid-funded pregnancy-related care.

This effort was made possible by funding from The William and Flora Hewlett Foundation. The conclusions and opinions expressed in this publication, however, are those of the authors and the Guttmacher Institute.

Suggested citation: Frost JJ et al., Estimating the impact of serving new clients by expanding funding for Title X, *Occasional Report*, New York: Guttmacher Institute, 2006, No. 33.

To order this report or download an electronic copy, go to <www.guttmacher.org>.

ISBN: 0-939253-91-7

Table of Contents

Executive Summary

Background

Since its inception in 1970, the Title X family planning program has helped create and support a network of thousands of public and private nonprofit clinics across the United States. These clinics together provide subsidized family planning services to millions of young and low-income women and men who otherwise would not have access to this care. Although Title X no longer provides the largest share of public dollars for family planning, it remains central to the nation's family planning effort. Title X funds support basic clinic activities, including clinical care, infrastructure, education and outreach, providing a critical source of payment for clients with neither public nor private health insurance, and subsidizing client costs for which the largest payer, Medicaid, does not fully reimburse. In addition, the program's rigorous standards ensuring that services are voluntary, confidential, comprehensive and affordable have become the guiding principles for publicly funded family planning in the United States, Title X–supported or otherwise.

The historic impact of Title X is considerable. Between 1980 and 1999, Title X–supported clinics helped women avoid 19 million unintended pregnancies. And because the large majority of these averted pregnancies would have been to women eligible for Medicaid-covered pregnancy-related care, it is estimated that every dollar spent on publicly funded family planning services saves the federal and state governments three dollars in medical costs alone.

Despite this demonstrated record of success, funding for Title X has been stagnant, and the program faces a number of critical challenges that new funding could help address. One core challenge is simply serving more of those in need of publicly subsidized contraceptive services; this includes hard-to-reach clients and clients with special needs, such as homeless or disabled women, women with substance-abuse issues and those who are not native English speakers. Equally important are investing in infrastructure, staff, outreach and education; keeping up with the rapidly rising cost of serving existing clients; and expanding the range of contraceptive methods, diagnostic screening and other services offered.

In this report, we examine the potential impact of expanding Title X funding on the number of new clinic clients that would be served and the key outcomes that would follow: the numbers of unintended pregnancies, abortions and unintended births averted and the net savings from preventing Medicaid-funded unintended births. We examine four hypothetical scenarios of a nationwide funding increase: a 10% increase in Title X appropriations, a 25% increase, a 50% increase and a 100% increase. In making these estimates, we take into account the decentralized nature of the program, which allows individual grantees to make critical decisions about how to use new and existing resources to address local needs.

Methods

We draw upon the aggregate experience of Title X family planning projects in states that have experienced recent funding increases to estimate potential numbers of new clients under each of the four scenarios for increasing Title X funding. We then use techniques developed previously to translate expected new clients into expected unintended pregnancies averted and cost savings. Specifically, for each state and the District of Columbia, we draw on a wide array of data sources to

- calculate the expected increase in Title X funds;
- calculate the overall percentage increase in total revenues;
- estimate the likely range of the number of new clients who would be served;
- estimate how many of the new Title X clients would obtain a contraceptive method;
- predict the net change in contraceptive method use among new contraceptive clients (compared with their previous use);
- estimate the number of unintended pregnancies,

abortions and unintended births that would be averted as a result;
- determine how many of the averted births would have been Medicaid eligible;
- estimate the cost of a Medicaid birth and the total savings from Medicaid births averted; and
- compare the total savings from Medicaid births averted with the total increase in Title X funding to estimate net savings and the savings for each dollar invested.

Because states and grantees have differing needs and would make different choices, we would expect to see variation in the allocation of new resources; these choices would affect the expected number of clients served per dollar increase in revenues. Some grantees may allocate new resources to expanding the number of clients served and may be able to take advantage of economies of scale in serving these new clients. Other grantees may invest in infrastructure, provide a wider array of methods or services, allocate funds to support services for more expensive and hard-to-reach clients, or simply try to keep up with rising costs. Most likely, grantees would incorporate a combination of strategies and approaches. Because we cannot predict the choices that would be made by individual grantees, we cal-

Key Findings

Scenarios for expanding funding for Title X

	Low estimate	Mid-range estimate	High estimate
10% expansion to Title X ($28.3 million)			
New clients in Title X programs	59,200	139,200	228,400
Unintended pregnancies averted	10,370	24,370	40,000
Abortions averted	4,180	9,820	16,120
Unintended births averted	4,950	11,630	19,080
Costs and savings			
Medicaid costs averted (in millions)	$45.8M	$107.7M	$176.7M
Net savings (in millions)	$17.5M	79.4M	$148.4M
Savings per $1 spent	$1.62	$3.80	$6.24
25% expansion to Title X ($70.8 million)			
New clients in Title X programs	148,000	347,900	570,900
Unintended pregnancies averted	25,920	60,940	99,990
Abortions averted	10,450	24,560	40,300
Unintended births averted	12,360	29,070	47,700
Costs and savings			
Medicaid costs averted (in millions)	$114.5M	$269.2M	$441.7M
Net savings (in millions)	$43.7M	$198.4M	$370.9M
Savings per $1 spent	$1.62	$3.80	$6.24
50% expansion to Title X ($141.6 million)			
New clients in Title X programs	296,000	695,900	1,141,900
Unintended pregnancies averted	51,840	121,870	199,980
Abortions averted	20,890	49,110	80,590
Unintended births averted	24,730	58,130	95,390
Costs and savings			
Medicaid costs averted (in millions)	$229.0M	$538.4M	$883.4M
Net savings (in millions)	$87.5M	$396.8M	$741.8M
Savings per $1 spent	$1.62	$3.80	$6.24
100% expansion to Title X ($283.1 million)			
New clients in Title X programs	592,000	1,391,700	2,283,800
Unintended pregnancies averted	103,690	243,750	399,970
Abortions averted	41,790	98,230	161,190
Unintended births averted	49,460	116,270	190,790
Costs and savings			
Medicaid costs averted (in millions)	$458.0M	$1,076.7M	$1,766.8M
Net savings (in millions)	$174.9M	$793.6M	$1,483.7M
Savings per $1 spent	$1.62	$3.80	$6.24

For notes and sources, see Table 3.1 of the full report.

culate a low, mid-range and high estimate of the number of new clients and the resulting outcome measures for each scenario.

Notably, this report looks only at the impact of changes in contraceptive use among new clinic clients—the net effect of some nonusers becoming contraceptive users and some new clients switching from less to more effective methods. It does not attempt to measure the impact of any other strategies employed by grantees, such as efforts to improve the effectiveness of method use among new and existing clients. In addition, we do not attempt to estimate the health and financial impact of the noncontraceptive health services provided by Title X–supported clinics. Finally, we do not attempt to account for potential changes in the political, social and economic environment of the nation or individual states.

Key Findings

The findings of our analysis are linear across the four scenarios examined: a 10% increase in Title X funds, a 25% increase, a 50% increase and a 100% increase (see table). Thus, a 25% increase in funding would have one-fourth the impact of a 100% increase, not only in terms of new clients served but in terms of such outcomes as unintended pregnancies averted and net savings.

For example, doubling funding for the Title X family planning program (an investment of $283 million) would result in clinics serving an estimated 1.4 million new clients, using our mid-range assumptions about resource allocations. This, in turn, would avert an estimated 244,000 unintended pregnancies—an 8% reduction in the national incidence of unintended pregnancy and a 13% reduction among low-income women. Enabling women to avoid these unintended pregnancies would prevent an estimated 98,000 abortions and 116,000 unintended births, an 8% reduction nationwide. And because most of these unintended births would be to women eligible for Medicaid-funded pregnancy care, the 100% increase in Title X funding would yield a net government savings of $794 million. Every dollar spent to expand funding for Title X would save $3.80.

A 25% increase (an investment of $71 million) would also have a significant impact. Again, based on our mid-range assumptions about resource allocations, clinics would be able to serve 348,000 new clients, helping them to avoid 61,000 unintended pregnancies, 25,000 abortions and 29,000 unintended births, for a net government savings of $198 million.

It is important to note that although the mid-range estimates reflect the likely national results in the aggregate, we provide a wide margin around the estimates to reflect the flexibility that individual grantees have in determining how to allocate increases in funds. For example, for the 100% increase, the mid-range estimate of 244,000 averted unintended pregnancies mentioned above is likely to fall within a range of 104,000 to 400,000, and the mid-range estimate of $794 million in savings is likely to fall within a range of $175 million to $1.5 billion. Using the entire range is particularly critical when using the estimates for individual states.

Conclusions

These findings come at a particularly important moment. Recent data show a disturbing trend in contraceptive use, with fewer low-income women using any method in 2002 than in 1995. Over the same period of time, the unintended pregnancy rate among poor women increased by 29%, even as it fell by 20% among women with higher incomes, and abortion rates have shown a similar trend. Poor women are now four times as likely to experience an unintended pregnancy as more affluent women, five times as likely to have an unintended birth and more than three times as likely to have an abortion.

The results presented here support an approach for addressing these critical issues that has the potential to be highly effective. These data show that increased expenditures through the Title X national family planning program would have an important impact, and that the larger the investment, the larger the impact. A recent Guttmacher Institute study demonstrated that another means of increasing financial support for family planning services—expanding state-level Medicaid eligibility for services—would also be effective. Because Medicaid and Title X are, at the same time, fundamentally different and highly complementary programs, both are needed to ensure access to contraceptive services for young and low-income women and men, and to achieve the promise of a meaningful reduction in the incidence of unintended birth and abortion. The fact that publicly funded family planning has made demonstrated progress toward these goals while saving millions of public dollars makes expansion of the nationwide effort worthy of close examination by federal and state policymakers.

Chapter 1

Introduction

Between the early 1980s and the mid-1990s, American women, regardless of their income, became less likely to experience a pregnancy that had not been intended at the time it was conceived.[1] More recent data, however, show a disturbing trend. Between 1995 and 2002, unintended pregnancy rates among poor women increased by 29%, even as they fell by 20% among women with higher incomes. Today, poor women are four times as likely to experience an unintended pregnancy as are more affluent women.

Unintended pregnancy can have far-reaching consequences not only for individual women but also for families and society at large.[2] According to numerous studies, closely spaced births and childbearing very early or late in women's reproductive lives can have adverse health consequences for mothers and their children. Unintended pregnancy—especially among teenagers—can hamper young women's ability to complete their education and participate effectively in the workforce.

Publicly funded contraceptive services and supplies are critical to enabling low-income women to avoid unintended pregnancy. In 2004, there were an estimated 17.4 million U.S. women in need of publicly subsidized contraceptive care.[3] Publicly funded family planning clinics are able to provide contraceptive services to some 40% of these women;[4] additional women are served by private doctors through Medicaid and other public programs. These services prevent an estimated 1.3 million unintended pregnancies each year; without them, the U.S. abortion rate would be 40% higher than it is.[5] Yet funding for these efforts has not kept pace with the need. In just four years (2000 to 2004), the number of women needing publicly subsidized contraceptive care increased by one million.[6] Nonetheless, when inflation is taken into account, family planning funding declined or stagnated in half the states between 1994 and 2001.[7]

This report is part of a larger effort by the Guttmacher Institute to examine the potential impact of increased public spending for contraceptive services for low-income women; specifically to estimate the expected impact of expanded funding on the numbers of unintended pregnancies, abortions and unintended births that would be averted, as well as the cost savings that would be generated. The first component of the effort looked at the potential of various scenarios for expanding Medicaid coverage for contraceptive services.[8] This report looks at the potential impact of expanding funding for Title X of the Public Health Service Act, the cornerstone of our national family planning effort and the only federal program devoted solely to providing publicly supported contraceptive services to women who otherwise would not be able to afford them.

Where Title X Fits In

Since it was established in 1970, the Title X program has helped create and support a nationwide network of thousands of public clinics providing contraceptive services. Today, Title X partially funds six in 10 of the 7,500 family planning clinics in the country, including those run variously by state and local health departments, hospitals and Planned Parenthood affiliates and other nonprofit agencies, such as independent family planning councils or community and migrant health centers.[9] Nearly three-quarters of U.S. counties have at least one Title X–supported clinic, and 94% of women in need of publicly funded contraceptive services lived in these counties in 2001.[10]

Title X funding is allocated by the federal Office of Population Affairs (OPA), a branch of the Department of Health and Human Services, to more than 80 grantees in the 50 states, the District of Columbia, Puerto Rico and the U.S. territories. In 28 states, the department of health is the sole Title X grantee, and in 11 other states, the health department is a grantee along with one or more local government agencies, independent family planning councils or smaller nonprofit agencies. In the remaining 11 states and the District of Columbia, all the grantees are nongovernmental agen-

cies. Each grantee has responsibility for its overall Title X project, which is supported by both Title X dollars and other public and private funding.* Some grantees operate clinics directly; others delegate that responsibility to smaller public or private nonprofit entities ("delegates"); some do both.

This decentralization of the program enables grantees to make critical decisions about structuring their Title X project in a way that best responds to local conditions and needs. Although this nimbleness is critical in allowing projects to meet the specific needs of their service areas, it also means that projects can differ from each other, differences that would also extend to decisions that would be made about the allocation of any funding increases that might occur.

Title X is one of several federal and state funding streams that have been woven together to provide the valuable, albeit incomplete, family planning safety net in the United States. The importance of Title X funding specifically varies from state to state and grantee to grantee. Nationally, Title X no longer provides the largest share of public dollars for family planning—the federal-state Medicaid program does so as part of broad-based health coverage for millions of low-income Americans.[11] Nevertheless, Title X fulfills several other important roles that enable women to both avoid unintended pregnancy and plan for healthy pregnancies in the future.

Financially, Title X remains critical to family planning efforts. Title X funds help to pay, in part or in full, the cost of serving women and men who do not meet the narrow eligibility requirements of Medicaid. In most states, a woman must have dependent children and be extremely poor—on average, with an income less than 67% of the federal poverty level for working parents[12]—to be eligible for Medicaid coverage. In contrast, Title X funds can be used to subsidize medical care for clients whose incomes are up to 250% of poverty, a group that may not technically be in poverty but is still at increased risk of being either uninsured underinsured. The program also helps meet the often sizable gap between what Medicaid reimburses for a family planning visit and what the visit actually costs a clinic to provide. According to a limited survey of Title X grantees, Medicaid reimbursed, on average, for 54% of an initial visit to a clinic for family planning services in FY 2004, a proportion that had decreased since FY 2001.[13]

Moreover, Title X funds, unlike Medicaid dollars, are not tied to specific services provided to specific patients but instead allow clinics the flexibility to pay, in addition to the basic clinical services, for a broader set of supportive services. This includes outreach and education efforts that are essential for serving hard-to-reach and disadvantaged women and men in a cost-effective manner. These funds also support clinic operations and overhead expenses such as staff training that cannot be included in the charges for specific services.

Finally, Title X projects must follow the program's comprehensive requirements for publicly funded family planning care. Notably, the package of services offered must be comprehensive and include a broad range of family planning methods. Services must be voluntary, with all patients given the nondirective counseling they need to make informed choices, free of coercion. They must also be confidential for all patients, including minors, so that privacy concerns will not get in the way of health care needs. And they must be affordable; in practice, this means that projects are required to have a sliding-scale payment system, under which all low-income women are charged according to their ability to pay and women with incomes below 100% of the federal poverty level are provided services for free.

Because Title X provides a general source of revenue to clinics, these standards, set by federal law, regulation and guidelines, apply to all clients who receive services from Title X–supported clinics. Notably, they are entitled to choose from a range of family planning methods. In practice, nearly all Title X–supported clinics offer, on-site, the top three reversible contraceptive methods: oral contraceptives, the injectable and male condoms. Smaller but still significant proportions offer other reversible methods, such as the contraceptive patch, as well as male and female sterilization and instruction in natural family planning.

Title X requires that, in addition to contraception, clients be provided screening services, such as pelvic examinations, blood pressure checks, cervical cancer screening, breast examinations, and testing and treatment for sexually transmitted infections (STIs), including HIV. In 2004, Title X–supported clinics provided 2.8 million Pap tests to screen for precursors to cervical cancer, 531,000 HIV tests and 5.4 million tests for other STIs.[14] Many clinics also offer educational and other programs at the clinic or at other sites, such as schools and community centers.[15]

*Throughout this document, the term "program" applies to the entire national Title X program. The term "project" refers to the family planning effort provided by an individual grantee, supported in part by Title X and described in the grantee's application to OPA.

Title X–supported clinics provided family planning and closely related services to over five million women and men in 2004, including contraceptive services to 4.2 million women.[16] In 2001, the program helped provide contraceptive services to 28% of the U.S. women in need of publicly subsidized contraceptive care. Both the number of clients served and the proportion of need met increased by about 10% between 1994 and 2001.[17]

Between 1980 and 1999, clinics receiving Title X funds helped women to avoid 19 million unintended pregnancies. These pregnancies would have resulted in 7.6 million unintended births and nine million abortions. (The remaining pregnancies would have ended in miscarriage.) The program was particularly effective among teenagers, helping them to avoid 5.5 million unintended pregnancies, 2.2 million unintended births and 2.6 million abortions. Without Title X, the number of teen pregnancies would have been an estimated 20% higher than it actually was over this period.[18]

Most of the pregnancies averted among women obtaining family planning care from Title X–supported clinics would have been to women eligible for Medicaid-covered prenatal, delivery and postpartum care if they had become pregnant, and their infants would have been eligible for medical care as well. As a result, cost-benefit studies of the impact of public investment in family planning done in the mid-1990s have estimated that every dollar spent on publicly funded family planning services saves the federal and state governments three dollars in medical costs alone.[19]

Stresses on the System

With the need for services growing and funding stagnant at best, the Title X program faces a number of critical challenges. If new funding were available under the program, resources could be deployed to address the needs as identified in each local area.

First and foremost, new resources are necessary to allow providers to be able to serve more of the women in need of publicly subsidized contraceptive services. In 2001, Title X–supported clinics served 28% of the women in need of publicly funded services, while clinics not receiving funding through the program served an additional 13%. Although some women receive publicly funded services through other means—particularly, through private physicians who accept Medicaid—there are a substantial number of women whose need for affordable family planning care remains unmet.

Further complicating the issue, some of the groups of women who need but are not receiving services can be particularly expensive to both find and serve. Homeless, disabled and incarcerated women and women with substance-abuse issues, for example, may have multiple health problems and need a complex set of health care and social services. Clinics have also devoted substantial resources to serving clients who do not speak English, or do not speak it well—95% of clinics report having clients that are not native English speakers. The vast majority of Title X–supported clinics provide at least some of their forms and materials in multiple languages and have translators or multilingual staff available. A small but increasing proportion of Title X clients are men, and many clinics have taken special steps to reach and serve them, including specialized advertising and providing health promotion and education tailored to male clients.[20]

In addition to reaching and serving new women, Title X projects face a variety of other needs, such as investing in infrastructure, staff and education activities, and keeping up with the growing cost of serving their existing clients. New clinics may need to be established in underserved areas and to follow shifting demographic trends. Clinic hours may need to be extended to serve women and men whose jobs and other responsibilities leave little flexibility, as well as to reduce waiting times for appointments. Personnel may need to be hired and trained so as to better meet demand and serve clients with special linguistic or other needs. Family planning providers are also looking to serve and educate people outside the clinic environment, working in schools and community centers and providing information via the Internet and media campaigns. Title X remains the primary source of funding that can be used in all of these manners.

Offering the range of services clinics typically provide is becoming increasingly expensive. Historically, publicly funded family planning clinics were able to purchase oral contraceptives and some other contraceptive supplies at costs far below those charged in the private sector; these arrangements are becoming increasingly scarce. Moreover, the cost of contraceptives has risen over time, and although nationwide information has not been available (in part because drug prices are considered proprietary by manufacturers), several limited studies of select Title X grantees have indicated that the problem is real.[21] The salaries of medical personnel have also risen, making it increasingly difficult for clinics to offer competitive salaries and retain staff, at the same time that the cost of adhering to new standards, such as those for electronic health transactions and quality improvement assessment, continues to grow.

Some Title X–supported clinics have also expanded

the range of contraceptive methods offered to their clients. Newer contraceptive methods have emerged over the past decade—including the injectable, the patch, the vaginal ring and the implant; these offer extremely low failure rates, but high up-front or ongoing costs. At the same time, the reintroduction of the IUD, a highly effective method that carries a high front-end cost, presents problems for providers. Most clinics report providing a wide array of methods, but because of this expense, two-thirds of the agencies that operate Title X–supported clinics reported in 2003 that they did not stock certain methods because of their high cost.[22] Allowing women to choose from a full range of contraceptive methods helps them to find a method that best fits their needs, increasing the chance that they will use the method correctly, consistently and successfully.

Beyond contraception, guidelines issued in recent years by key medical organizations and federal agencies have recommended routine screening for more STIs, as well as the use of newer and more expensive tests to diagnose cervical cancer and precancerous lesions. Title X–supported clinics have responded: Nine in 10 conduct broad-based screening of their clients for chlamydia, for example, and most provide the newer single-dose antibiotic regimen for treatment. Similarly, nearly all provide some HIV testing, and one-quarter use the newer and less-invasive cheek swap. Few have adopted the newer technologies such as the liquid-based Pap test for initial screening, but many more are able to user these newer, more effective, but more expensive technologies when following up on abnormal or inconclusive results.[23]

Scenarios for Increased Funding

The goal of this report is to develop estimates of the potential impact of expanding funding for Title X on the number of new clinic clients served and the key outcomes that would follow: the numbers of unintended pregnancies, abortions and unintended births that would be prevented and the net cost savings of preventing Medicaid-funded unintended births. We examine four hypothetical scenarios of nationwide funding increases: a 10% increase in Title X appropriations, a 25% increase, a 50% increase and a 100% increase. As with any funding increase, we expect that these outcomes would not be immediately evident, and the greater the expansion, the longer the ramp-up time that would be expected.

Making those estimates requires that we acknowledge the decentralized nature of the program, which allows individual grantees to make critical decisions about resource allocation depending on the needs that are paramount in their service area. Given an increase in funding, some grantees may allocate those resources to expanding the number of clients served by their project and may be able to take advantage of economies of scale in serving these new clients; others may invest in infrastructure, providing a wider array of methods or services, or allocate funds to support services for more expensive, hard-to-reach clients, or simply try to keep up with rising costs. Most likely, if given additional resources, grantees would incorporate a combination of strategies and approaches, reflecting the most pressing needs confronting their projects and the areas and clients they seek to serve.

Our study uses the experience of 19 states that had recent inflation-adjusted increases in overall project revenues (from Title X itself and from other sources) to estimate the likely impact on the number of new project clients that would be served in each state under the four scenarios. For each scenario, we estimate a range in the number of new clients to reflect the fact that some grantees may devote new funds mostly to serving new clients, using economies of scale, whereas other grantees may spend more of their new funds on such activities as conducting better outreach or providing a wider range of contraceptive methods. Having low, mid-range and high estimates of the number of new clients is necessary because of the panoply of needs and challenges that clinics face; in conversations with grantees, we found that most would find themselves spending new funds on a wide array of needs and activities. After estimating the number of new clients, we then model the change in the contraceptive methods used by women before and after becoming new clinic clients, and the unplanned pregnancies, abortions and unplanned births averted in each state as a result. Accounting for the fact that not all women whose births were averted would have been eligible for publicly funded pregnancy-related care, we estimate the savings from averted births and—subtracting out the new costs—the overall net savings.

This report looks only at the impact of changes in contraceptive use among new clinic clients—the net effect of some nonusers becoming contraceptive users and some new clients switching from less to more effective methods. It does not attempt to measure the impact of any other strategies employed by grantees, such as efforts to improve the effectiveness of method use among new and existing clients. In addition, we do not attempt to estimate the health and financial impact of the noncontraceptive health services provided by Title

X–supported clinics. Nor do we estimate any government savings from averted abortions, because so few abortions are covered under Medicaid and because the procedure is relatively inexpensive.

It should also be noted that our estimates do not account for potential changes in the political, social and economic environment of the nation or individual states. For example, drug manufacturers could sharply increase or decrease the prices they charge clinics for contraceptive supplies and diagnostic tests. Or, the continuing political controversy over immigration—including new requirements that Medicaid recipients provide documentation of citizenship—could dissuade some eligible women from joining Medicaid and instead lead them to rely on Title X–subsidized care. Or, federal or state policymakers could impose burdensome new requirements on clinics, provide them with greater funding and flexibility, or otherwise limit or expand the capacity of family planning providers. All of these possibilities, and many others, could have an effect on any scenario for increased Title X funding.

Chapter 2

Methodology

In developing a methodology for estimating the impact of expanding Title X funding, we draw upon the aggregate experience of Title X family planning projects in states that have experienced recent funding increases to estimate the potential impact of increased funding on the numbers of new clients that would be served by Title X projects in all states. We then use techniques developed previously to translate expected new clients into expected pregnancies averted and cost savings. Other approaches were initially explored—such as attempting to estimate the actual costs for serving different types of clients and then making assumptions about the different mix of client types that might be served under different expansion scenarios. These alternative approaches were ultimately abandoned because of the inadequacy of available evidence to make reliable cost estimates for different services or types of clients, or to make assumptions about the likely mix of services that might be pursued under different scenarios.

Our approach uses state-level data for the period 2000–2004 as the basis for projecting forward how numbers of clients served might change according to four scenarios, which vary from a 10% increase to a 100% increase in national Title X funding appropriations. Because the methodology used is the same in all scenarios, the results are linear and one can calculate the findings for levels of funding not considered here (see Appendix A, Methodological Note 1). Wherever possible, we use state-level data in making our estimates, but we use national-level parameters when state-level information is not available. Although we estimate annual impact at each step, it is likely that the impact will be somewhat lower than predicted here during the first year after an expansion, as projects ramp up and determine the best use of expanded funding.

Key methodological steps include:

- Calculate the increase in Title X funds to each state under each scenario
- Calculate the overall percentage increase in total revenues from all sources (Title X and otherwise) resulting from each scenario's increase in Title X funds
- Estimate the likely range of new clients that would be served under each scenario
- Estimate how many of the new Title X clients would obtain contraceptives
- Predict the net change in contraceptive method use among new contraceptive clients
- Estimate the number of unintended pregnancies, abortions and unintended births that would be averted as a result of this net change in users and methods used
- Determine how many of the averted births would have been Medicaid eligible
- Estimate the cost of a Medicaid birth and the total savings from Medicaid births averted
- Compare the total savings from Medicaid births averted with the total increase in Title X funding for each state and each scenario to estimate net savings and per dollar savings for each dollar invested

We use a number of data sources at various steps in this process:

- Family Planning Annual Report (FPAR) data on Title X grantees for the years 2000–2004
- National-level data on contraceptive use from the 2002 National Survey of Family Growth (NSFG) and on contraceptive failure from the 1995 NSFG
- Data on Medicaid prenatal, delivery, postpartum and infant care costs available for 22 states from family planning waiver applications and evaluations
- State-level indices of Medicaid fee-for-service costs and managed care capitation rates
- Guttmacher estimates of unintended pregnancies, abortions and unintended births
- Government data on the federal poverty level and the Consumer Price Index

- A focus group convened by the Guttmacher Institute in September 2006 comprising selected Title X grantees in states that had experienced increases in overall Title X project funding (excluding Medicaid) in recent years

Increase in Title X Funds

We estimate the impact of expanding funding for Title X given four different expansion scenarios—each of which is based on percentage increases over Title X appropriations in 2006. In FY 2006, total Title X appropriations equaled $283,103,000.[24] Of this, approximately 90% (or $254,792,700) was allocated to the states for clinic services (the remainder funded research and central office administration).

Therefore, using FY 2006 appropriations as the base, we calculate the expected amount of new funds that would be allocated to grantees in the various states under each scenario as:

- Scenario 10%: a 10% increase in Title X funding = $25,479,270
- Scenario 25%: a 25% increase in Title X funding = $63,698,175
- Scenario 50%: a 50% increase in Title X funding = $127,396,350
- Scenario 100%: a 100% increase in Title X funding = $254,792,700

Total new appropriations for each scenario (including both the state allocations above and research and central office funding) will be 10% higher than these amounts.

Percentage Increase in Total Project Revenues

We use 2004 Title X program data (the most recent data available)[25] as the base for calculating the expected distribution of new funding among states and for estimating the likely impact of new funding. These data have been extracted from the 2004 FPAR and are presented in Table 2.1. In that year, Title X grantees reported total project revenues of $972 million, $247 million of which came from Title X, representing 25% of total revenues. A total of 4.8 million female clients received family planning services using all project revenues; 86% of clients were reported as contraceptive users. (The remaining 14% were either pregnant at their last visit or received other noncontraceptive services.) Throughout this report, we use states as our unit of analysis, combining the information from multiple grantees located in some states.

Under each scenario, we assume that new Title X funds would be distributed among states according to the 2004 distribution of Title X funds among states (for example, if a state received 5% of the total in 2004, we predict their share of new funds to be 5%), based on Title X grantee revenue reports for calendar year 2004 (Table 2.1, columns 2 and 3). In addition, because our state data are from 2004 and we are projecting forward using 2006 national appropriations, an adjustment of 1.03% is necessary ($255 million in 2006 ÷ $247 million in 2004). We do not make any assumptions about how new funds will be distributed among grantees within states, though presumably the allocation formulas would remain constant.

Although Title X revenues represent 25% of total revenues nationwide, this percentage varies widely among states (Table 2.1, column 4). Thus, the percentage increase in *overall* project funding for each state under each scenario would vary depending on the percentage of current funding contributed by Title X. For example, if Title X funds represent a high proportion of total funding for a state, than the percentage increase in overall revenues would be higher.

Table 2.2 presents the amount of additional Title X revenues dictated by each scenario for each state and calculates the percentage increase in overall project funding that this increase represents. At the national level, a 10% increase in Title X funding results in a 2.6% increase in overall funding for projects; a 25% increase in Title X funding results in a 6.6% increase overall; a 50% increase in Title X funding results in a 13.1% increase overall; and a 100% increase in Title X funding results in a 26.2% increase overall. However, state variation around these averages is quite high; for example, around the average of 13.1% for the 50% scenario, states vary from a low of 3.6% in Oregon (where Title X funding is a small part of the total project) to 43% and 46% in Hawaii and Idaho (where Title X funding is a large part of the total project).

Likely Range of New Clients Served

Because Title X funds can be used by projects in many different ways and are not allocated for specific medical services, it is difficult to predict exactly how new funds would be utilized. Thus, the likely number of new clients who would be served under an expanded Title X program has the potential to vary widely depending on the choices and needs of individual states, grantees and clinics in their use of expanded funding. In order to develop a likely model on which to base our predictions, we generally assume that states' current experience and their ability to serve clients with cur-

rent funds would determine, to some extent, their ability to serve additional future clients.

Model for estimating grantee response. We used the experience of a subset of states that have experienced an inflation-adjusted increase in overall project funding to predict what might happen in other states, given the increased funding levels of each scenario. Our data come from project revenues reported by grantees in FPAR for the years 2000–2004.

Period of change. We looked at total project revenues (by source) reported in FPAR between 2000 and 2004,[26] adjusted for inflation using the Consumer Price Index, Urban, for medical services.[27] To guard against year-to-year funding spikes, we have focused on the experience of those states with inflation-adjusted increases in total project revenues between 2000–2001 and 2003–2004 (using the average of each pair of years).

States in the model. Among all 51 jurisdictions, 30 were found to have higher inflation-adjusted revenues in 2003–2004 than in 2000–2001. We examined both the change in revenues and the change in users during this period to choose a subset of states upon which to base our model. We excluded from further analysis three states whose increase in inflation-adjusted revenues was 2.5% or less (increases smaller than the smallest anticipated increase among our scenarios). Among the remaining 27 states, we examined the source of the revenue increase and excluded an additional eight states whose increased revenues were largely due to their having implemented a Medicaid family planning waiver. These states were excluded because Medicaid revenues are very different from Title X revenues in that they are tied to specific clients and provision of specific medical services. Remaining for our analysis were 19 states that experienced an increase in project revenues over the period 2000–2004, which we felt best approximated what might be expected from future increases in Title X revenues (Table 2.3).

Experience of 19 states. The 19 states examined were heterogeneous in terms of size, location and the relative importance of Title X revenues to total project revenues. Between 2000–2001 and 2003–2004, these states experienced an inflation-adjusted increase in total revenues for their Title X projects that ranged from 4% to 43% (Table 2.3, column 7). The average increase in total revenues was 17%. Over the same period, the average increase in women served in these 19 states was 14% (ranging from -7% to 44%; Table 2.3, column 8). However, even though the averages and the ranges were similar, very few states actually had a percentage increase in clients that was the same as the percentage change in revenues. In some cases the percentage change in clients was higher than the percentage change in revenues, and in other cases, the opposite was true.

Per-client spending. In examining variation in the change in clients relative to the change in revenues, we calculated the average spending per client by dividing total project revenues by total unduplicated female clients served during the year. It is important to note that this per-client spending does not necessarily represent the cost of providing a client with one year of contraceptive services and supplies. Rather, it is an average based on female clients of all types—including women who made one or more initial, annual or limited contraceptive service visits and women who made visits for pregnancy, STI tests, treatment of STIs or other gynecologic infections—visits that typically include contraceptive counseling, even if a method is not dispensed or prescribed. It is also based on revenues of all types, from all sources, and includes revenues used to fund clinical services and supplies, outreach and education, and administrative costs and overhead. Among the 19 states, the average spending per client calculated in this manner was $197 in 2000–2001 and $202 in 2003–2004 (Table 2.3, columns 5 and 6). Around this average, states varied widely—from $114 to $340 per client in 2003–2004 (and the variation is even wider when all 51 jurisdictions are considered).

Between 2000–2001 and 2003–2004, 10 of the 19 states experienced an increase in their average spending per client—on average, of 11%. Over the same period, nine states experienced a decrease in average spending per client—on average, of 6%. Overall, change in per-client spending varied from a negative 16% to a positive 41%, and, because the states with negative change generally cancelled out the states with positive change, the overall average change was only 3% (Table 2.3, column 10).

In creating a model for predicting how states would respond to increased Title X revenues, we divided these 19 states into two groups—those nine states with a decrease in spending per client (Table 2.3, top panel) and those 10 states with an increase in spending per client (Table 2.3, bottom panel).

Strategies for using increased revenues. We assumed that these two groups represent two broad strategies for investing new project revenues. Based on our conversations with grantees, mostly from the states that have had some increase in revenues in recent years, we know that grantees often choose a mixture of strategies. We used information provided by grantees to make inferences about the types of strategies that could be taken and used the data from these 19 states to estimate the potential range of impact that might result from different types of strategies. (Throughout, it must be remembered that although this analysis provides information at the state level, decisions are not always made at that level. Although the Title X grantee is often the state health agency, that is not always the case; moreover, several states have multiple grantees, each of which structure their own projects, and would independently make decisions about the use of a funding increase.) Grantees in states that experienced an increase in spending per client are inferred to have invested more of their new funding (relative to their current spending) in more expensive services (methods, supplies, tests), more expensive means of reaching or recruiting clients (outreach, education, etc.), and/or helping to compensate for the increasing costs of serving existing clients. Grantees in states that experienced a decrease in spending per client are inferred to have used economies of scale in order to serve more clients for relatively less, and/or may have either greater service capacity in their existing project or a greater number of readily available potential clients who require little in the way of recruitment or outreach.

Modeling the range for new clients. We used the experience of those states with increases in per-client spending to model the lower limit of expected change in clients given each scenario's dictated revenue increase. Among these states, the percentage increase in adjusted spending per client varied from less than 1% to 41% (with an average of 11%). Comparing the percentage change in clients with the percentage change in revenues, we calculated the corresponding percentage increase in clients that was achieved for each 1% increase in revenues (Table 2.3, column 11). Among these bottom-tier states, this ratio varied from -0.50 to 0.99, with an average of 0.43, indicating that, on average, when grantees follow the strategy of investing proportionately more new revenues on more expensive services or clients or outreach, each 1% increase in revenues translates into a 0.43% increase in clients. Therefore, we used this average percentage change in clients relative to revenues (0.43%) to predict the minimum number of new clients that would be expected under each scenario.

Similarly, we used the experience of those states with decreases in per-client spending to model the upper limit of expected change in clients given each scenario's dictated revenue increase. Among these states, the percentage decrease in adjusted spending per client varied from -1% to -16% (with an average of -6%). Comparing the percentage change in clients to the percentage change in revenues, we calculated what percentage increase in clients was achieved for each 1% increase in revenues. Among these states, this ratio varied from 1.2 to 2.3, with an average of 1.64, indicating that, on average, when grantees follow the strategy of investing proportionately more new revenues on serving more clients due to economies of scale or service capacity, each 1% increase in revenues can translate into a 1.64% increase in clients. Therefore, we used this average percentage change in clients relative to revenues (1.64%) to predict the maximum number of new clients that would be expected under each scenario.

Mid-range estimate. To predict a mid-range estimate, we assumed constant spending per client—a 1% increase in revenues translates into a 1% increase in clients. Constant spending is also justified by the fact that when percentage change in clients to spending is averaged for all 19 states, the result is 1%. This average is likely to be a good predictor of the national picture, but may be less accurate for individual states. Instead, states are likely to fall somewhere on the continuum between the expected minimum and maximum number of new clients, with the exact placement dependent on the constraints of the current project and on which strategy or combinations of strategies are followed.

New Clients Obtaining Contraceptives

Because Title X funding is not appropriated solely for the provision of medical contraceptive services, we cannot assume that all new clients who would seek care from Title X–supported clinics after an expansion would necessarily receive a method and become contraceptive clients. Data from the 2004 FPAR can be used to estimate the percentage of new clients who would be expected to become contraceptive users. Among all female clients of Title X–supported clinics, 86% were reported to be contraceptive users in 2004. Among states, this percentage varied from a low of 69% to a high of 99%; however, most states fell within the narrower range of about 80–92% of clients re-

ceiving contraceptive services (Table 2.1, column 7). We used this state-specific information from FPAR to estimate the percentage of new clients who would be expected to receive contraceptive services and supplies under each expansion scenario.

Net Change in Contraceptive Method Use

Many new clients who receive Title X services are women who are already using some form of contraceptive, although many may be using less effective methods. Using the number of new contraceptive clients expected under each expansion scenario, our first step in estimating the impact of a Title X expansion is to predict improvement in contraceptive use among new contraceptive clients. To do so, we used the 2002 National Survey of Family Growth (NSFG) to examine the contraceptive method mix of two national subpopulations of women that can serve as proxies, representing women before and after receiving services from a Title X–supported clinic:

• The method use of potential clients before receiving contraceptive care at a Title X–supported clinic is represented by the current contraceptive behavior of women who are in need of publicly funded contraceptive services and supplies (i.e., sexually active; able to become pregnant; not pregnant, postpartum or trying to become pregnant; and either younger than 20 or with an income below 250% of the federal poverty level) but who did not receive any publicly funded contraceptive service in the prior 12 months (Table 2.4, columns 2 and 3).

• The expected method use of these women after receiving care from a Title X–supported clinic is represented by the current contraceptive behavior of women in the NSFG who reported having received one or more publicly funded contraceptive service during the prior 12 months and were current reversible contraceptive users or had received a publicly funded tubal sterilization in the prior year (Table 2.4, columns 4 and 5).

As expected, women in the proxy subgroup fitting the profile of potential new clients "after" a Title X expansion were more likely to use effective contraceptive methods compared with women in the "before" subgroup (for example, 41% vs. 13% used the pill and 20% vs. 3% used the injectable; Table 2.4). The number of contraceptive clients using no method in the "after" population is zero because we have already accounted for women who receive services but no method in the previous step. The costs for serving these women are included in the steps below, but we assume that they do not contribute to the numbers of unintended pregnancies that occur or are averted because they are not at risk for pregnancy and are not receiving contraceptive services.

Pregnancies, Abortions and Births Averted

We used a previously developed methodology that applies method-specific failure rates to the contraceptive method mix of each population to estimate the number of unintended pregnancies that would be expected under each situation.[28] This methodology is also unique because it divides women into subgroups defined according to age (15–19, 20–24, 25–29 and ≥ 30), race (black and non-black), marital status (married, cohabiting and not in union), and poverty status (incomes below 100% of the federal poverty level, within 100–200% of poverty and at least 200% of poverty). Subgroup-specific contraceptive method use and failure rate data (for these 72 subgroups) are then used in making the estimates of unintended pregnancies expected among each population. Also of note is the fact that we adjust the one-year contraceptive failure rates to account for the fact that not all clients use their methods for an entire year and the fact that women who have used a method for longer than one year may be more effective users than women just beginning use (see Appendix A, Methodological Note 2).

Unintended pregnancies prior to a Title X expansion. We calculated the expected number of unintended pregnancies that would occur to potential participants without the expansion by applying the adjusted contraceptive and nonuse failure rates to the distribution of contraceptive methods used by potential participants (all by subgroup). For example, for women using condoms, the average condom failure rate of 14.7% is adjusted both for each subgroup and then overall as described above. These adjusted subgroup-specific failure rates are then multiplied by the number of women using condoms to estimate the number of unintended pregnancies to condom users. Over all methods and subgroups, among our hypothetical sample of 5.8 million eligible NSFG respondents who did not receive publicly funded contraceptive services in the prior year, we estimated that current pre-expansion contraceptive use would result in 1,551,000 unintended pregnancies (Table 2.4).

Unintended pregnancies after a Title X expansion. Similarly, we then calculated the expected number of unintended pregnancies that would be expected among these same women after an expansion by applying the

method mix of women currently using publicly funded services to the number of women in our population of potential participants and multiplying the new number of women using each method by the adjusted failure rate for the method (again all by subgroup). Based on this new method mix, our hypothetical sample of 5.8 million women would be expected to experience 368,000 unintended pregnancies after an expansion.

Unintended pregnancies averted. Subtracting the number of unintended pregnancies expected after an expansion from those expected prior to the expansion results in 1,183,000 unintended pregnancies averted among our hypothetical national NSFG sample of participants (assuming all 5.8 million women became new program participants). On this basis, we calculated the number of pregnancies averted per contraceptive client that could be applied to each of our scenarios to estimate how many pregnancies would be averted given various numbers of expected clients: pregnancies averted ratio = 1,183,000 pregnancies averted ÷ 5,816,000 women = 0.2034, or an estimated 203.4 unintended pregnancies prevented for every 1,000 new Title X contraceptive clients. We applied this same national ratio to the numbers of expected contraceptive clients in each state under each scenario to estimate total unintended pregnancies averted.

Distribution of unintended pregnancies by outcome. To approximate the distribution of unintended pregnancies by outcome among our subpopulation of low-income clients, we applied the national distribution of unintended pregnancies by outcome among women with incomes less than 200% of the federal poverty level[29] to our findings to estimate the numbers of abortions and unintended births that would be prevented:

- percentage of unintended pregnancies resulting in abortions = 40.3%;
- percentage of unintended pregnancies resulting in births = 47.7%;
- percentage of unintended pregnancies resulting in spontaneous pregnancy losses (miscarriages) = 12%.

Medicaid Births Averted

Not every unintended birth that is averted by Title X can be assumed to generate government savings. Only those averted births that would have resulted in Medicaid-funded prenatal care, delivery, postpartum and infant care can be counted as public savings. To estimate how many potential clients would be eligible for Medicaid-funded pregnancy-related care if they became pregnant and gave birth, we used income data on current Title X clients available from the 2004 FPAR. We then compared the state-specific eligibility levels for Medicaid pregnancy-related care[30] with the state-level poverty distribution of Title X clients. Because the income data from FPAR provides only major income breaks and lumps together all clients over 200% of poverty, we interpolated between some major income groups to match the Medicaid eligibility breaks and assumed that all clients over 200% of poverty are distributed evenly between 200% and 300% of poverty.

In calculating these estimates, we had to factor in an additional complication: A pregnant woman is counted as two people in determining whether her income qualifies her for Medicaid, a fact that effectively increases each state's eligibility level for pregnancy care. This impact of the pregnancy on poverty-level status varies according to the size of the family: The smaller the family size, the larger the effect. To be conservative, we based our adjustment on an average family size of five (without the fetus). The poverty level was $25,210 for a family of six, and $22,030 for a family of five in 2004, the year of our FPAR data,[31] so the inflation factor was calculated as 25,210 ÷ 22,030 = 1.14. For example, if a state's eligibility ceiling for pregnancy-related care was 133% of poverty, a nonpregnant woman would be potentially eligible for such care at 133% × 1.14 = 152% of poverty (Table 2.5, column 2).

We applied the proportion of contraceptive clients who would be eligible for Medicaid-funded pregnancy-related care (Table 2.5, column 10) to the number of unintended births averted under each scenario to estimate the number of births averted that would have been Medicaid-eligible. These estimates were then used in our calculations to estimate savings.

Cost of Medicaid Births

Estimation of Medicaid birth costs was initially completed as part of a project to measure the impact of expanding eligibility for Medicaid-funded family planning services.[32] This section summarizes this methodology and largely repeats the detail contained in that earlier report.

Data on the cost of a Medicaid-funded birth (defined as the cost of prenatal, delivery and postpartum care and one year of medical care for the infant) were not available for every state, but were available for 22 states from their applications for and evaluations of Medicaid family planning expansions.[33] From these data, we estimated the cost of a Medicaid-funded birth

for the remaining states (Tables 2.6 and 2.7). This involved a series of adjustments to reflect geographical differences in costs, as well as differences in when the original data were collected.

First, we adjusted the existing data—which were collected in various states between 2000 and 2005—to reflect 2005 dollars, using the Consumer Price Index, Urban, for medical services.[34]

Next, we applied two indices of relative costs to adjust for both fee-for-service (FFS) and capitated plans:

- an index of states' physician fees under FFS Medicaid;[35]
- an index of estimated statewide Medicaid capitation rates.[36]

The index of physician fees was available for 49 states and the District of Columbia. The index of Medicaid capitation rates was available for 35 states and the District of Columbia—all but three of the states that made use of capitated plans under Medicaid in 2001, when the index was created. The second index was necessary for evaluating costs per birth because Medicaid services for pregnancy-related care are often covered by capitated plans, and costs may vary considerably between FFS and capitated plans.

For states where both indices were available, we created a composite FFS and capitated managed care index that was based on the proportion of the states' Medicaid enrollees in each type of plan (Table 2.7, columns 2 and 5–7).[37] We applied this composite index to the existing data and found an average of the adjusted data (Table 2.7, column 8). Then we applied the composite index to the average to make estimates for the relevant states (18 states and the District of Columbia; Table 2.7, column 9). For states without capitation (and in one case, Nebraska, where the state did have capitated plans but did not participate in the study that produced the Medicaid capitation index), we performed a similar calculation using only the index of physician fees (nine states; Table 2.7, columns 3 and 4). Tennessee was missing from both indices; instead, we used the national average.

The final national average came to $10,948 per birth (Table 2.7, column 10). We multiplied the number of unintended Medicaid births averted by each state's cost per birth to arrive at savings from Medicaid births averted under each scenario.

We did not estimate any government savings from averted abortions. Because few abortions are covered under Medicaid and because of the relative costs of births and abortions, any such savings would be negligible in comparison to the savings from averted births.

Net Savings from the Increase in Funding

The final calculation in this study was simple: We subtracted the amount of new Title X funds appropriated for each scenario from the savings produced by averted Medicaid births. (For this calculation, the U.S. total includes total funds appropriated, including the 10% that was not allocated to the states for service provision.) That left us with the net savings from expanded Title X funding for each state under each scenario.

We also compared the new Title X funds appropriated to the total savings produced by averted Medicaid births to arrive at national-level estimates of dollars saved per dollar spent. We do not present comparable state-level findings. Because we used a nationwide estimate of pregnancies averted per expansion participant, variations at the state level in savings per dollar spent would reflect differences in costs and reimbursement rates for family planning and births. Where they reflect real differences in costs, these data may point to states that would benefit most from additional funding. Where they reflect differences in reimbursement rates, however, these data may point to potential supply problems that could greatly hinder the program in preventing unintended pregnancies, abortions and unintended births. Unfortunately, we do not have sufficient data to make this distinction. Rather, policymakers, advocates and providers in each state are better positioned to gauge their own state's situation.

TABLE 2.1 Title X program data, by state, 2004

State	(1) Total program revenues	(2) Title X revenues	(3)	(4) Title X revenues as a % of total revenues	(5) Female clients	(6) Revenues per client	(7) % using contraception
		$ amount	%				
U.S. total	**971,643,000**	**247,405,600**	**100%**	**25.5%**	**4,775,900**	**$200**	**86.1%**
Alabama	28,171,600	4,781,400	1.9%	17.0%	95,200	296	89.7%
Alaska	2,790,100	1,232,300	0.5%	44.2%	8,300	336	84.8%
Arizona	8,588,500	4,916,500	2.0%	57.2%	45,300	190	74.2%
Arkansas	15,643,000	4,165,500	1.7%	26.6%	77,400	202	81.1%
California	148,433,900	21,319,900	8.6%	14.4%	720,000	206	91.1%
Colorado	12,430,700	3,330,900	1.3%	26.8%	49,100	253	82.5%
Connecticut	8,230,300	2,290,300	0.9%	27.8%	39,400	209	86.8%
Delaware	2,984,700	1,224,900	0.5%	41.0%	20,700	144	82.6%
District of Columbia	3,687,400	1,058,400	0.4%	28.7%	17,700	208	83.9%
Florida	54,525,400	11,563,000	4.7%	21.2%	220,100	248	69.0%
Georgia	15,420,500	8,138,800	3.3%	52.8%	173,500	89	81.4%
Hawaii	2,116,000	1,745,000	0.7%	82.5%	15,000	141	85.9%
Idaho	1,775,600	1,583,000	0.6%	89.2%	30,100	59	86.9%
Illinois	28,961,300	7,620,900	3.1%	26.3%	152,300	190	84.0%
Indiana	8,914,100	5,167,500	2.1%	58.0%	46,300	192	90.3%
Iowa	10,753,900	3,629,800	1.5%	33.8%	80,000	134	93.4%
Kansas	5,148,800	2,344,700	0.9%	45.5%	45,500	113	84.0%
Kentucky	18,070,000	5,420,000	2.2%	30.0%	110,200	164	76.1%
Louisiana	17,868,900	5,645,700	2.3%	31.6%	77,300	231	98.0%
Maine	8,200,900	1,816,000	0.7%	22.1%	29,800	276	84.5%
Maryland	10,053,500	4,068,800	1.6%	40.5%	75,800	133	88.7%
Massachusetts	13,046,800	5,739,100	2.3%	44.0%	65,600	199	84.4%
Michigan	27,677,000	7,287,400	2.9%	26.3%	174,700	158	93.1%
Minnesota	8,643,000	3,208,500	1.3%	37.1%	42,800	202	89.6%
Mississippi	10,628,300	5,477,200	2.2%	51.5%	77,200	138	93.5%
Missouri	12,405,300	5,305,000	2.1%	42.8%	83,400	149	88.0%
Montana	5,363,300	1,908,000	0.8%	35.6%	28,200	190	84.1%
Nebraska	7,660,300	1,722,100	0.7%	22.5%	38,100	201	84.5%
Nevada	9,956,000	2,345,900	0.9%	23.6%	27,700	360	87.9%
New Hampshire	6,846,500	1,244,900	0.5%	18.2%	29,500	232	80.1%
New Jersey	29,380,300	8,808,300	3.6%	30.0%	118,600	248	80.5%
New Mexico	5,813,600	3,169,000	1.3%	54.5%	39,600	147	88.3%
New York	100,056,000	12,236,600	4.9%	12.2%	309,500	323	81.3%
North Carolina	32,153,600	10,894,700	4.4%	33.9%	137,900	233	91.6%
North Dakota	2,847,400	1,016,700	0.4%	35.7%	14,900	191	83.4%
Ohio	22,484,600	8,019,800	3.2%	35.7%	129,800	173	85.6%
Oklahoma	15,542,700	4,638,200	1.9%	29.8%	78,500	198	79.5%
Oregon	35,920,200	2,500,700	1.0%	7.0%	85,700	419	88.8%
Pennsylvania	47,349,200	13,939,000	5.6%	29.4%	291,100	163	81.9%
Rhode Island	2,095,900	1,160,300	0.5%	55.4%	20,000	105	72.7%
South Carolina	25,260,200	5,857,400	2.4%	23.2%	102,200	247	95.8%
South Dakota	2,578,200	935,600	0.4%	36.3%	13,900	186	97.3%
Tennessee	15,329,900	4,842,500	2.0%	31.6%	111,400	138	92.1%
Texas	45,739,400	13,528,700	5.5%	29.6%	252,900	181	86.1%
Utah	2,705,400	1,370,800	0.6%	50.7%	27,100	100	95.3%
Vermont	3,500,300	872,500	0.4%	24.9%	9,700	360	73.6%
Virginia	15,559,500	4,468,300	1.8%	28.7%	79,700	195	98.6%
Washington	32,914,400	4,867,800	2.0%	14.8%	135,500	243	82.3%
West Virginia	7,514,700	2,407,100	1.0%	32.0%	61,600	122	87.0%
Wisconsin	8,607,400	3,749,800	1.5%	43.6%	44,800	192	97.8%
Wyoming	3,294,200	820,300	0.3%	24.9%	15,100	218	87.3%
Column sources and formulas	ref. 14	ref. 14		(col. 2 ÷ col 1)	ref. 14	(col. 1 ÷ col. 5)	ref. 14

Notes for all tables: Column sources and formulas refer to other columns in the existing table (e.g., "col. 3" is short for column 3); to columns in other tables (e.g., "T2.1-col. 1" is short for Table 2.1, column 1); and to outside sources (e.g., "ref. 18" directs the reader to reference 18 in the text; "FN†" directs the reader to a footnote at the bottom of the table). FPL=federal poverty level. Data presented are often rounded: Numbers of women, for example, are typically rounded to the nearest hundred, and percentages are typically rounded to one decimal place. All calculations were performed using unrounded data. Data presented may not sum to the totals because of rounding. For tables presenting state-level data, all calculations were performed at the state level, except when specifically noted, and national sums and averages are presented for illustrative purposes.

TABLE 2.2 Title X expansion revenues available to states and percentage of total project revenues that expansion revenues represent, by state, according to scenario*

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
State	Title X expansion revenues under each scenario							
	Scenario 10%		Scenario 25%		Scenario 50%		Scenario 100%	
	Expansion revenues*	% increase in total revenues	Expansion revenues*	% increase in total revenues	Expansion revenues*	% increase in total revenues	Expansion revenues*	% increase in total revenues
U.S. total	**25,479,300**	**2.6%**	**63,698,200**	**6.6%**	**127,396,400**	**13.1%**	**254,792,700**	**26.2%**
Alabama	492,400	1.7%	1,231,000	4.4%	2,462,100	8.7%	4,924,200	17.5%
Alaska	126,900	4.5%	317,300	11.4%	634,500	22.7%	1,269,100	45.5%
Arizona	506,300	5.9%	1,265,800	14.7%	2,531,600	29.5%	5,063,300	59.0%
Arkansas	429,000	2.7%	1,072,500	6.9%	2,144,900	13.7%	4,289,900	27.4%
California	2,195,600	1.5%	5,489,100	3.7%	10,978,200	7.4%	21,956,500	14.8%
Colorado	343,000	2.8%	857,600	6.9%	1,715,200	13.8%	3,430,300	27.6%
Connecticut	235,900	2.9%	589,700	7.2%	1,179,400	14.3%	2,358,700	28.7%
Delaware	126,200	4.2%	315,400	10.6%	630,800	21.1%	1,261,500	42.3%
District of Columbia	109,000	3.0%	272,500	7.4%	545,000	14.8%	1,090,000	29.6%
Florida	1,190,800	2.2%	2,977,100	5.5%	5,954,100	10.9%	11,908,300	21.8%
Georgia	838,200	5.4%	2,095,500	13.6%	4,190,900	27.2%	8,381,800	54.4%
Hawaii	179,700	8.5%	449,300	21.2%	898,500	42.5%	1,797,100	84.9%
Idaho	163,000	9.2%	407,600	23.0%	815,200	45.9%	1,630,300	91.8%
Illinois	784,800	2.7%	1,962,100	6.8%	3,924,200	13.5%	7,848,500	27.1%
Indiana	532,200	6.0%	1,330,500	14.9%	2,660,900	29.9%	5,321,800	59.7%
Iowa	373,800	3.5%	934,500	8.7%	1,869,100	17.4%	3,738,200	34.8%
Kansas	241,500	4.7%	603,700	11.7%	1,207,300	23.4%	2,414,700	46.9%
Kentucky	558,200	3.1%	1,395,500	7.7%	2,790,900	15.4%	5,581,800	30.9%
Louisiana	581,400	3.3%	1,453,600	8.1%	2,907,100	16.3%	5,814,300	32.5%
Maine	187,000	2.3%	467,600	5.7%	935,100	11.4%	1,870,200	22.8%
Maryland	419,000	4.2%	1,047,600	10.4%	2,095,100	20.8%	4,190,300	41.7%
Massachusetts	591,000	4.5%	1,477,600	11.3%	2,955,200	22.7%	5,910,400	45.3%
Michigan	750,500	2.7%	1,876,300	6.8%	3,752,500	13.6%	7,505,000	27.1%
Minnesota	330,400	3.8%	826,100	9.6%	1,652,100	19.1%	3,304,300	38.2%
Mississippi	564,100	5.3%	1,410,200	13.3%	2,820,400	26.5%	5,640,700	53.1%
Missouri	546,300	4.4%	1,365,800	11.0%	2,731,700	22.0%	5,463,400	44.0%
Montana	196,500	3.7%	491,200	9.2%	982,500	18.3%	1,965,000	36.6%
Nebraska	177,400	2.3%	443,400	5.8%	886,800	11.6%	1,773,600	23.2%
Nevada	241,600	2.4%	604,000	6.1%	1,207,900	12.1%	2,415,900	24.3%
New Hampshire	128,200	1.9%	320,500	4.7%	641,000	9.4%	1,282,100	18.7%
New Jersey	907,100	3.1%	2,267,800	7.7%	4,535,700	15.4%	9,071,300	30.9%
New Mexico	326,400	5.6%	815,900	14.0%	1,631,800	28.1%	3,263,600	56.1%
New York	1,260,200	1.3%	3,150,500	3.1%	6,301,000	6.3%	12,602,000	12.6%
North Carolina	1,122,000	3.5%	2,805,000	8.7%	5,610,000	17.4%	11,220,000	34.9%
North Dakota	104,700	3.7%	261,800	9.2%	523,500	18.4%	1,047,000	36.8%
Ohio	825,900	3.7%	2,064,800	9.2%	4,129,600	18.4%	8,259,300	36.7%
Oklahoma	477,700	3.1%	1,194,200	7.7%	2,388,300	15.4%	4,776,700	30.7%
Oregon	257,500	0.7%	643,800	1.8%	1,287,700	3.6%	2,575,300	7.2%
Pennsylvania	1,435,500	3.0%	3,588,800	7.6%	7,177,600	15.2%	14,355,200	30.3%
Rhode Island	119,500	5.7%	298,700	14.3%	597,500	28.5%	1,194,900	57.0%
South Carolina	603,200	2.4%	1,508,100	6.0%	3,016,100	11.9%	6,032,300	23.9%
South Dakota	96,400	3.7%	240,900	9.3%	481,800	18.7%	963,600	37.4%
Tennessee	498,700	3.3%	1,246,800	8.1%	2,493,500	16.3%	4,987,100	32.5%
Texas	1,393,300	3.0%	3,483,200	7.6%	6,966,300	15.2%	13,932,600	30.5%
Utah	141,200	5.2%	352,900	13.0%	705,800	26.1%	1,411,700	52.2%
Vermont	89,900	2.6%	224,600	6.4%	449,300	12.8%	898,500	25.7%
Virginia	460,200	3.0%	1,150,400	7.4%	2,300,900	14.8%	4,601,700	29.6%
Washington	501,300	1.5%	1,253,300	3.8%	2,506,600	7.6%	5,013,200	15.2%
West Virginia	247,900	3.3%	619,800	8.2%	1,239,500	16.5%	2,479,000	33.0%
Wisconsin	386,200	4.5%	965,400	11.2%	1,930,900	22.4%	3,861,800	44.9%
Wyoming	84,500	2.6%	211,200	6.4%	422,400	12.8%	844,800	25.6%
Column sources and formulas	T2.1-col. 2 * 1.03 * 10%	col. 1 ÷ T2.1-col. 1	T2.1-col. 2 * 1.03 * 25%	col. 3 ÷ T2.1-col. 1	T2.1-col. 2 * 1.03 * 50%	col. 5 ÷ T2.1-col. 1	T2.1-col. 2 * 1.03 * 100%	col. 7 ÷ T2.1-col. 1

*Total revenues here exclude the 10% of appropriations that would not be allocated to states for medical services.

TABLE 2.3 Change in total Title X project revenues, clients and spending per client, by 19 states with inflation-adjusted increase in revenues, 2000–2001 to 2003–2004

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
State	Total inflation-adjusted revenues *		Female clients		Revenues per client		Change 2000–2001 to 2003–2004				Ratio
	2000–2001	2003–2004	2000–2001	2003–2004	2000 –2001	2003 –2004	% change in adj. revenues	% change in clients	$ change in adj $/client	% change in adj. $/client	% Δ in clients to % Δ adj. revenues
Total (average of 19 states)	**12,887,300**	**14,632,400**	**67,100**	**74,900**	**$197**	**$202**	**16.6%**	**14.3%**	**$5**	**3.0%**	**1.00**
Decline in spending per client											
District of Columbia	2,707,100	3,371,500	12,400	16,900	$219	$200	24.5%	36.2%	-$19	-8.6%	1.47
Hawaii	1,771,300	2,103,400	10,200	13,300	$173	$158	18.8%	30.3%	-$15	-8.9%	1.62
Louisiana	15,892,500	18,099,000	65,400	76,100	$243	$238	13.9%	16.3%	-$5	-2.1%	1.17
New Hampshire	6,350,000	6,882,600	26,700	29,300	$238	$235	8.4%	9.8%	-$3	-1.3%	1.17
New Jersey	27,899,700	29,567,600	104,400	116,200	$267	$254	6.0%	11.3%	-$13	-4.8%	1.90
Oklahoma	13,571,900	14,903,700	62,200	76,300	$218	$195	9.8%	22.7%	-$23	-10.5%	2.31
Pennsylvania	45,342,600	48,156,200	263,500	289,600	$172	$166	6.2%	9.9%	-$6	-3.4%	1.60
Rhode Island	1,829,800	2,218,400	13,400	19,400	$136	$114	21.2%	44.2%	-$22	-16.0%	2.08
West Virginia	7,406,800	7,678,300	58,900	62,000	$126	$124	3.7%	5.3%	-$2	-1.6%	1.45
Subtotal (average of 9 states)	13,641,300	14,775,600	68,600	77,700	$199	$187	12.5%	20.7%	-$12	-6.3%	1.64
Increase in spending per client											
Alaska	2,436,100	3,068,500	7,800	9,000	$314	$340	26.0%	16.3%	$26	8.3%	0.63
Delaware	2,268,600	2,974,700	21,500	20,000	$106	$149	31.1%	-7.0%	$43	41.0%	-0.23
Florida	37,391,200	51,253,400	158,000	215,700	$237	$238	37.1%	36.6%	$1	0.4%	0.99
Illinois	28,256,300	29,238,100	147,000	151,800	$192	$193	3.5%	3.3%	$0	0.2%	0.94
Kentucky	16,516,900	18,119,800	115,900	110,400	$142	$164	9.7%	-4.8%	$22	15.2%	-0.50
Montana	4,891,400	5,477,700	26,600	28,000	$184	$196	12.0%	5.2%	$12	6.5%	0.43
Nebraska	6,417,700	7,080,600	34,400	37,600	$186	$188	10.3%	9.2%	$2	1.0%	0.89
Nevada	6,217,400	8,882,200	23,700	26,400	$263	$337	42.9%	11.4%	$74	28.2%	0.27
Tennessee	15,164,500	15,731,800	109,500	110,700	$139	$142	3.7%	1.1%	$4	2.6%	0.29
Wyoming	2,527,200	3,207,700	13,200	15,200	$191	$212	26.9%	14.5%	$21	10.9%	0.54
Subtotal (average of 10 states)	12,208,700	14,503,400	65,800	72,500	$195	$216	20.3%	8.6%	$20	11.4%	0.43
Column sources and formulas	ref. 14 and 26	ref. 14 and 26	ref. 14 and 26	ref. 14 and 26	col. 1 ÷ col. 3	col. 2 ÷ col. 4	(col. 2 - col. 1) ÷ col. 1	(col. 4 - col. 3) ÷ col. 3	col. 6 - col. 5	col. 9 ÷ col. 5	col. 8 ÷ col. 7

*Revenues adjusted for inflation using the Consumer Price Index, all urban consumers, medical care (ref. 27).

TABLE 2.4 Expected distribution of women prior to and after obtaining contraceptive services from a Title X–supported clinic, average failure rate for each method and total unintended pregnancies expected given each method-use pattern, by contraceptive method, 2002

	(1)	(2)	(3)	(4)	(5)
Method	Failure rate*	**Before:** Women eligible for Title X–supported services who did not receive any publicly funded care in the prior year†		**After:** Women who currently use publicly funded family planning services	
		Number	%	Number	%
Total	–	**5,815,715**	**100.0**	**5,815,715**	**100.0**
Condom	14.7	2,210,719	38.0	1,050,176	18.1
Injectable	1.4	155,148	2.7	1,179,919	20.3
Diaphragm/cervical cap	15.9	16,916	0.3	1,360	0.0
IUD	1.4	147,102	2.5	265,885	4.6
Implant	2.6	112,290	1.9	19,184	0.3
Natural family planning/periodic abstinence	25.3	185,649	3.2	38,670	0.7
Pill	8.1	752,079	12.9	2,374,754	40.8
Spermicide/sponge	29.0	81,169	1.4	71,436	1.2
Withdrawal/other	27.1	438,061	7.5	294,268	5.1
No method	85.0	1,716,582	29.5	0	0.0
Tubal sterilization this year	0.5	0	0.0	520,064	8.9
Expected unintended pregnancies			**1,551,459**		**368,486**
Unintended pregnancies averted					**1,182,974**
Unintended pregnancies averted per 1,000 participants					**203.4**

*Subgroup-specific failure rates were used in the analysis, but figures in this column represent failure rates for the whole population; no-method failure rates vary by age, but the figure shown is the average for this population. †Includes 5.8 million women in the NSFG who were in need of publicly funded contraceptive services and supplies (at-risk and younger than 20 or with an income below 250% poverty) who reported making no visit for family planning in the prior year or who made a visit to a private provider and paid for it out-of-pocket (no private insurance or Medicaid was used).*Sources:* Special tabulations of data from the 2002 National Survey of Family Growth; and reference 42.

TABLE 2.5 Percentage of family planning clients who would be eligible for Medicaid-funded pregnancy-related care if they became pregnant, by state, according to eligibility

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
State	Pregnancy care eligibility				Total Title X clients, 2004	No. clients income-eligible for preg. care				Preg. -eligible as % of total clients
	Preg. care eligibility level	Equivalent level when pregnant	% with incomes 151–200% FPL and eligible	% with incomes 200–300% FPL and eligible		0–150% FPL and eligible	151–200 % FPL and eligible	201–300% FPL and eligible	Total eligible	
U.S. total	–	–	–	–	**5,013,013**	**4,253,663**	**275,123**	**66,776**	**4,595,562**	**91.7%**
Alabama	133%	152.2%	4.4%	0.0%	95,805	89,168	155	0	89,323	93.2%
Alaska	175%	200.3%	100.0%	0.3%	10,519	9,229	631	2	9,862	93.8%
Arizona	133%	152.2%	4.4%	0.0%	47,685	43,935	82	0	44,017	92.3%
Arkansas	200%	228.9%	100.0%	28.9%	77,960	61,198	5,999	1,151	68,348	87.7%
California	200%	228.9%	100.0%	28.9%	795,494	699,197	51,609	8,719	759,525	95.5%
Colorado	200%	228.9%	100.0%	28.9%	51,744	44,891	3,619	904	49,414	95.5%
Connecticut	185%	211.7%	100.0%	11.7%	41,920	31,088	4,514	552	36,154	86.2%
Delaware	200%	228.9%	100.0%	28.9%	24,510	18,706	2,224	489	21,419	87.4%
District of Columbia	200%	228.9%	100.0%	28.9%	19,925	13,474	855	1,257	15,586	78.2%
Florida	185%	211.7%	100.0%	11.7%	228,425	193,869	16,390	1,825	212,084	92.8%
Georgia	200%	228.9%	100.0%	28.9%	180,279	159,148	10,989	1,159	171,296	95.0%
Hawaii	185%	211.7%	100.0%	11.7%	15,287	13,487	428	107	14,022	91.7%
Idaho	133%	152.2%	4.4%	0.0%	32,709	26,942	125	0	27,067	82.8%
Illinois	200%	228.9%	100.0%	28.9%	153,090	135,049	8,079	2,745	145,873	95.3%
Indiana	150%	171.7%	43.3%	0.0%	49,829	43,521	1,455	0	44,976	90.3%
Iowa	200%	228.9%	100.0%	28.9%	82,645	58,843	5,998	5,140	69,981	84.7%
Kansas	150%	171.7%	43.3%	0.0%	49,366	37,383	1,870	0	39,253	79.5%
Kentucky	185%	211.7%	100.0%	11.7%	114,850	98,718	6,977	714	106,409	92.7%
Louisiana	200%	228.9%	100.0%	28.9%	85,847	69,779	1,103	100	70,982	82.7%
Maine	200%	228.9%	100.0%	28.9%	31,512	23,690	2,916	1,239	27,845	88.4%
Maryland	250%	286.1%	100.0%	86.1%	78,082	54,964	3,310	7,107	65,381	83.7%
Massachusetts	200%	228.9%	100.0%	28.9%	71,056	54,774	7,568	1,412	63,754	89.7%
Michigan	185%	211.7%	100.0%	11.7%	180,239	143,224	14,006	1,996	159,226	88.3%
Minnesota	275%	314.7%	100.0%	100.0%	46,028	36,968	3,510	5,217	45,695	99.3%
Mississippi	185%	211.7%	100.0%	11.7%	77,580	73,763	2,467	155	76,385	98.5%
Missouri	185%	211.7%	100.0%	11.7%	85,901	67,408	5,981	1,464	74,853	87.1%
Montana	133%	152.2%	4.4%	0.0%	29,353	20,916	111	0	21,027	71.6%
Nebraska	185%	211.7%	100.0%	11.7%	39,921	24,596	3,096	1,218	28,910	72.4%
Nevada	133%	152.2%	4.4%	0.0%	28,412	24,224	62	0	24,286	85.5%
New Hampshire	185%	211.7%	100.0%	11.7%	30,817	19,442	3,490	741	23,673	76.8%
New Jersey	200%	228.9%	100.0%	28.9%	124,133	114,381	4,629	1,479	120,489	97.1%
New Mexico	185%	211.7%	100.0%	11.7%	45,249	41,935	1,048	227	43,210	95.5%
New York	200%	228.9%	100.0%	28.9%	323,395	277,434	21,665	6,514	305,613	94.5%
North Carolina	185%	211.7%	100.0%	11.7%	138,270	123,602	3,782	1,274	128,658	93.0%
North Dakota	133%	152.2%	4.4%	0.0%	15,674	11,635	174	0	11,809	75.3%
Ohio	150%	171.7%	43.3%	0.0%	133,281	113,333	3,508	0	116,841	87.7%
Oklahoma	185%	211.7%	100.0%	11.7%	79,863	73,438	4,093	266	77,797	97.4%
Oregon	185%	211.7%	100.0%	11.7%	89,546	80,344	5,932	383	86,659	96.8%
Pennsylvania	185%	211.7%	100.0%	11.7%	305,165	242,203	21,227	4,613	268,043	87.8%
Rhode Island	250%	286.1%	100.0%	86.1%	21,892	14,530	1,099	807	16,436	75.1%
South Carolina	185%	211.7%	100.0%	11.7%	105,277	100,244	2,099	269	102,612	97.5%
South Dakota	133%	152.2%	4.4%	0.0%	14,220	10,757	58	0	10,815	76.1%
Tennessee	185%	211.7%	100.0%	11.7%	112,098	93,134	5,080	1,625	99,839	89.1%
Texas	185%	211.7%	100.0%	11.7%	258,883	237,218	11,983	1,069	250,270	96.7%
Utah	133%	152.2%	4.4%	0.0%	28,151	25,215	65	0	25,280	89.8%
Vermont	200%	228.9%	100.0%	28.9%	10,253	6,037	1,436	667	8,140	79.4%
Virginia	150%	171.7%	43.3%	0.0%	80,543	66,044	2,059	0	68,103	84.6%
Washington	185%	211.7%	100.0%	11.7%	143,299	117,946	11,101	1,588	130,635	91.2%
West Virginia	150%	171.7%	43.3%	0.0%	63,658	60,967	872	0	61,839	97.1%
Wisconsin	185%	211.7%	100.0%	11.7%	47,591	38,822	3,535	581	42,938	90.2%
Wyoming	133%	152.2%	4.4%	0.0%	15,782	12,850	58	0	12,908	81.8%
Column sources and formulas	ref. 12	col. 1 * (1.14)	2 * (col. 2 – 150) (max. = 100)	col. 2 – 200 (max. = 100)	ref. 14	ref. 14	ref. 14 * col. 3	ref. 14 * col. 4	col. 6 + col. 7 + col. 8	col. 9 ÷ col. 5

TABLE 2.6 Estimated cost per Medicaid birth, by state where data are available

	(1)	(2)	(3)	(4)	(5)	(6)
State	Original data from waiver applications and evaluations				Consumer Price Index inflator	Cost per birth (in 2005 $)
	Cost per delivery	Cost per infant	Total cost per birth	Year of data		
Alabama	$4,528	$2,500	$7,027	2001	1.18	$8,325
Arkansas	$4,293	$5,222	$9,515	2002	1.13	$10,768
California	$4,571	$2,362	$6,933	2000	1.24	$8,592
Florida	$2,647	$6,396	$9,043	2002	1.13	$10,234
Illinois	$3,296	$4,845	$8,140	2003	1.09	$8,855
Iowa	$3,110	$9,676	$12,786	2003	1.09	$13,909
Louisiana	$6,215	$6,619	$12,834	2003	1.09	$13,961
Michigan	$4,200	$7,300	$11,500	2002	1.13	$13,014
Minnesota	$3,386	$6,894	$10,280	2001	1.18	$12,180
Mississippi	$3,091	$1,888	$4,979	2001	1.18	$5,899
New Mexico	$4,702	$3,917	$8,619	2002	1.13	$9,754
New York	u	u	$11,354	2002	1.13	$12,849
North Carolina	$2,327	$5,061	$7,388	2001	1.18	$8,753
Oklahoma	$2,796	$4,632	$7,428	2001	1.18	$8,800
Oregon	$3,900	$3,667	$7,567	2004	1.04	$7,887
Pennsylvania	$2,358	$1,922	$4,280	2002	1.13	$4,843
Rhode Island	$6,843	$5,601	$12,444	2005	1.00	$12,444
South Carolina	$3,986	$4,694	$8,680	2002	1.13	$9,822
Texas	$3,372	$7,271	$10,643	2004	1.04	$11,093
Virginia	u	u	$7,927	2001	1.18	$9,392
Washington	$7,629	$5,589	$13,218	2005	1.00	$13,218
Wisconsin	$6,850	$2,253	$9,103	2003	1.09	$9,903
Column sources and formulas	ref. 33	ref. 33	ref. 33	ref. 33	ref. 27	col. 3 * col. 5

Note : u=unavailable.

TABLE 2.7 Estimated cost per Medicaid birth, by state (continued)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
State	Cost per birth (in 2005 $)	Medicaid physician fee index			Medicaid capitation rate, indexed	% Medicaid enrollees in capitation, 2001	Composite index			Final cost per birth (in 2005 $)
		Index	Adjusted cost per birth	Estimated cost per birth			Index	Adjusted cost per birth	Estimated cost per birth	
U.S. total	**–**	**1.00**	**$10,063**	–	**1.00**	–	–	**$10,530**	–	**$10,948**
Alabama	$8,325	1.21	$6,880	–	–	0.00	–	–	–	$8,325
Alaska	–	2.28	–	$22,944	–	0.00	–	–	–	$22,944
Arizona	–	1.55	–	$15,598	0.84	89.00	0.92	–	$9,696	$9,696
Arkansas	$10,768	1.24	$8,684	–	–	0.00	–	–	–	$10,768
California	$8,592	0.91	$9,442	–	0.88	52.00	0.90	$9,589	–	$8,592
Colorado	–	1.06	–	$10,667	0.86	46.00	0.97	–	$10,199	$10,199
Connecticut	–	1.30	–	$13,082	1.09	72.00	1.15	–	$12,063	$12,063
Delaware	–	1.49	–	$14,994	1.02	82.00	1.11	–	$11,657	$11,657
Dist. of Columbia	–	0.78	–	$7,849	1.19	63.00	1.04	–	$10,964	$10,964
Florida	$10,234	0.95	$10,772	–	0.87	27.00	0.93	$11,021	–	$10,234
Georgia	–	1.13	–	$11,371	–	0.00	–	–	–	$11,371
Hawaii	–	1.14	–	$11,472	0.95	72.00	1.00	–	$10,535	$10,535
Idaho	–	1.22	–	$12,277	–	0.00	–	–	–	$12,277
Illinois	$8,855	0.92	$9,625	–	0.94	9.00	0.92	$9,608	–	$8,855
Indiana	–	0.92	–	$9,258	1.06	18.00	0.94	–	$9,946	$9,946
Iowa	$13,909	1.30	$10,699	–	1.16	25.00	1.27	$10,989	–	$13,909
Kansas	–	1.00	–	$10,063	0.86	22.00	0.97	–	$10,215	$10,215
Kentucky	–	1.01	–	$10,164	1.23	20.00	1.05	–	$11,099	$11,099
Louisiana	$13,961	1.04	$13,424	–	–	0.00	–	–	–	$13,961
Maine	–	0.89	–	$8,956	–	0.00	–	–	–	$8,956
Maryland	–	1.21	–	$12,176	1.15	68.00	1.17	–	$12,340	$12,340
Massachusetts	–	1.25	–	$12,579	1.10	20.00	1.22	–	$12,837	$12,837
Michigan	$13,014	0.96	$13,556	–	0.68	62.00	0.78	$16,611	–	$13,014
Minnesota	$12,180	1.09	$11,174	–	1.30	65.00	1.22	$9,946	–	$12,180
Mississippi	$5,899	1.19	$4,957	–	–	0.00	–	–	–	$5,899
Missouri	–	0.76	–	$7,648	0.97	45.00	0.86	–	$9,011	$9,011
Montana	–	1.13	–	$11,371	–	0.00	–	–	–	$11,371
Nebraska	–	1.22	–	$12,277	–	18.00	–	–	–	$12,277
Nevada	–	1.43	–	$14,390	0.82	38.00	1.20	–	$12,620	$12,620
New Hampshire	–	1.03	–	$10,365	1.13	8.00	1.04	–	$10,928	$10,928
New Jersey	–	0.56	–	$5,635	0.92	60.00	0.77	–	$8,151	$8,151
New Mexico	$9,754	1.31	$7,446	–	1.20	64.00	1.24	$7,876	–	$9,754
New York	$12,849	0.70	$18,355	–	0.96	25.00	0.76	$16,809	–	$12,849
North Carolina	$8,753	1.34	$6,532	–	1.21	5.00	1.33	$6,564	–	$8,753
North Dakota	–	1.23	–	$12,378	1.34	1.00	1.23	–	$12,963	$12,963
Ohio	–	0.97	–	$9,761	1.04	21.00	0.98	–	$10,369	$10,369
Oklahoma	$8,800	0.95	$9,264	–	0.76	37.00	0.88	$10,011	–	$8,800
Oregon	$7,887	1.18	$6,684	–	–	58.00	–	–	–	$7,887
Pennsylvania	$4,843	0.74	$6,545	–	0.85	63.00	0.81	$5,988	–	$4,843
Rhode Island	$12,444	0.62	$20,071	–	1.02	68.00	0.89	$13,940	–	$12,444
South Carolina	$9,822	1.17	$8,395	–	0.91	4.00	1.16	$8,471	–	$9,822
South Dakota	–	1.05	–	$10,566	–	0.00	–	–	–	$10,566
Tennessee	–	–	–	–	–	100.00	–	–	–	$10,948
Texas	$11,093	0.99	$11,205	–	0.82	23.00	0.95	$11,671	–	$11,093
Utah	–	1.01	–	$10,164	0.90	60.00	0.94	–	$9,932	$9,932
Vermont	–	1.12	–	$11,271	–	0.00	–	–	–	$11,271
Virginia	$9,392	1.08	$8,696	–	1.22	33.00	1.13	$8,340	–	$9,392
Washington	$13,218	1.24	$10,660	–	0.99	62.00	1.09	$12,173	–	$13,218
West Virginia	–	1.21	–	$12,176	0.92	16.00	1.16	–	$12,255	$12,255
Wisconsin	$9,903	1.19	$8,322	–	0.85	40.00	1.05	$9,399	–	$9,903
Wyoming	–	1.40	–	$14,088	–	0.00	–	–	–	$14,088
Column sources and formulas	T2.6-col. 6	ref. 35	col. 1 ÷ col. 2	col. 2 * average (col. 3)	ref. 36	ref. 37	FN*	col. 1 ÷ col. 7	col. 7 * average (col. 8)	FN†

*Formula: (col. 5 * col. 6) + (col. 2 * (100 – col. 6)). †In order of preference: column 1 data; column 9 data; column 4 data; or column 10 average.

Chapter 3

Key Findings

For each of the four scenarios for expanded funding for Title X, we present estimates of the additional number of women who would use family planning services and the number of unintended pregnancies, abortions and unintended births that would be averted by their use of these services, as well as the cost savings that would result.

Our estimates are based on the experience of states in which family planning funding through programs other than Medicaid has increased in recent years and assume that not all grantees will make identical decisions about the allocation of these new resources. Moreover, in several states there are multiple Title X grantees, and each grantee may make different decisions about how to allocate new funds depending on the specific and most pressing needs facing their areas and projects.

To reflect the potential impact of different choices that may be made across grantees and states, we estimate a range of possible outcomes for each expansion scenario, including the number of new clients that would be served; unintended pregnancies, abortions and unintended births that would be averted; and the cost savings that would result. The high end of the range assumes that resources would be allocated primarily toward activities to increase the number of clients served and that economies of scale would facilitate serving more new clients relatively efficiently; the low end assumes that funding would be directed largely at activities such as offering a wider range of contraceptive methods; providing education, training and language assistance services; or serving more expensive, hard-to-reach clients.

For each range, we provide a mid-range estimate, which assumes a blending of these two types of activities. At the national level, the high end of the range assumes that in all or most states, the new funding is allocated toward increasing the number of clients served, while the low end of the range assumes funding is put toward other activities. Nationally, the mid-range estimate reflects the current blend of these various activities in states where funding has increased in recent years. As a result, this mid-range estimate may be considered to be a realistic picture of the overall national impact of a funding increase, but it should not be considered to reflect the likely outcome at the individual state level. At the state level, the numbers of new clients expected and the resulting impact may realistically fall anywhere on the range of outcomes estimated, and we are unable to provide more precise estimates given the information available.

This report looks only at the impact of changes in contraceptive use among new family planning clients, either by some nonusers becoming contraceptive users or by some new clients switching to more effective methods. We do not attempt to measure the extent to which the services provided by family planning clinics would enable clients to become more effective users of a contraceptive method. Similarly, the report does not attempt to estimate the impact of the entire range of health care services typically provided as part of a family planning visit. Finally, it should be noted that the estimated savings are only those from Medicaid-funded births that would be averted because of the family planning services provided; no savings are included from the publicly funded abortions that would be averted.

The findings highlighted in Table 3.1 and described below focus on national level impact under each scenario. The impact and findings for each individual state and jurisdiction are contained in Tables 3.2–3.13.

Scenario 10%

The annual appropriations for the Title X program would be increased by 10% (Tables 3.1–3.4).

- A 10% increase in appropriations for Title X would increase program funding by $28.3 million.
- The mid-range estimate of new clients served as a result of this funding increase is 139,200, with the number likely falling within a range of 59,200 to 228,400.

- Receiving family planning services would enable these new clients to avoid a mid-range estimate of 24,400 unintended pregnancies, with the number likely falling within a range of 10,400 to 40,000.
- Enabling women to avoid these unintended pregnancies would avert a mid-range estimate of 9,800 abortions, with the number likely falling within a range of 4,200 to 16,100.
- Preventing these unintended pregnancies would also avert a mid-range estimate of 11,600 unintended births, with the number likely falling within a range of 4,900 to 19,100.
- More than 90% of the women whose unintended births would be averted are eligible for Medicaid-funded pregnancy care. Enabling these women to avoid bearing an unintended birth would save the Medicaid program a mid-range estimate of $107.7 million, with the savings likely falling within a range of $45.8 million to $176.7 million.
- Subtracting the cost of the increase to Title X from the savings to Medicaid yields a mid-range estimate of net savings of $79.4 million, with net savings likely falling within a range of $17.5 million to $148.4 million.
- Dividing the savings by the cost shows that every dollar spent to expand funding for Title X would save a mid-range estimate of $3.80, with savings likely falling within a range of $1.60 to $6.20 for every dollar spent.

Scenario 25%

The annual appropriations for the Title X program would be increased by 25% (Tables 3.1 and 3.5–3.7).

- A 25% increase in appropriations for Title X would increase program funding by $70.8 million.
- The mid-range estimate of new clients served as a result of this funding increase is 347,900, with the number likely falling within a range of 148,000 to 570,900.
- Receiving family planning services would enable these new clients to avoid a mid-range estimate of 60,900 unintended pregnancies, with the number likely falling within a range of 25,900 to 100,000.
- Enabling women to avoid these unintended pregnancies would avert a mid-range estimate of 24,600 abortions, with the number likely falling within a range of 10,400 to 40,300.
- Preventing these unintended pregnancies would also avert a mid-range estimate of 29,100 unintended births, with the number likely falling within a range of 12,400 to 47,700.
- More than 90% of the women whose unintended births would be averted are eligible for Medicaid-funded pregnancy care. Enabling these women to avoid bearing an unintended birth would save the Medicaid program a mid-range estimate of $269.2 million, with the savings likely falling within a range of $114.5 million to $441.7 million.
- Subtracting the cost of the increase to Title X from the savings to Medicaid yields a mid-range estimate of net savings of $198.4 million, with net savings likely falling within a range of $43.7 million to $370.9 million.
- Dividing the savings by the cost shows that every dollar spent to expand funding for Title X would save a mid-range estimate of $3.80, with savings likely falling within a range of $1.60 to $6.20 for every dollar spent.

Scenario 50%

The annual appropriations for the Title X program would be increased by 50% (Tables 3.1 and 3.8–3.10).

- A 50% increase in appropriations for Title X would increase program funding by $141.6 million.
- The mid-range estimate of new clients served as a result of this funding increase is 695,900, with the number likely falling within a range of 296,000 to 1.1 million.
- Receiving family planning services would enable these new clients to avoid a mid-range estimate of 121,900 unintended pregnancies, with the number likely falling within a range of 51,800 to 200,000.
- Enabling women to avoid these unintended pregnancies would avert a mid-range estimate of 49,100 abortions, with the number likely falling within a range of 20,900 to 80,600.
- Preventing these unintended pregnancies would also avert a mid-range estimate of 58,100 unintended births, with the number likely falling within a range of 24,700 to 95,400.
- More than 90% of the women whose unintended births would be averted are eligible for Medicaid-funded pregnancy care. Enabling these women to avoid bearing an unintended birth would save the Medicaid program a mid-range estimate of $538.4 million, with the savings likely falling within a range of $229 million to $883.4 million.
- Subtracting the cost of the increase to Title X from the savings to Medicaid yields a mid-range estimate

of net savings of $396.8 million, with net savings likely falling within a range of $87.5 million to $741.8 million.
- Dividing the savings by the cost shows that every dollar spent to expand funding for Title X would save a mid-range estimate of $3.80, with savings likely falling within a range of $1.60 to $6.20 for every dollar spent.

Scenario 100%

The annual appropriations for the Title X program would be increased by 100% (Tables 3.1 and 3.11–3.13).

- A 100% increase in appropriations for Title X would increase program funding by $283.1 million.
- The mid-range estimate of new clients served as a result of this funding increase is 1.4 million, with the number likely falling within a range of 592,000 to 2.3 million.
- Receiving family planning services would enable these new clients to avoid a mid-range estimate of 243,700 unintended pregnancies, with the number likely falling within a range of 103,700 to 400,000.
- Enabling women to avoid these unintended pregnancies would avert a mid-range estimate of 98,200 abortions, with the number likely falling within a range of 41,800 to 161,200.
- Preventing these unintended pregnancies would also avert a mid-range estimate of 116,300 unintended births, with the number likely falling within a range of 49,500 to 190,800.
- More than 90% of the women whose unintended births would be averted are eligible for Medicaid-funded pregnancy care. Enabling these women to avoid bearing an unintended birth would save the Medicaid program a mid-range estimate of $1.1 billion, with the savings likely falling within a range of $458 million to $1.8 billion.
- Subtracting the cost of the increase to Title X from the savings to Medicaid yields a mid-range estimate of net savings of $793.6 million, with net savings likely falling within a range of $174.9 million to $1.5 billion.
- Dividing the savings by the cost shows that every dollar spent to expand funding for Title X would save a mid-range estimate of $3.80, with savings likely falling within a range of $1.60 to $6.20 for every dollar spent.

TABLE 3.1 Key national findings for all scenarios, low, mid-range and high estimates

Measure	(1) Low estimate	(2) Mid-range estimate	(3) High estimate
10% expansion to Title X ($28.3 million)			
No. of new clients in Title X programs	59,200	139,200	228,400
No. of unintended pregnancies averted	10,370	24,370	40,000
% reduction in unintended pregnancies	0.3	0.8	1.3
% reduction among women with incomes <200% FPL	0.6	1.3	2.2
No. of abortions averted	4,180	9,820	16,120
% reduction in abortions	0.3	0.8	1.2
No. of unintended births averted	4,950	11,630	19,080
% reduction in unintended births	0.4	0.8	1.4
Savings from unintended Medicaid births averted	45,801,200	107,670,200	176,678,700
Net savings	17,490,900	79,359,900	148,368,400
Savings per $1 spent	1.62	3.80	6.24
25% expansion to Title X ($70.8 million)			
No. of new clients in Title X programs	148,000	347,900	570,900
No. of unintended pregnancies averted	25,920	60,940	99,990
% reduction in unintended pregnancies	0.8	2.0	3.2
% reduction among women with incomes <200% FPL	1.4	3.3	5.4
No. of abortions averted	10,450	24,560	40,300
% reduction in abortions	0.8	1.9	3.1
No. of unintended births averted	12,360	29,070	47,700
% reduction in unintended births	0.9	2.1	3.4
Savings from unintended Medicaid births averted	114,502,900	269,175,500	441,696,800
Net savings	43,727,200	198,399,800	370,921,000
Savings per $1 spent	1.62	3.80	6.24
50% expansion to Title X ($141.6 million)			
No. of new clients in Title X programs	296,000	695,900	1,141,900
No. of unintended pregnancies averted	51,840	121,870	199,980
% reduction in unintended pregnancies	1.7	3.9	6.4
% reduction among women with incomes <200% FPL	2.8	6.6	10.8
No. of abortions averted	20,890	49,110	80,590
% reduction in abortions	1.6	3.8	6.2
No. of unintended births averted	24,730	58,130	95,390
% reduction in unintended births	1.8	4.2	6.9
Savings from unintended Medicaid births averted	229,005,900	538,351,100	883,393,500
Net savings	87,454,400	396,799,600	741,842,000
Savings per $1 spent	1.62	3.80	6.24
100% expansion to Title X ($283.1 million)			
No. of new clients in Title X programs	592,000	1,391,700	2,283,800
No. of unintended pregnancies averted	103,690	243,750	399,970
% reduction in unintended pregnancies	3.3	7.8	12.8
% reduction among women with incomes <200% FPL	5.6	13.1	21.5
No. of abortions averted	41,790	98,230	161,190
% reduction in abortions	3.2	7.6	12.5
No. of unintended births averted	49,460	116,270	190,790
% reduction in unintended births	3.6	8.4	13.7
Savings from unintended Medicaid births averted	458,011,700	1,076,702,100	1,766,787,100
Net savings	174,908,700	793,599,100	1,483,684,100
Savings per $1 spent	1.62	3.80	6.24

Note: Percentage reduction in unintended pregnancies, abortions and unintended births are in relation to the U.S. total from the most recent available year (2001 in most cases and, for abortions overall, 2002).*Sources:* Tables 3.2 to 3.13; reference 1; Finer LB and Henshaw SK,*Estimates of U.S. Abortion Incidence in 2001 and 2002,* 2005, <http://www.guttmacher.org/pubs/2005/05/18/ab_incidence.pdf>, accessed June 8, 2006; and special tabulations of the Guttmacher Institute's 2001 unintended pregnancy analysis.

TABLE 3.2 Number of new clients served at Title X–supported clinics after 10% expansion, percentage increase in clients and resulting spending per client, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
State	Title X expansion of 10% ($25M available for services)								
	Low estimate			Mid-range estimate			High estimate		
	No. of new clients	% increase in clients	Spending per client	No. of new clients	% increase in clients	Spending per client	No. of new clients	% increase in clients	Spending per client
U.S. total	**59,200**	**1.2%**	**204**	**139,200**	**2.9%**	**200**	**228,400**	**4.8%**	**197**
Alabama	700	0.7%	299	1,700	1.7%	296	2,700	2.9%	293
Alaska	200	1.9%	345	400	4.5%	336	600	7.5%	327
Arizona	1,100	2.5%	196	2,700	5.9%	190	4,400	9.7%	183
Arkansas	900	1.2%	205	2,100	2.7%	202	3,500	4.5%	199
California	4,500	0.6%	208	10,700	1.5%	206	17,500	2.4%	204
Colorado	600	1.2%	257	1,400	2.8%	253	2,200	4.5%	249
Connecticut	500	1.2%	212	1,100	2.9%	209	1,900	4.7%	205
Delaware	400	1.8%	148	900	4.2%	144	1,400	6.9%	141
District of Columbia	200	1.3%	212	500	3.0%	208	900	4.9%	204
Florida	2,000	0.9%	251	4,800	2.2%	248	7,900	3.6%	244
Georgia	4,000	2.3%	92	9,400	5.4%	89	15,500	8.9%	86
Hawaii	500	3.6%	148	1,300	8.5%	141	2,100	13.9%	134
Idaho	1,200	3.9%	62	2,800	9.2%	59	4,500	15.1%	56
Illinois	1,800	1.2%	193	4,100	2.7%	190	6,800	4.4%	187
Indiana	1,200	2.5%	199	2,800	6.0%	192	4,500	9.8%	186
Iowa	1,200	1.5%	137	2,800	3.5%	134	4,600	5.7%	132
Kansas	900	2.0%	116	2,100	4.7%	113	3,500	7.7%	110
Kentucky	1,400	1.3%	167	3,400	3.1%	164	5,600	5.1%	161
Louisiana	1,100	1.4%	235	2,500	3.3%	231	4,100	5.3%	227
Maine	300	1.0%	279	700	2.3%	276	1,100	3.7%	272
Maryland	1,300	1.8%	136	3,200	4.2%	133	5,200	6.8%	129
Massachusetts	1,300	1.9%	204	3,000	4.5%	199	4,900	7.4%	193
Michigan	2,000	1.2%	161	4,700	2.7%	158	7,800	4.4%	156
Minnesota	700	1.6%	206	1,600	3.8%	202	2,700	6.3%	197
Mississippi	1,700	2.3%	142	4,100	5.3%	138	6,700	8.7%	133
Missouri	1,600	1.9%	152	3,700	4.4%	149	6,000	7.2%	145
Montana	400	1.6%	194	1,000	3.7%	190	1,700	6.0%	186
Nebraska	400	1.0%	204	900	2.3%	201	1,400	3.8%	198
Nevada	300	1.0%	365	700	2.4%	360	1,100	4.0%	354
New Hampshire	200	0.8%	234	600	1.9%	232	900	3.1%	229
New Jersey	1,600	1.3%	252	3,700	3.1%	248	6,000	5.1%	243
New Mexico	900	2.4%	151	2,200	5.6%	147	3,600	9.2%	142
New York	1,700	0.5%	326	3,900	1.3%	323	6,400	2.1%	321
North Carolina	2,000	1.5%	238	4,800	3.5%	233	7,900	5.7%	228
North Dakota	200	1.6%	195	500	3.7%	191	900	6.0%	187
Ohio	2,000	1.6%	177	4,800	3.7%	173	7,800	6.0%	169
Oklahoma	1,000	1.3%	202	2,400	3.1%	198	4,000	5.0%	194
Oregon	300	0.3%	421	600	0.7%	419	1,000	1.2%	417
Pennsylvania	3,800	1.3%	165	8,800	3.0%	163	14,500	5.0%	160
Rhode Island	500	2.4%	108	1,100	5.7%	105	1,900	9.4%	101
South Carolina	1,000	1.0%	251	2,400	2.4%	247	4,000	3.9%	244
South Dakota	200	1.6%	190	500	3.7%	186	800	6.1%	182
Tennessee	1,500	1.4%	140	3,600	3.3%	138	5,900	5.3%	135
Texas	3,300	1.3%	184	7,700	3.0%	181	12,600	5.0%	177
Utah	600	2.2%	103	1,400	5.2%	100	2,300	8.6%	97
Vermont	100	1.1%	365	200	2.6%	360	400	4.2%	354
Virginia	1,000	1.3%	199	2,400	3.0%	195	3,900	4.9%	192
Washington	900	0.6%	245	2,100	1.5%	243	3,400	2.5%	241
West Virginia	900	1.4%	124	2,000	3.3%	122	3,300	5.4%	120
Wisconsin	900	1.9%	197	2,000	4.5%	192	3,300	7.4%	187
Wyoming	200	1.1%	222	400	2.6%	218	600	4.2%	215
Column sources and formulas	T2.1-col. 5 * col. 2	T2.2-col. 2 * 0.43	(T2.1-col. 1 + T2.2-col. 1) ÷ (col. 1 + T2.1-col. 5)	T2.1-col. 5 * col. 5	T2.2-col. 2 * 1.0	(T2.1-col. 1 + T2.2-col. 1) ÷ (col. 4 + T2.1-col. 5)	T2.1-col. 5 * col. 8	T2.2-col. 2 * 1.64	(T2.1-col. 1 + T2.2-col. 1) ÷ (col. 7 + T2.1-col. 5)

TABLE 3.3 Number of unintended pregnancies, abortions and unintended births averted by a 10% expansion of Title X, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
State	Title X expansion of 10% ($25M available for services)								
	Unintended pregnancies averted			Abortions averted			Unintended births averted		
	Low estimate	Mid-range estimate	High estimate	Low estimate	Mid-range estimate	High estimate	Low estimate	Mid-range estimate	High estimate
U.S. total	**10,370**	**24,370**	**40,000**	**4,180**	**9,820**	**16,120**	**4,950**	**11,630**	**19,080**
Alabama	130	300	500	50	120	200	60	140	240
Alaska	30	70	110	10	30	40	10	30	50
Arizona	170	400	660	70	160	270	80	190	320
Arkansas	150	350	570	60	140	230	70	170	270
California	840	1,970	3,240	340	800	1,300	400	940	1,540
Colorado	100	230	370	40	90	150	50	110	180
Connecticut	80	200	330	30	80	130	40	100	160
Delaware	60	150	240	30	60	100	30	70	110
District of Columbia	40	90	150	20	40	60	20	40	70
Florida	290	670	1,110	120	270	450	140	320	530
Georgia	660	1,560	2,560	270	630	1,030	320	740	1,220
Hawaii	90	220	360	40	90	150	50	110	170
Idaho	210	490	800	80	200	320	100	230	380
Illinois	300	710	1,160	120	280	470	140	340	550
Indiana	220	510	830	90	200	340	100	240	400
Iowa	220	530	870	90	210	350	110	250	410
Kansas	150	360	600	60	150	240	70	170	290
Kentucky	220	530	870	90	210	350	110	250	410
Louisiana	210	500	820	90	200	330	100	240	390
Maine	50	120	190	20	50	80	20	60	90
Maryland	240	570	940	100	230	380	120	270	450
Massachusetts	220	510	840	90	210	340	100	240	400
Michigan	380	900	1,470	150	360	590	180	430	700
Minnesota	130	300	490	50	120	200	60	140	230
Mississippi	330	780	1,280	130	310	520	160	370	610
Missouri	280	660	1,080	110	260	430	130	310	510
Montana	80	180	290	30	70	120	40	80	140
Nebraska	60	150	250	30	60	100	30	70	120
Nevada	50	120	200	20	50	80	20	60	90
New Hampshire	40	90	150	20	40	60	20	40	70
New Jersey	250	600	980	100	240	400	120	290	470
New Mexico	170	400	660	70	160	260	80	190	310
New York	270	640	1,060	110	260	430	130	310	500
North Carolina	380	900	1,470	150	360	590	180	430	700
North Dakota	40	90	150	20	40	60	20	40	70
Ohio	350	830	1,360	140	330	550	170	400	650
Oklahoma	170	390	640	70	160	260	80	190	310
Oregon	50	110	180	20	40	70	20	50	90
Pennsylvania	630	1,470	2,410	250	590	970	300	700	1,150
Rhode Island	70	170	280	30	70	110	30	80	130
South Carolina	200	480	780	80	190	310	100	230	370
South Dakota	40	100	170	20	40	70	20	50	80
Tennessee	290	680	1,110	120	270	450	140	320	530
Texas	570	1,350	2,210	230	540	890	270	640	1,060
Utah	120	270	450	50	110	180	60	130	210
Vermont	20	40	60	10	20	20	10	20	30
Virginia	200	470	780	80	190	310	100	230	370
Washington	150	350	570	60	140	230	70	160	270
West Virginia	150	360	590	60	140	240	70	170	280
Wisconsin	170	400	660	70	160	260	80	190	310
Wyoming	30	70	110	10	30	50	10	30	50
Column sources and formulas	T3.2-col. 1 * T2.1-col. 7 * 0.2034	T3.2-col. 4 * T2.1-col. 7 * 0.2034	T3.2-col. 7 * T2.1-col. 7 * 0.2034	col. 1 * 0.403	col. 2 * 0.403	col. 3 * 0.403	col. 1 * 0.477	col. 2 * 0.477	col. 3 * 0.477

TABLE 3.4 Cost savings from the Medicaid births averted and net savings under 10% expansion of Title X, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
State	Total additional Title X funding under 10% scenario*	Cost savings from additional Title X funding					
		Low estimate		Mid-range estimate		High estimate	
		Savings from Medicaid births averted	Net savings	Savings from Medicaid births averted	Net savings	Savings from Medicaid births averted	Net savings
U.S. total	**28,310,300**	**45,801,200**	**17,490,900**	**107,670,200**	**79,359,900**	**176,678,700**	**148,368,400**
Alabama	492,400	478,200	-14,200	1,124,200	631,800	1,844,800	1,352,400
Alaska	126,900	284,200	157,300	668,100	541,200	1,096,300	969,400
Arizona	506,300	732,000	225,600	1,720,700	1,214,400	2,823,500	2,317,200
Arkansas	429,000	671,000	242,000	1,577,300	1,148,300	2,588,200	2,159,200
California	2,195,600	3,284,500	1,088,800	7,721,200	5,525,500	12,669,900	10,474,200
Colorado	343,000	449,300	106,300	1,056,300	713,200	1,733,200	1,390,200
Connecticut	235,900	420,800	184,900	989,100	753,300	1,623,100	1,387,200
Delaware	126,200	303,200	177,000	712,700	586,500	1,169,400	1,043,300
District of Columbia	109,000	155,500	46,500	365,500	256,500	599,700	490,700
Florida	1,190,800	1,301,300	110,500	3,059,100	1,868,300	5,019,700	3,828,900
Georgia	838,200	3,422,600	2,584,500	8,046,000	7,207,800	13,202,900	12,364,700
Hawaii	179,700	436,000	256,300	1,025,000	845,300	1,682,000	1,502,300
Idaho	163,000	1,007,300	844,200	2,367,900	2,204,800	3,885,500	3,722,500
Illinois	784,800	1,207,900	423,100	2,839,600	2,054,700	4,659,600	3,874,700
Indiana	532,200	925,300	393,100	2,175,200	1,643,000	3,569,400	3,037,200
Iowa	373,800	1,263,100	889,300	2,969,400	2,595,600	4,872,600	4,498,800
Kansas	241,500	600,400	358,900	1,411,400	1,169,900	2,316,000	2,074,500
Kentucky	558,200	1,099,900	541,700	2,585,700	2,027,500	4,243,000	3,684,800
Louisiana	581,400	1,174,600	593,200	2,761,300	2,179,900	4,531,100	3,949,700
Maine	187,000	187,300	300	440,400	253,300	722,600	535,600
Maryland	419,000	1,195,400	776,400	2,810,200	2,391,200	4,611,400	4,192,300
Massachusetts	591,000	1,192,300	601,300	2,802,900	2,211,800	4,599,300	4,008,300
Michigan	750,500	2,092,600	1,342,100	4,919,300	4,168,800	8,072,100	7,321,600
Minnesota	330,400	732,100	401,700	1,721,100	1,390,700	2,824,200	2,493,800
Mississippi	564,100	919,100	355,000	2,160,600	1,596,500	3,545,300	2,981,300
Missouri	546,300	1,047,400	501,100	2,462,300	1,916,000	4,040,500	3,494,100
Montana	196,500	291,800	95,300	685,900	489,400	1,125,400	928,900
Nebraska	177,400	273,700	96,400	643,500	466,100	1,055,900	878,500
Nevada	241,600	262,800	21,200	617,800	376,200	1,013,700	772,100
New Hampshire	128,200	153,400	25,200	360,700	232,500	591,900	463,700
New Jersey	907,100	961,900	54,800	2,261,200	1,354,100	3,710,500	2,803,400
New Mexico	326,400	754,800	428,500	1,774,400	1,448,100	2,911,700	2,585,400
New York	1,260,200	1,588,800	328,600	3,734,900	2,474,700	6,128,700	4,868,500
North Carolina	1,122,000	1,481,800	359,800	3,483,400	2,361,400	5,716,100	4,594,100
North Dakota	104,700	183,900	79,200	432,300	327,600	709,400	604,700
Ohio	825,900	1,531,200	705,300	3,599,600	2,773,600	5,906,600	5,080,700
Oklahoma	477,700	678,300	200,600	1,594,600	1,116,900	2,616,600	2,138,900
Oregon	257,500	171,900	-85,600	404,100	146,600	663,100	405,600
Pennsylvania	1,435,500	1,268,700	-166,900	2,982,400	1,546,900	4,893,900	3,458,300
Rhode Island	119,500	320,000	200,500	752,200	632,700	1,234,200	1,114,700
South Carolina	603,200	923,500	320,300	2,171,000	1,567,800	3,562,500	2,959,300
South Dakota	96,400	167,100	70,700	392,800	296,400	644,600	548,200
Tennessee	498,700	1,342,800	844,100	3,156,600	2,657,900	5,179,800	4,681,000
Texas	1,393,300	2,936,900	1,543,600	6,904,100	5,510,800	11,329,100	9,935,900
Utah	141,200	496,300	355,200	1,166,800	1,025,700	1,914,700	1,773,500
Vermont	89,900	67,900	-22,000	159,600	69,700	261,900	172,000
Virginia	460,200	761,600	301,400	1,790,300	1,330,100	2,937,700	2,477,500
Washington	501,300	845,300	344,000	1,987,200	1,485,900	3,260,900	2,759,600
West Virginia	247,900	868,700	620,800	2,042,100	1,794,200	3,350,900	3,103,000
Wisconsin	386,200	724,300	338,100	1,702,600	1,316,500	2,793,900	2,407,700
Wyoming	84,500	160,700	76,200	377,700	293,200	619,700	535,200
Column sources and formulas	T2.2-col. 1	T3.3-col. 7 * T2.5-col. 10 * T2.7-col. 10	col. 2 - col. 1	T3.3-col. 8 * T2.5-col. 10 * T2.7-col. 10	col. 4 - col. 1	T3.3-col. 9 * T2.5-col. 10 * T2.7-col. 10	col. 6 - col. 1

*Note that total for all states includes the 10% of appropriations that is not distributed to states for service provision.

TABLE 3.5 Number of new clients served at Title X-supported clinics after 25% expansion, percentage increase in clients and resulting spending per client, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
State	Title X expansion of 25% ($64M available for services)								
	Low estimate			Mid-range estimate			High estimate		
	No. of new clients	% increase in clients	Spending per client	No. of new clients	% increase in clients	Spending per client	No. of new clients	% increase in clients	Spending per client
U.S. total	**148,000**	**3.1%**	**209**	**347,900**	**7.3%**	**200**	**570,900**	**12.0%**	**192**
Alabama	1,800	1.9%	303	4,200	4.4%	296	6,800	7.2%	288
Alaska	400	4.8%	357	900	11.4%	336	1,500	18.7%	315
Arizona	2,800	6.3%	205	6,700	14.7%	190	11,000	24.2%	175
Arkansas	2,300	2.9%	210	5,300	6.9%	202	8,700	11.3%	194
California	11,300	1.6%	210	26,600	3.7%	206	43,700	6.1%	202
Colorado	1,400	2.9%	263	3,400	6.9%	253	5,600	11.3%	243
Connecticut	1,200	3.0%	217	2,800	7.2%	209	4,600	11.8%	200
Delaware	900	4.5%	153	2,200	10.6%	144	3,600	17.3%	136
District of Columbia	600	3.1%	217	1,300	7.4%	208	2,100	12.1%	199
Florida	5,100	2.3%	255	12,000	5.5%	248	19,700	9.0%	240
Georgia	10,000	5.8%	95	23,600	13.6%	89	38,700	22.3%	83
Hawaii	1,400	9.0%	157	3,200	21.2%	141	5,200	34.8%	127
Idaho	2,900	9.8%	66	6,900	23.0%	59	11,300	37.7%	53
Illinois	4,400	2.9%	197	10,300	6.8%	190	16,900	11.1%	183
Indiana	2,900	6.3%	208	6,900	14.9%	192	11,400	24.5%	178
Iowa	3,000	3.7%	141	7,000	8.7%	134	11,400	14.3%	128
Kansas	2,300	5.0%	121	5,300	11.7%	113	8,700	19.2%	106
Kentucky	3,600	3.3%	171	8,500	7.7%	164	14,000	12.7%	157
Louisiana	2,700	3.5%	242	6,300	8.1%	231	10,300	13.3%	221
Maine	700	2.4%	284	1,700	5.7%	276	2,800	9.4%	266
Maryland	3,400	4.4%	140	7,900	10.4%	133	13,000	17.1%	125
Massachusetts	3,200	4.8%	211	7,400	11.3%	199	12,200	18.6%	187
Michigan	5,000	2.9%	164	11,800	6.8%	158	19,400	11.1%	152
Minnesota	1,700	4.1%	213	4,100	9.6%	202	6,700	15.7%	191
Mississippi	4,400	5.6%	148	10,200	13.3%	138	16,800	21.8%	128
Missouri	3,900	4.7%	158	9,200	11.0%	149	15,100	18.1%	140
Montana	1,100	3.9%	200	2,600	9.2%	190	4,200	15.0%	181
Nebraska	900	2.5%	207	2,200	5.8%	201	3,600	9.5%	194
Nevada	700	2.6%	372	1,700	6.1%	360	2,800	10.0%	347
New Hampshire	600	2.0%	238	1,400	4.7%	232	2,300	7.7%	225
New Jersey	3,900	3.3%	258	9,200	7.7%	248	15,000	12.7%	237
New Mexico	2,400	6.0%	158	5,600	14.0%	147	9,100	23.0%	136
New York	4,100	1.3%	329	9,700	3.1%	323	16,000	5.2%	317
North Carolina	5,100	3.7%	244	12,000	8.7%	233	19,700	14.3%	222
North Dakota	600	3.9%	201	1,400	9.2%	191	2,200	15.1%	182
Ohio	5,100	3.9%	182	11,900	9.2%	173	19,600	15.1%	164
Oklahoma	2,600	3.3%	207	6,000	7.7%	198	9,900	12.6%	189
Oregon	700	0.8%	423	1,500	1.8%	419	2,500	2.9%	415
Pennsylvania	9,400	3.2%	169	22,100	7.6%	163	36,200	12.4%	156
Rhode Island	1,200	6.1%	113	2,900	14.3%	105	4,700	23.4%	97
South Carolina	2,600	2.5%	255	6,100	6.0%	247	10,000	9.8%	239
South Dakota	600	4.0%	196	1,300	9.3%	186	2,100	15.3%	176
Tennessee	3,900	3.5%	144	9,100	8.1%	138	14,900	13.3%	131
Texas	8,200	3.2%	189	19,300	7.6%	181	31,600	12.5%	173
Utah	1,500	5.5%	107	3,500	13.0%	100	5,800	21.4%	93
Vermont	300	2.7%	373	600	6.4%	360	1,000	10.5%	346
Virginia	2,500	3.1%	203	5,900	7.4%	195	9,700	12.1%	187
Washington	2,200	1.6%	248	5,200	3.8%	243	8,500	6.2%	237
West Virginia	2,200	3.5%	128	5,100	8.2%	122	8,300	13.5%	116
Wisconsin	2,100	4.8%	204	5,000	11.2%	192	8,200	18.4%	181
Wyoming	400	2.7%	226	1,000	6.4%	218	1,600	10.5%	210
Column sources and formulas	T2.1-col. 5 * col. 2	T2.2-col. 4 * 0.43	(T2.1-col. 1 + T2.2-col. 3) ÷ (col. 1 + T2.1-col. 5)	T2.1-col. 5 * col. 5	T2.2-col. 4 * 1.0	(T2.1-col. 1 + T2.2-col. 3) ÷ (col. 4 + T2.1-col. 5)	T2.1-col. 5 * col. 8	T2.2-col. 4 * 1.64	(T2.1-col. 1 + T2.2-col. 3) ÷ (col. 7 + T2.1-col. 5)

TABLE 3.6 Number of unintended pregnancies, abortions and unintended births averted by a 25% expansion of Title X, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
State	Title X expansion of 25% ($64M available for services)								
	Unintended pregnancies averted			Abortions averted			Unintended births averted		
	Low estimate	Mid-range estimate	High estimate	Low estimate	Mid-range estimate	High estimate	Low estimate	Mid-range estimate	High estimate
U.S. total	**25,920**	**60,940**	**99,990**	**10,450**	**24,560**	**40,300**	**12,360**	**29,070**	**47,700**
Alabama	320	760	1,250	130	310	500	150	360	590
Alaska	70	160	270	30	70	110	30	80	130
Arizona	430	1,010	1,650	170	410	670	200	480	790
Arkansas	370	880	1,440	150	350	580	180	420	690
California	2,100	4,930	8,090	850	1,990	3,260	1,000	2,350	3,860
Colorado	240	570	930	100	230	380	120	270	440
Connecticut	210	500	820	90	200	330	100	240	390
Delaware	160	370	600	60	150	240	70	170	290
District of Columbia	90	220	370	40	90	150	50	110	170
Florida	720	1,690	2,770	290	680	1,120	340	800	1,320
Georgia	1,660	3,900	6,400	670	1,570	2,580	790	1,860	3,050
Hawaii	240	560	910	100	220	370	110	270	440
Idaho	520	1,220	2,000	210	490	810	250	580	960
Illinois	750	1,760	2,890	300	710	1,170	360	840	1,380
Indiana	540	1,270	2,080	220	510	840	260	610	990
Iowa	560	1,320	2,170	230	530	870	270	630	1,030
Kansas	390	910	1,490	160	370	600	180	430	710
Kentucky	560	1,320	2,160	230	530	870	270	630	1,030
Louisiana	530	1,250	2,060	210	510	830	250	600	980
Maine	120	290	480	50	120	190	60	140	230
Maryland	610	1,430	2,340	240	570	940	290	680	1,120
Massachusetts	540	1,280	2,090	220	510	840	260	610	1,000
Michigan	950	2,240	3,680	380	900	1,480	460	1,070	1,760
Minnesota	320	750	1,220	130	300	490	150	360	580
Mississippi	830	1,950	3,200	330	790	1,290	400	930	1,530
Missouri	700	1,640	2,700	280	660	1,090	330	780	1,290
Montana	190	440	720	80	180	290	90	210	350
Nebraska	160	380	620	70	150	250	80	180	300
Nevada	130	300	490	50	120	200	60	140	230
New Hampshire	100	230	370	40	90	150	50	110	180
New Jersey	640	1,500	2,460	260	600	990	300	710	1,170
New Mexico	420	1,000	1,640	170	400	660	200	480	780
New York	690	1,610	2,650	280	650	1,070	330	770	1,260
North Carolina	950	2,240	3,680	380	900	1,480	450	1,070	1,750
North Dakota	100	230	380	40	90	150	50	110	180
Ohio	880	2,080	3,410	360	840	1,370	420	990	1,620
Oklahoma	410	970	1,600	170	390	640	200	470	760
Oregon	120	280	460	50	110	180	60	130	220
Pennsylvania	1,560	3,670	6,030	630	1,480	2,430	750	1,750	2,880
Rhode Island	180	420	690	70	170	280	90	200	330
South Carolina	510	1,190	1,950	200	480	790	240	570	930
South Dakota	110	260	420	40	100	170	50	120	200
Tennessee	720	1,700	2,780	290	680	1,120	340	810	1,330
Texas	1,440	3,370	5,540	580	1,360	2,230	680	1,610	2,640
Utah	290	690	1,130	120	280	450	140	330	540
Vermont	40	90	150	20	40	60	20	40	70
Virginia	500	1,180	1,940	200	480	780	240	560	920
Washington	370	860	1,420	150	350	570	180	410	680
West Virginia	380	900	1,480	150	360	590	180	430	700
Wisconsin	420	1,000	1,640	170	400	660	200	480	780
Wyoming	70	170	280	30	70	110	30	80	130
Column sources and formulas	T3.5-col. 1 * T2.1-col. 7 * 0.2034	T3.5-col. 4 * T2.1-col. 7 * 0.2034	T3.5-col. 7 * T2.1-col. 7 * 0.2034	col. 1 * 0.403	col. 2 * 0.403	col. 3 * 0.403	col. 1 * 0.477	col. 2 * 0.477	col. 3 * 0.477

TABLE 3.7 Cost savings from the Medicaid births averted and net savings under 25% expansion of Title X, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
State	Total additional Title X funding under 10% scenario*	Cost savings from additional Title X funding					
		Low estimate		Mid-range estimate		High estimate	
		Savings from Medicaid births averted	Net savings	Savings from Medicaid births averted	Net savings	Savings from Medicaid births averted	Net savings
U.S. total	**70,775,800**	**114,502,900**	**43,727,200**	**269,175,500**	**198,399,800**	**441,696,800**	**370,921,000**
Alabama	1,231,000	1,195,600	-35,500	2,810,600	1,579,600	4,612,000	3,381,000
Alaska	317,300	710,500	393,200	1,670,200	1,352,900	2,740,600	2,423,400
Arizona	1,265,800	1,829,900	564,100	4,301,700	3,035,900	7,058,800	5,793,000
Arkansas	1,072,500	1,677,400	604,900	3,943,200	2,870,700	6,470,500	5,398,100
California	5,489,100	8,211,200	2,722,000	19,303,000	13,813,800	31,674,700	26,185,600
Colorado	857,600	1,123,300	265,700	2,640,600	1,783,100	4,333,100	3,475,500
Connecticut	589,700	1,051,900	462,200	2,472,800	1,883,200	4,057,700	3,468,100
Delaware	315,400	757,900	442,500	1,781,700	1,466,300	2,923,600	2,608,200
District of Columbia	272,500	388,600	116,100	913,600	641,100	1,499,200	1,226,700
Florida	2,977,100	3,253,200	276,100	7,647,700	4,670,600	12,549,300	9,572,200
Georgia	2,095,500	8,556,600	6,461,200	20,115,000	18,019,600	33,007,300	30,911,800
Hawaii	449,300	1,090,100	640,800	2,562,600	2,113,300	4,205,000	3,755,700
Idaho	407,600	2,518,100	2,110,600	5,919,700	5,512,100	9,713,700	9,306,200
Illinois	1,962,100	3,019,800	1,057,700	7,099,000	5,136,900	11,648,900	9,686,800
Indiana	1,330,500	2,313,300	982,800	5,438,000	4,107,600	8,923,400	7,593,000
Iowa	934,500	3,157,900	2,223,300	7,423,500	6,489,000	12,181,500	11,246,900
Kansas	603,700	1,501,000	897,300	3,528,500	2,924,800	5,790,000	5,186,300
Kentucky	1,395,500	2,749,800	1,354,400	6,464,300	5,068,900	10,607,500	9,212,000
Louisiana	1,453,600	2,936,600	1,483,000	6,903,300	5,449,800	11,327,800	9,874,300
Maine	467,600	468,300	800	1,100,900	633,400	1,806,500	1,339,000
Maryland	1,047,600	2,988,600	1,941,000	7,025,500	5,978,000	11,528,400	10,480,800
Massachusetts	1,477,600	2,980,700	1,503,100	7,007,200	5,529,600	11,498,300	10,020,700
Michigan	1,876,300	5,231,400	3,355,200	12,298,200	10,421,900	20,180,400	18,304,100
Minnesota	826,100	1,830,300	1,004,300	4,302,800	3,476,700	7,060,600	6,234,500
Mississippi	1,410,200	2,297,700	887,500	5,401,400	3,991,300	8,863,300	7,453,200
Missouri	1,365,800	2,618,600	1,252,700	6,155,800	4,790,000	10,101,200	8,735,400
Montana	491,200	729,400	238,100	1,714,700	1,223,400	2,813,600	2,322,400
Nebraska	443,400	684,300	240,900	1,608,700	1,165,300	2,639,700	2,196,300
Nevada	604,000	657,000	53,000	1,544,400	940,400	2,534,200	1,930,200
New Hampshire	320,500	383,600	63,100	901,700	581,200	1,479,700	1,159,200
New Jersey	2,267,800	2,404,700	136,900	5,653,100	3,385,300	9,276,300	7,008,500
New Mexico	815,900	1,887,100	1,071,200	4,436,100	3,620,200	7,279,300	6,463,400
New York	3,150,500	3,971,900	821,400	9,337,300	6,186,800	15,321,800	12,171,300
North Carolina	2,805,000	3,704,500	899,500	8,708,600	5,903,600	14,290,100	11,485,100
North Dakota	261,800	459,800	198,000	1,080,800	819,100	1,773,600	1,511,800
Ohio	2,064,800	3,828,000	1,763,200	8,998,900	6,934,100	14,766,600	12,701,700
Oklahoma	1,194,200	1,695,800	501,600	3,986,400	2,792,200	6,541,400	5,347,200
Oregon	643,800	429,700	-214,100	1,010,300	366,400	1,657,800	1,013,900
Pennsylvania	3,588,800	3,171,600	-417,200	7,456,000	3,867,200	12,234,700	8,645,900
Rhode Island	298,700	799,900	501,100	1,880,400	1,581,600	3,085,600	2,786,800
South Carolina	1,508,100	2,308,800	800,700	5,427,600	3,919,500	8,906,300	7,398,200
South Dakota	240,900	417,700	176,800	982,000	741,100	1,611,400	1,370,500
Tennessee	1,246,800	3,356,900	2,110,200	7,891,500	6,644,700	12,949,400	11,702,600
Texas	3,483,200	7,342,200	3,859,100	17,260,300	13,777,100	28,322,800	24,839,600
Utah	352,900	1,240,900	887,900	2,917,100	2,564,100	4,786,700	4,433,800
Vermont	224,600	169,700	-54,900	399,000	174,300	654,700	430,000
Virginia	1,150,400	1,903,900	753,400	4,475,700	3,325,200	7,344,200	6,193,800
Washington	1,253,300	2,113,300	860,000	4,968,000	3,714,800	8,152,200	6,898,900
West Virginia	619,800	2,171,700	1,551,900	5,105,200	4,485,500	8,377,300	7,757,600
Wisconsin	965,400	1,810,700	845,300	4,256,600	3,291,200	6,984,800	6,019,300
Wyoming	211,200	401,600	190,400	944,200	733,000	1,549,300	1,338,100
Column sources and formulas	T2.2-col. 3	T3.6-col. 7 * T2.5-col. 10 * T2.7-col. 10	col. 2 - col. 1	T3.6-col. 8 * T2.5-col. 10 * T2.7-col. 10	col. 4 - col. 1	T3.6-col. 9 * T2.5-col. 10 * T2.7-col. 10	col. 6 - col. 1

*Note that total for all states includes the 10% of appropriations that is not distributed to states for service provision.

TABLE 3.8 Number of new clients served at Title X-supported clinics after 50% expansion, percentage increase in clients and resulting spending per client, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
State	Title X expansion of 50% ($127M available for services)								
	Low estimate			Mid-range estimate			High estimate		
	No. of new clients	% increase in clients	Spending per client	No. of new clients	% increase in clients	Spending per client	No. of new clients	% increase in clients	Spending per client
U.S. total	**296,000**	**6.2%**	**218**	**695,900**	**14.6%**	**200**	**1,141,900**	**23.9%**	**185**
Alabama	3,500	3.7%	310	8,300	8.7%	296	13,700	14.3%	281
Alaska	800	9.7%	376	1,900	22.7%	336	3,100	37.3%	300
Arizona	5,700	12.5%	218	13,400	29.5%	190	21,900	48.4%	165
Arkansas	4,500	5.8%	217	10,600	13.7%	202	17,400	22.5%	188
California	22,700	3.1%	215	53,300	7.4%	206	87,400	12.1%	197
Colorado	2,900	5.9%	272	6,800	13.8%	253	11,100	22.6%	235
Connecticut	2,400	6.1%	225	5,600	14.3%	209	9,300	23.5%	193
Delaware	1,900	9.0%	161	4,400	21.1%	144	7,200	34.7%	130
District of Columbia	1,100	6.3%	225	2,600	14.8%	208	4,300	24.3%	192
Florida	10,200	4.6%	263	24,000	10.9%	248	39,400	17.9%	233
Georgia	20,100	11.6%	101	47,200	27.2%	89	77,400	44.6%	78
Hawaii	2,700	18.1%	170	6,400	42.5%	141	10,400	69.7%	119
Idaho	5,900	19.5%	72	13,800	45.9%	59	22,700	75.3%	49
Illinois	8,800	5.8%	204	20,600	13.5%	190	33,900	22.2%	177
Indiana	5,900	12.7%	222	13,800	29.9%	192	22,700	49.0%	168
Iowa	5,900	7.4%	147	13,900	17.4%	134	22,800	28.5%	123
Kansas	4,500	10.0%	127	10,700	23.4%	113	17,500	38.5%	101
Kentucky	7,200	6.6%	178	17,000	15.4%	164	27,900	25.3%	151
Louisiana	5,300	6.9%	251	12,600	16.3%	231	20,600	26.7%	212
Maine	1,400	4.9%	293	3,400	11.4%	276	5,600	18.7%	259
Maryland	6,700	8.9%	147	15,800	20.8%	133	25,900	34.2%	119
Massachusetts	6,300	9.6%	222	14,900	22.7%	199	24,400	37.2%	178
Michigan	10,100	5.8%	170	23,700	13.6%	158	38,900	22.2%	147
Minnesota	3,500	8.1%	222	8,200	19.1%	202	13,400	31.4%	183
Mississippi	8,700	11.3%	156	20,500	26.5%	138	33,600	43.5%	121
Missouri	7,800	9.4%	166	18,400	22.0%	149	30,100	36.1%	133
Montana	2,200	7.8%	209	5,200	18.3%	190	8,500	30.1%	173
Nebraska	1,900	4.9%	214	4,400	11.6%	201	7,200	19.0%	188
Nevada	1,400	5.2%	384	3,400	12.1%	360	5,500	19.9%	336
New Hampshire	1,200	4.0%	244	2,800	9.4%	232	4,500	15.4%	220
New Jersey	7,800	6.6%	268	18,300	15.4%	248	30,000	25.3%	228
New Mexico	4,700	11.9%	168	11,100	28.1%	147	18,200	46.1%	129
New York	8,300	2.7%	335	19,500	6.3%	323	32,000	10.3%	311
North Carolina	10,200	7.4%	255	24,100	17.4%	233	39,500	28.6%	213
North Dakota	1,200	7.8%	210	2,700	18.4%	191	4,500	30.2%	174
Ohio	10,100	7.8%	190	23,800	18.4%	173	39,100	30.1%	158
Oklahoma	5,100	6.5%	214	12,100	15.4%	198	19,800	25.2%	182
Oregon	1,300	1.5%	428	3,100	3.6%	419	5,000	5.9%	410
Pennsylvania	18,800	6.4%	176	44,100	15.2%	163	72,400	24.9%	150
Rhode Island	2,400	12.1%	120	5,700	28.5%	105	9,400	46.8%	92
South Carolina	5,200	5.1%	263	12,200	11.9%	247	20,000	19.6%	231
South Dakota	1,100	7.9%	205	2,600	18.7%	186	4,200	30.7%	169
Tennessee	7,700	6.9%	150	18,100	16.3%	138	29,700	26.7%	126
Texas	16,400	6.5%	196	38,500	15.2%	181	63,200	25.0%	167
Utah	3,000	11.1%	113	7,100	26.1%	100	11,600	42.8%	88
Vermont	500	5.5%	385	1,200	12.8%	360	2,000	21.1%	335
Virginia	5,000	6.3%	211	11,800	14.8%	195	19,300	24.3%	180
Washington	4,400	3.2%	253	10,300	7.6%	243	16,900	12.5%	232
West Virginia	4,300	7.0%	133	10,200	16.5%	122	16,700	27.1%	112
Wisconsin	4,300	9.5%	215	10,000	22.4%	192	16,500	36.8%	172
Wyoming	800	5.5%	234	1,900	12.8%	218	3,200	21.0%	204
Column sources and formulas	T2.1-col. 5 * col. 2	T2.2-col. 6 * 0.43	(T2.1-col. 1 + T2.2-col. 5) ÷ (col. 1 + T2.1-col. 5)	T2.1-col. 5 * col. 5	T2.2-col. 6 * 1.0	(T2.1-col. 1 + T2.2-col. 5) ÷ (col. 4 + T2.1-col. 5)	T2.1-col. 5 * col. 8	T2.2-col. 6 * 1.64	(T2.1-col. 1 + T2.2-col. 5) ÷ (col. 7 + T2.1-col. 5)

TABLE 3.9 Number of unintended pregnancies, abortions and unintended births averted by a 50% expansion of Title X, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
State	Title X expansion of 50% ($127M available for services)								
	Unintended pregnancies averted			Abortions averted			Unintended births averted		
	Low estimate	Mid-range estimate	High estimate	Low estimate	Mid-range estimate	High estimate	Low estimate	Mid-range estimate	High estimate
U.S. total	**51,840**	**121,870**	**199,980**	**20,890**	**49,110**	**80,590**	**24,730**	**58,130**	**95,390**
Alabama	650	1,520	2,490	260	610	1,000	310	720	1,190
Alaska	140	330	530	60	130	220	70	160	250
Arizona	860	2,020	3,310	350	810	1,330	410	960	1,580
Arkansas	750	1,750	2,870	300	710	1,160	360	840	1,370
California	4,200	9,870	16,190	1,690	3,980	6,520	2,000	4,710	7,720
Colorado	480	1,140	1,870	190	460	750	230	540	890
Connecticut	420	1,000	1,640	170	400	660	200	480	780
Delaware	310	730	1,200	130	300	480	150	350	570
District of Columbia	190	450	730	80	180	300	90	210	350
Florida	1,440	3,370	5,540	580	1,360	2,230	680	1,610	2,640
Georgia	3,320	7,810	12,810	1,340	3,150	5,160	1,580	3,720	6,110
Hawaii	470	1,110	1,820	190	450	740	230	530	870
Idaho	1,040	2,440	4,010	420	980	1,620	500	1,170	1,910
Illinois	1,500	3,530	5,790	600	1,420	2,330	720	1,680	2,760
Indiana	1,080	2,540	4,170	440	1,020	1,680	520	1,210	1,990
Iowa	1,120	2,640	4,340	450	1,070	1,750	540	1,260	2,070
Kansas	770	1,820	2,990	310	730	1,200	370	870	1,430
Kentucky	1,120	2,640	4,330	450	1,060	1,740	530	1,260	2,060
Louisiana	1,070	2,510	4,110	430	1,010	1,660	510	1,200	1,960
Maine	250	580	960	100	240	390	120	280	460
Maryland	1,210	2,850	4,680	490	1,150	1,890	580	1,360	2,230
Massachusetts	1,090	2,550	4,190	440	1,030	1,690	520	1,220	2,000
Michigan	1,910	4,490	7,360	770	1,810	2,970	910	2,140	3,510
Minnesota	630	1,490	2,450	260	600	990	300	710	1,170
Mississippi	1,660	3,900	6,400	670	1,570	2,580	790	1,860	3,050
Missouri	1,400	3,290	5,390	560	1,320	2,170	670	1,570	2,570
Montana	380	880	1,450	150	360	580	180	420	690
Nebraska	320	760	1,240	130	310	500	150	360	590
Nevada	260	600	990	100	240	400	120	290	470
New Hampshire	190	450	740	80	180	300	90	210	350
New Jersey	1,270	3,000	4,920	510	1,210	1,980	610	1,430	2,340
New Mexico	850	2,000	3,280	340	800	1,320	410	950	1,560
New York	1,370	3,220	5,290	550	1,300	2,130	650	1,540	2,520
North Carolina	1,910	4,480	7,360	770	1,810	2,960	910	2,140	3,510
North Dakota	200	460	760	80	190	310	90	220	360
Ohio	1,770	4,150	6,810	710	1,670	2,740	840	1,980	3,250
Oklahoma	830	1,950	3,200	330	790	1,290	400	930	1,530
Oregon	240	550	910	100	220	370	110	260	430
Pennsylvania	3,130	7,350	12,060	1,260	2,960	4,860	1,490	3,510	5,750
Rhode Island	360	840	1,380	140	340	560	170	400	660
South Carolina	1,010	2,380	3,900	410	960	1,570	480	1,130	1,860
South Dakota	220	510	840	90	210	340	100	240	400
Tennessee	1,440	3,390	5,570	580	1,370	2,240	690	1,620	2,660
Texas	2,870	6,750	11,070	1,160	2,720	4,460	1,370	3,220	5,280
Utah	580	1,370	2,250	240	550	910	280	650	1,070
Vermont	80	190	310	30	80	120	40	90	150
Virginia	1,010	2,360	3,880	410	950	1,560	480	1,130	1,850
Washington	740	1,730	2,840	300	700	1,140	350	820	1,350
West Virginia	760	1,800	2,950	310	720	1,190	360	860	1,410
Wisconsin	850	2,000	3,280	340	810	1,320	410	950	1,560
Wyoming	150	340	560	60	140	230	70	160	270
Column sources and formulas	T3.8-col. 1 * T2.1-col. 7 * 0.2034	T3.8-col. 4 * T2.1-col. 7 * 0.2034	T3.8-col. 7 * T2.1-col. 7 * 0.2034	col. 1 * 0.403	col. 2 * 0.403	col. 3 * 0.403	col. 1 * 0.477	col. 2 * 0.477	col. 3 * 0.477

TABLE 3.10 Cost savings from the Medicaid births averted and net savings under 50% expansion of Title X, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
State	Total additional Title X funding under 10% scenario*	Cost savings from additional Title X funding					
		Low estimate		Mid-range estimate		High estimate	
		Savings from Medicaid births averted	Net savings	Savings from Medicaid births averted	Net savings	Savings from Medicaid births averted	Net savings
U.S. total	**141,551,500**	**229,005,900**	**87,454,400**	**538,351,100**	**396,799,600**	**883,393,500**	**741,842,000**
Alabama	2,462,100	2,391,200	-70,900	5,621,200	3,159,100	9,224,000	6,761,900
Alaska	634,500	1,420,900	786,400	3,340,400	2,705,800	5,481,300	4,846,800
Arizona	2,531,600	3,659,800	1,128,100	8,603,500	6,071,800	14,117,700	11,586,000
Arkansas	2,144,900	3,354,800	1,209,800	7,886,400	5,741,500	12,941,100	10,796,100
California	10,978,200	16,422,300	5,444,100	38,605,900	27,627,700	63,349,400	52,371,200
Colorado	1,715,200	2,246,600	531,400	5,281,300	3,566,100	8,666,200	6,951,000
Connecticut	1,179,400	2,103,800	924,500	4,945,700	3,766,300	8,115,500	6,936,100
Delaware	630,800	1,515,800	885,000	3,563,300	2,932,600	5,847,200	5,216,400
District of Columbia	545,000	777,300	232,300	1,827,300	1,282,300	2,998,400	2,453,400
Florida	5,954,100	6,506,400	552,300	15,295,400	9,341,300	25,098,600	19,144,400
Georgia	4,190,900	17,113,200	12,922,300	40,230,100	36,039,200	66,014,500	61,823,600
Hawaii	898,500	2,180,100	1,281,600	5,125,100	4,226,600	8,410,000	7,511,400
Idaho	815,200	5,036,300	4,221,100	11,839,300	11,024,200	19,427,500	18,612,300
Illinois	3,924,200	6,039,600	2,115,300	14,198,000	10,273,700	23,297,800	19,373,600
Indiana	2,660,900	4,626,500	1,965,600	10,876,100	8,215,200	17,846,800	15,185,900
Iowa	1,869,100	6,315,700	4,446,600	14,847,100	12,978,000	24,362,900	22,493,800
Kansas	1,207,300	3,001,900	1,794,600	7,057,000	5,849,700	11,580,000	10,372,700
Kentucky	2,790,900	5,499,600	2,708,700	12,928,700	10,137,700	21,215,000	18,424,000
Louisiana	2,907,100	5,873,100	2,966,000	13,806,600	10,899,500	22,655,700	19,748,500
Maine	935,100	936,600	1,500	2,201,800	1,266,700	3,613,000	2,677,900
Maryland	2,095,100	5,977,100	3,882,000	14,051,100	11,956,000	23,056,800	20,961,700
Massachusetts	2,955,200	5,961,500	3,006,300	14,014,400	11,059,200	22,996,500	20,041,300
Michigan	3,752,500	10,462,900	6,710,400	24,596,300	20,843,800	40,360,700	36,608,200
Minnesota	1,652,100	3,660,700	2,008,500	8,605,600	6,953,400	14,121,100	12,469,000
Mississippi	2,820,400	4,595,400	1,775,000	10,802,900	7,982,500	17,726,700	14,906,300
Missouri	2,731,700	5,237,200	2,505,500	12,311,600	9,579,900	20,202,400	17,470,700
Montana	982,500	1,458,800	476,300	3,429,300	2,446,800	5,627,200	4,644,700
Nebraska	886,800	1,368,600	481,800	3,217,400	2,330,600	5,279,500	4,392,700
Nevada	1,207,900	1,313,900	106,000	3,088,800	1,880,800	5,068,400	3,860,500
New Hampshire	641,000	767,200	126,100	1,803,500	1,162,400	2,959,400	2,318,300
New Jersey	4,535,700	4,809,500	273,800	11,306,200	6,770,600	18,552,700	14,017,000
New Mexico	1,631,800	3,774,100	2,142,300	8,872,200	7,240,400	14,558,700	12,926,900
New York	6,301,000	7,943,800	1,642,900	18,674,500	12,373,600	30,643,500	24,342,500
North Carolina	5,610,000	7,409,000	1,799,000	17,417,200	11,807,200	28,580,300	22,970,300
North Dakota	523,500	919,500	396,000	2,161,700	1,638,200	3,547,200	3,023,700
Ohio	4,129,600	7,656,000	3,526,400	17,997,900	13,868,200	29,533,100	25,403,500
Oklahoma	2,388,300	3,391,500	1,003,200	7,972,800	5,584,500	13,082,800	10,694,500
Oregon	1,287,700	859,500	-428,200	2,020,500	732,800	3,315,500	2,027,800
Pennsylvania	7,177,600	6,343,300	-834,300	14,911,900	7,734,300	24,469,300	17,291,700
Rhode Island	597,500	1,599,800	1,002,300	3,760,800	3,163,300	6,171,100	5,573,600
South Carolina	3,016,100	4,617,600	1,601,500	10,855,200	7,839,100	17,812,600	14,796,500
South Dakota	481,800	835,500	353,700	1,964,000	1,482,200	3,222,800	2,741,000
Tennessee	2,493,500	6,713,800	4,220,300	15,783,000	13,289,500	25,898,800	23,405,200
Texas	6,966,300	14,684,500	7,718,200	34,520,500	27,554,200	56,645,600	49,679,300
Utah	705,800	2,481,700	1,775,900	5,834,100	5,128,300	9,573,400	8,867,500
Vermont	449,300	339,400	-109,800	797,900	348,700	1,309,300	860,100
Virginia	2,300,900	3,807,800	1,506,900	8,951,300	6,650,500	14,688,500	12,387,600
Washington	2,506,600	4,226,700	1,720,100	9,936,100	7,429,500	16,304,400	13,797,800
West Virginia	1,239,500	4,343,400	3,103,900	10,210,500	8,971,000	16,754,600	15,515,100
Wisconsin	1,930,900	3,621,400	1,690,500	8,513,200	6,582,300	13,969,500	12,038,700
Wyoming	422,400	803,300	380,900	1,888,300	1,465,900	3,098,600	2,676,200
Column sources and formulas	T2.2-col. 5	T3.9-col. 7 * T2.5-col. 10 * T2.7-col. 10	col. 2 - col. 1	T3.9-col. 8 * T2.5-col. 10 * T2.7-col. 10	col. 4 - col. 1	T3.9-col. 9 * T2.5-col. 10 * T2.7-col. 10	col. 6 - col. 1

*Note that total for all states includes the 10% of appropriations that is not distributed to states for service provision.

TABLE 3.11 Number of new clients served at Title X-supported clinics after 100% expansion, percentage increase in clients and resulting spending per client, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
State	Title X expansion of 100% ($255M available for services)								
	Low estimate			Mid-range estimate			High estimate		
	No. of new clients	% increase in clients	Spending per client	No. of new clients	% increase in clients	Spending per client	No. of new clients	% increase in clients	Spending per client
U.S. total	**592,000**	**12.4%**	**233**	**1,391,700**	**29.1%**	**200**	**2,283,800**	**47.8%**	**175**
Alabama	7,100	7.4%	323	16,600	17.5%	296	27,300	28.7%	270
Alaska	1,600	19.3%	410	3,800	45.5%	336	6,200	74.6%	280
Arizona	11,400	25.1%	241	26,700	59.0%	190	43,800	96.7%	153
Arkansas	9,000	11.7%	231	21,200	27.4%	202	34,800	45.0%	178
California	45,300	6.3%	223	106,500	14.8%	206	174,800	24.3%	190
Colorado	5,800	11.7%	289	13,600	27.6%	253	22,200	45.3%	222
Connecticut	4,800	12.2%	239	11,300	28.7%	209	18,500	47.0%	183
Delaware	3,700	18.0%	174	8,700	42.3%	144	14,300	69.4%	121
District of Columbia	2,200	12.6%	240	5,200	29.6%	208	8,600	48.5%	182
Florida	20,400	9.3%	276	48,100	21.8%	248	78,900	35.8%	222
Georgia	40,100	23.1%	111	94,300	54.4%	89	154,800	89.2%	73
Hawaii	5,400	36.1%	192	12,700	84.9%	141	20,900	139.4%	109
Idaho	11,800	39.1%	81	27,700	91.8%	59	45,400	150.7%	45
Illinois	17,600	11.5%	217	41,300	27.1%	190	67,700	44.5%	167
Indiana	11,800	25.4%	245	27,700	59.7%	192	45,400	98.0%	155
Iowa	11,800	14.8%	158	27,800	34.8%	134	45,700	57.0%	115
Kansas	9,100	19.9%	139	21,300	46.9%	113	35,000	77.0%	94
Kentucky	14,500	13.1%	190	34,100	30.9%	164	55,900	50.7%	142
Louisiana	10,700	13.8%	269	25,100	32.5%	231	41,300	53.4%	200
Maine	2,900	9.7%	309	6,800	22.8%	276	11,100	37.4%	246
Maryland	13,400	17.7%	160	31,600	41.7%	133	51,800	68.4%	112
Massachusetts	12,600	19.3%	242	29,700	45.3%	199	48,800	74.3%	166
Michigan	20,100	11.5%	181	47,400	27.1%	158	77,700	44.5%	139
Minnesota	7,000	16.3%	240	16,400	38.2%	202	26,900	62.7%	171
Mississippi	17,400	22.6%	172	41,000	53.1%	138	67,300	87.1%	113
Missouri	15,600	18.7%	180	36,700	44.0%	149	60,300	72.3%	124
Montana	4,400	15.6%	225	10,300	36.6%	190	16,900	60.1%	162
Nebraska	3,800	9.8%	225	8,800	23.2%	201	14,500	38.0%	179
Nevada	2,900	10.3%	405	6,700	24.3%	360	11,000	39.8%	320
New Hampshire	2,400	8.0%	255	5,500	18.7%	232	9,100	30.7%	211
New Jersey	15,600	13.1%	287	36,600	30.9%	248	60,100	50.7%	215
New Mexico	9,500	23.9%	185	22,200	56.1%	147	36,500	92.1%	119
New York	16,600	5.4%	345	39,000	12.6%	323	64,000	20.7%	302
North Carolina	20,500	14.8%	274	48,100	34.9%	233	79,000	57.3%	200
North Dakota	2,300	15.6%	226	5,500	36.8%	191	9,000	60.3%	163
Ohio	20,300	15.6%	205	47,700	36.7%	173	78,200	60.3%	148
Oklahoma	10,300	13.1%	229	24,100	30.7%	198	39,600	50.4%	172
Oregon	2,600	3.0%	436	6,100	7.2%	419	10,100	11.8%	402
Pennsylvania	37,500	12.9%	188	88,300	30.3%	163	144,800	49.7%	142
Rhode Island	4,900	24.3%	132	11,400	57.0%	105	18,700	93.6%	85
South Carolina	10,400	10.2%	278	24,400	23.9%	247	40,000	39.2%	220
South Dakota	2,200	15.9%	221	5,200	37.4%	186	8,500	61.3%	158
Tennessee	15,400	13.8%	160	36,200	32.5%	138	59,500	53.4%	119
Texas	32,800	13.0%	209	77,000	30.5%	181	126,400	50.0%	157
Utah	6,000	22.2%	124	14,100	52.2%	100	23,200	85.6%	82
Vermont	1,100	10.9%	408	2,500	25.7%	360	4,100	42.1%	318
Virginia	10,000	12.6%	225	23,600	29.6%	195	38,700	48.5%	170
Washington	8,800	6.5%	263	20,600	15.2%	243	33,900	25.0%	224
West Virginia	8,600	14.0%	142	20,300	33.0%	122	33,400	54.1%	105
Wisconsin	8,500	19.1%	234	20,100	44.9%	192	33,000	73.6%	160
Wyoming	1,600	10.9%	247	3,900	25.6%	218	6,300	42.1%	193
Column sources and formulas	T2.1-col. 5 * col. 2	T2.2-col. 8 * 0.43	(T2.1-col. 1 + T2.2-col. 7) ÷ (col. 1 + T2.1-col. 5)	T2.1-col. 5 * col. 5	T2.2-col. 8 * 1.0	(T2.1-col. 1 + T2.2-col. 7) ÷ (col. 4 + T2.1-col. 5)	T2.1-col. 5 * col. 8	T2.2-col. 8 * 1.64	(T2.1-col. 1 + T2.2-col. 7) ÷ (col. 7 + T2.1-col. 5)

TABLE 3.12 Number of unintended pregnancies, abortions and unintended births averted by a 100% expansion of Title X, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
State	Title X expansion of 100% ($255M available for services)								
	Unintended pregnancies averted			Abortions averted			Unintended births averted		
	Low estimate	Mid-range estimate	High estimate	Low estimate	Mid-range estimate	High estimate	Low estimate	Mid-range estimate	High estimate
U.S. total	**103,690**	**243,750**	**399,970**	**41,790**	**98,230**	**161,190**	**49,460**	**116,270**	**190,790**
Alabama	1,290	3,040	4,980	520	1,220	2,010	620	1,450	2,380
Alaska	280	650	1,070	110	260	430	130	310	510
Arizona	1,710	4,030	6,610	690	1,620	2,670	820	1,920	3,150
Arkansas	1,490	3,500	5,750	600	1,410	2,320	710	1,670	2,740
California	8,390	19,730	32,380	3,380	7,950	13,050	4,000	9,410	15,440
Colorado	970	2,270	3,730	390	920	1,500	460	1,080	1,780
Connecticut	850	1,990	3,270	340	800	1,320	400	950	1,560
Delaware	620	1,470	2,410	250	590	970	300	700	1,150
District of Columbia	380	890	1,470	150	360	590	180	430	700
Florida	2,870	6,750	11,080	1,160	2,720	4,460	1,370	3,220	5,280
Georgia	6,640	15,610	25,620	2,680	6,290	10,320	3,170	7,450	12,220
Hawaii	950	2,220	3,650	380	900	1,470	450	1,060	1,740
Idaho	2,080	4,890	8,020	840	1,970	3,230	990	2,330	3,820
Illinois	3,000	7,060	11,580	1,210	2,840	4,670	1,430	3,370	5,520
Indiana	2,160	5,080	8,340	870	2,050	3,360	1,030	2,420	3,980
Iowa	2,250	5,290	8,670	910	2,130	3,500	1,070	2,520	4,140
Kansas	1,550	3,640	5,980	620	1,470	2,410	740	1,740	2,850
Kentucky	2,240	5,270	8,650	900	2,120	3,490	1,070	2,510	4,130
Louisiana	2,130	5,010	8,230	860	2,020	3,320	1,020	2,390	3,930
Maine	500	1,170	1,910	200	470	770	240	560	910
Maryland	2,430	5,700	9,360	980	2,300	3,770	1,160	2,720	4,460
Massachusetts	2,170	5,100	8,370	870	2,060	3,370	1,040	2,430	3,990
Michigan	3,820	8,970	14,720	1,540	3,620	5,930	1,820	4,280	7,020
Minnesota	1,270	2,980	4,900	510	1,200	1,970	610	1,420	2,340
Mississippi	3,320	7,800	12,800	1,340	3,140	5,160	1,580	3,720	6,100
Missouri	2,800	6,570	10,790	1,130	2,650	4,350	1,330	3,140	5,150
Montana	750	1,770	2,900	300	710	1,170	360	840	1,380
Nebraska	650	1,520	2,490	260	610	1,000	310	720	1,190
Nevada	510	1,200	1,970	210	480	790	240	570	940
New Hampshire	380	900	1,480	150	360	600	180	430	710
New Jersey	2,550	5,990	9,830	1,030	2,410	3,960	1,220	2,860	4,690
New Mexico	1,700	3,990	6,550	680	1,610	2,640	810	1,910	3,130
New York	2,740	6,450	10,580	1,110	2,600	4,260	1,310	3,080	5,050
North Carolina	3,810	8,970	14,710	1,540	3,610	5,930	1,820	4,280	7,020
North Dakota	390	930	1,520	160	370	610	190	440	730
Ohio	3,530	8,300	13,620	1,420	3,350	5,490	1,680	3,960	6,500
Oklahoma	1,660	3,900	6,400	670	1,570	2,580	790	1,860	3,050
Oregon	470	1,110	1,820	190	450	730	230	530	870
Pennsylvania	6,250	14,700	24,120	2,520	5,920	9,720	2,980	7,010	11,500
Rhode Island	720	1,690	2,770	290	680	1,120	340	810	1,320
South Carolina	2,020	4,750	7,800	820	1,920	3,140	960	2,270	3,720
South Dakota	440	1,020	1,680	180	410	680	210	490	800
Tennessee	2,890	6,790	11,140	1,160	2,740	4,490	1,380	3,240	5,310
Texas	5,740	13,500	22,150	2,310	5,440	8,930	2,740	6,440	10,560
Utah	1,170	2,740	4,500	470	1,110	1,810	560	1,310	2,150
Vermont	160	370	610	60	150	250	80	180	290
Virginia	2,010	4,730	7,760	810	1,900	3,130	960	2,250	3,700
Washington	1,470	3,460	5,670	590	1,390	2,290	700	1,650	2,710
West Virginia	1,530	3,600	5,900	620	1,450	2,380	730	1,720	2,810
Wisconsin	1,700	4,000	6,560	680	1,610	2,640	810	1,910	3,130
Wyoming	290	690	1,130	120	280	450	140	330	540
Column sources and formulas	T3.11-col. 1 * T2.1-col. 7 * 0.2034	T3.11-col. 4 * T2.1-col. 7 * 0.2034	T3.11-col. 7 * T2.1-col. 7 * 0.2034	col. 1 * 0.403	col. 2 * 0.403	col. 3 * 0.403	col. 1 * 0.477	col. 2 * 0.477	col. 3 * 0.477

TABLE 3.13 Cost savings from the Medicaid births averted and net savings under 100% expansion of Title X, low, mid-range and high estimates, by state

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
State	Total additional Title X funding under 10% scenario*	Cost savings from additional Title X funding					
		Low estimate		Mid-range estimate		High estimate	
		Savings from Medicaid births averted	Net savings	Savings from Medicaid births averted	Net savings	Savings from Medicaid births averted	Net savings
U.S. total	**283,103,000**	**458,011,700**	**174,908,700**	**1,076,702,100**	**793,599,100**	**1,766,787,100**	**1,483,684,100**
Alabama	4,924,200	4,782,400	-141,800	11,242,400	6,318,300	18,448,000	13,523,800
Alaska	1,269,100	2,841,900	1,572,800	6,680,700	5,411,700	10,962,600	9,693,500
Arizona	5,063,300	7,319,600	2,256,300	17,207,000	12,143,700	28,235,300	23,172,100
Arkansas	4,289,900	6,709,500	2,419,600	15,772,900	11,483,000	25,882,100	21,592,200
California	21,956,500	32,844,700	10,888,200	77,211,800	55,255,400	126,698,800	104,742,300
Colorado	3,430,300	4,493,100	1,062,800	10,562,500	7,132,200	17,332,300	13,902,000
Connecticut	2,358,700	4,207,600	1,848,900	9,891,400	7,532,600	16,231,000	13,872,300
Delaware	1,261,500	3,031,600	1,770,100	7,126,700	5,865,200	11,694,400	10,432,900
District of Columbia	1,090,000	1,554,600	464,600	3,654,500	2,564,500	5,996,800	4,906,800
Florida	11,908,300	13,012,800	1,104,500	30,590,800	18,682,500	50,197,200	38,288,900
Georgia	8,381,800	34,226,500	25,844,600	80,460,200	72,078,400	132,029,100	123,647,300
Hawaii	1,797,100	4,360,300	2,563,200	10,250,300	8,453,200	16,819,900	15,022,800
Idaho	1,630,300	10,072,500	8,442,200	23,678,700	22,048,400	38,854,900	37,224,600
Illinois	7,848,500	12,079,200	4,230,700	28,395,900	20,547,500	46,595,600	38,747,100
Indiana	5,321,800	9,253,000	3,931,200	21,752,200	16,430,400	35,693,700	30,371,900
Iowa	3,738,200	12,631,400	8,893,200	29,694,200	25,956,000	48,725,900	44,987,700
Kansas	2,414,700	6,003,900	3,589,200	14,114,000	11,699,300	23,160,000	20,745,300
Kentucky	5,581,800	10,999,300	5,417,500	25,857,300	20,275,500	42,429,900	36,848,100
Louisiana	5,814,300	11,746,200	5,932,000	27,613,300	21,799,000	45,311,300	39,497,100
Maine	1,870,200	1,873,200	3,000	4,403,700	2,533,400	7,226,100	5,355,900
Maryland	4,190,300	11,954,200	7,764,000	28,102,200	23,911,900	46,113,600	41,923,300
Massachusetts	5,910,400	11,923,000	6,012,500	28,028,800	22,118,300	45,993,100	40,082,600
Michigan	7,505,000	20,925,800	13,420,700	49,192,700	41,687,600	80,721,500	73,216,400
Minnesota	3,304,300	7,321,300	4,017,100	17,211,200	13,906,900	28,242,200	24,937,900
Mississippi	5,640,700	9,190,700	3,550,000	21,605,700	15,965,000	35,453,400	29,812,700
Missouri	5,463,400	10,474,300	5,011,000	24,623,200	19,159,900	40,404,800	34,941,500
Montana	1,965,000	2,917,500	952,600	6,858,600	4,893,600	11,254,500	9,289,500
Nebraska	1,773,600	2,737,200	963,700	6,434,700	4,661,200	10,558,900	8,785,300
Nevada	2,415,900	2,627,800	211,900	6,177,500	3,761,700	10,136,900	7,721,000
New Hampshire	1,282,100	1,534,300	252,300	3,607,000	2,324,900	5,918,800	4,636,700
New Jersey	9,071,300	9,619,000	547,700	22,612,500	13,541,100	37,105,300	28,034,000
New Mexico	3,263,600	7,548,200	4,284,600	17,744,500	14,480,900	29,117,400	25,853,800
New York	12,602,000	15,887,700	3,285,700	37,349,100	24,747,100	61,287,000	48,685,000
North Carolina	11,220,000	14,818,000	3,597,900	34,834,400	23,614,300	57,160,600	45,940,500
North Dakota	1,047,000	1,839,100	792,100	4,323,400	3,276,300	7,094,300	6,047,300
Ohio	8,259,300	15,312,000	7,052,700	35,995,700	27,736,400	59,066,300	50,807,000
Oklahoma	4,776,700	6,783,000	2,006,300	15,945,700	11,169,000	26,165,600	21,388,900
Oregon	2,575,300	1,719,000	-856,400	4,041,000	1,465,700	6,631,000	4,055,700
Pennsylvania	14,355,200	12,686,600	-1,668,600	29,823,800	15,468,600	48,938,700	34,583,500
Rhode Island	1,194,900	3,199,500	2,004,600	7,521,500	6,326,600	12,342,200	11,147,300
South Carolina	6,032,300	9,235,300	3,203,000	21,710,400	15,678,100	35,625,200	29,592,900
South Dakota	963,600	1,670,900	707,400	3,928,100	2,964,500	6,445,700	5,482,100
Tennessee	4,987,100	13,427,700	8,440,600	31,566,100	26,579,000	51,797,500	46,810,500
Texas	13,932,600	29,368,900	15,436,300	69,041,000	55,108,400	113,291,100	99,358,500
Utah	1,411,700	4,963,500	3,551,800	11,668,300	10,256,600	19,146,700	17,735,000
Vermont	898,500	678,800	-219,700	1,595,800	697,300	2,618,700	1,720,100
Virginia	4,601,700	7,615,500	3,013,800	17,902,700	13,300,900	29,376,900	24,775,200
Washington	5,013,200	8,453,300	3,440,200	19,872,200	14,859,000	32,608,800	27,595,600
West Virginia	2,479,000	8,686,800	6,207,700	20,421,000	17,941,900	33,509,300	31,030,200
Wisconsin	3,861,800	7,242,800	3,381,000	17,026,400	13,164,700	27,939,100	24,077,300
Wyoming	844,800	1,606,500	761,700	3,776,600	2,931,900	6,197,200	5,352,400
Column sources and formulas	T2.2-col. 7	T3.12-col. 7 * T2.5-col. 10 * T2.7-col. 10	col. 2 - col. 1	T3.12-col. 8 * T2.5-col. 10 * T2.7-col. 10	col. 4 - col. 1	T3.12-col. 9 * T2.5-col. 10 * T2.7-col. 10	col. 6 - col. 1

* Note that total for all states includes the 10% of appropriations that is not distributed to states for service provision.

Chapter 4

Discussion

The estimates developed here show that increased expenditures through the Title X national family planning program would have an important impact. Moreover, they demonstrate that the larger the investment, the larger the payout in terms of new clients served, unintended pregnancies, abortions and unintended births averted, and government savings. A 25% increase in Title X appropriations, for example, would avert a mid-range estimate of 61,000 unintended pregnancies, which represents a 2% decrease in the number of unintended pregnancies, abortions and unintended births from their levels earlier this decade. Moreover, doing so would lead to a mid-range net savings estimate of $198 million. Doubling Title X appropriations would be a four times greater investment, and it would have a four times greater an impact. It is important to note that although the mid-range estimates reflect the likely national results in the aggregate, we provide a wide margin around the estimates to reflect the flexibility that individual grantees have in determining how to allocate increases in funds: for example, the mid-range estimate of 61,000 unintended pregnancies mentioned above is likely to fall within a range of 26,000 to 100,000, and the mid-range net savings of $198 million is likely to fall within a range of $44 million to $371 million.

Because of limits in the available evidence, we needed to simplify the assumptions for our estimates, and in particular, we assume a linear relationship between increased levels of funding and the estimated impact. It is possible that once a high level of coverage of women in need of subsidized services is achieved, the remaining women in need will be harder and more costly to reach, and that in the later stages of expansion, this relationship is no longer linear. Another caution that should be borne in mind in interpreting the estimates is that implementation of increases in funding, especially at the higher funding levels, will not be achieved in a short period of time and may take a few years.

A recent Guttmacher Institute study demonstrated that another means of increasing financial support for family planning services—expanding Medicaid eligibility for services—would also help women to avoid unintended pregnancies, abortions and unintended births, and save money for the government.[38] Yet, Medicaid and Title X are fundamentally different programs, each with their own advantages. Medicaid, in providing broad-based health coverage to millions of Americans, ties dollars to individual women, who can choose to receive services from public clinics or certain private-sector providers. Title X, in contrast, can pay for women not eligible for Medicaid, fill in clinics' financial gaps, and be used for outreach, education, clinic operations and other activities.

In short, Medicaid and Title X are complementary, and both are needed to ensure access to contraceptive services for low-income women. Because Medicaid does not reimburse clinics for nearly the full cost of serving a client, a program such as Title X may be necessary for a Medicaid expansion to have maximum impact. Moreover, because even a large-scale Medicaid expansion will not reach all those in need of publicly subsidized care, substantial increases to Title X are critical.

One of the long-acknowledged strengths of Title X is its decentralized nature: Individual grantees—in most cases, the state department of health itself—are given the latitude to assess their own circumstances and the needs of their clients, and to design efforts that best address these needs. The ability to adapt to meeting local needs is fundamental to the effectiveness of the Title X program. It is this variability in the content of individual Title X projects that determines the assumptions that underlie our estimates of how an increase in funding would be allocated.

We assume that some grantees would devote most of their increase in funding to serving new clients and would have economies of scale in place to facilitate increasing client numbers. Others would devote substantial amounts of money to outreach and education

activities, to serving special-needs clients, to keeping up with the rising costs of supplies and staff, or to expanding the range of services provided to existing clients. To some degree, this would be a matter of choice for grantees, but it would be largely determined by state and local circumstances, such as the extent to which public clinics and other providers are currently meeting the needs of women for subsidized family planning services, and the level of other funding, such as Medicaid or state dollars, available to their projects.

It must be emphasized that this report's estimates are based exclusively on changes in contraceptive use among new clinic clients—the impact of helping some nonusers to become contraceptive users and of helping some current users choose more effective methods. We have not attempted to quantify the benefits of better outreach, improved contraceptive counseling, language assistance programs, noncontraceptive health services, or any of the other myriad ways grantees could spend new Title X funds. In essence, we are counting all of the costs of a Title X expansion, but only a fraction of the benefits. Similarly, our estimates do not take into account factors that cannot be predicted, such as unexpected cost increases, political controversies or other potential changes in the national, state or local political, social and economic environment. Such changes could have a positive or negative effect on our estimates.

Although not all of the potential benefits of increased Title X funding are captured in our estimates, all would be expected to contribute to maintaining and expanding access to family planning services in the United States. The need to do so is particularly strong at this moment in time. Contraceptive use fell among all women from 1995 to 2002, and the drop was much larger among low-income women.[39] Over that same period, unintended pregnancy rates increased by 29% among poor women, even as they fell by 20% among their higher-income peers.[40] Poor women are now four times as likely as more affluent women to experience an unintended pregnancy.

High levels of unintended pregnancy translate into high levels of both unintended birth and abortion. Poor women are now five times as likely as more affluent women to have an unintended birth, an outcome that can have serious consequences for women, their families and society. And although abortion rates declined among more affluent women from 1994 to 2001, they rose among poor women, who are now more than three times as likely as more affluent women to have an abortion.[41]

The data presented here suggest one means of beginning to address these issues. Increased funding for the Title X national family planning program would expand access to contraceptive services and reduce the incidence of unintended pregnancy and unintended birth. It would also lead to a reduction in abortion. Moreover, every dollar spent on Title X actually saves money for the federal and state governments. This combination of benefits makes additional funding for Title X worthy of close examination by policymakers.

Nonetheless, it must be acknowledged that in addition to access to contraceptive information and services, other factors are also important determinants of improving contraceptive use and reducing unintended pregnancy in the United States. Much more needs to be understood about the difficulties women and couples have in using contraceptives properly and consistently, even when they have access to services and supplies. Better understanding of other factors, including the role played by psychosocial issues and interpersonal dynamics, would open up new avenues for helping women and men to improve their contraceptive use. In addition, much more attention should be paid to the constructive role that society and public policy might play in better supporting people as they try to exercise individual responsibility in their sexual and reproductive lives. Identifying and addressing these factors and obstacles, along with establishing a firm foundation of access to services for all who need them, are critically important components of a much-needed national effort to rekindle progress in reducing unintended pregnancy.

Appendix A:

Methodological Note 1: Multipliers for Estimating Impact

Because the methodology used in this analysis is based on the linear effects of new funding on each outcome estimated—expected new clients, unintended events avoided and cost savings—it is possible to calculate multipliers that can be used to make estimates of impact given other expansion scenarios not considered in this report.

At the simplest level, if additional scenarios are expressed as percentages of our current 100% scenario (e.g., additional funding at 75% of current appropriations), one can simply use the 100% scenario results and multiply each outcome by the appropriate proportion of 100% desired (e.g., 0.75).

Alternatively, for potential funding increases that are not expressed as percentages of current appropriations, we have provided national multipliers for each outcome measure given $10,000 in added Title X revenues (Table A1). Again, for all of the reasons detailed in the report, it is not possible to make one set of estimates, but rather a range is provided, representing low, mid-range and high estimates.

Methodological Note 2: Adjustments for Contraceptive Failure Rates

To estimate the proportion of women in each subgroup who would be expected to experience an unintended pregnancy, we began with one-year contraceptive failure rates for subgroups defined by age, marital status and poverty status estimated in 1999.[42] (The method-specific failure rates for the entire population are presented in Table 2.4, column 1, for purposes of illustration.) However, these one-year failure rates cannot accurately predict the number of unintended pregnancies that would actually occur to a population of women using each method at a particular point in time: Some women will not have used the method for the entire 12 months (and therefore are exposed for shorter periods of time); others may have used their method for much longer than one year, and their failure rates would be expected to be much lower. Therefore, we calculated a discount factor that would accurately adjust for these situations and result in expected numbers of unintended pregnancies that are in line with the actual numbers of unintended pregnancies occurring among U.S. women.

Adjustment of method use failure rates. To calculate this adjustment factor, we compared the actual number of unintended pregnancies that occurred among U.S. women using reversible contraceptive methods in a one-year period with the expected number of unintended pregnancies, which were calculated by applying subgroup-specific one-year contraceptive failure rates to the total population of U.S. women using reversible contraceptives (broken into appropriate subgroups). Specifically, in 2001, of the 3.1 million unintended pregnancies that occurred, 1.5 million were to women who reported having used a reversible contraceptive method during the month of conception.[43] In the same year, 24.3 million U.S. women reported current use of reversible contraceptive methods in the NSFG. Applying the subgroup-specific failure rates to these 24.3 million women results in an expected 2.5 million unintended pregnancies to users of reversible methods (if we assume use over a one-year period and first-year failure rates). Therefore, in order to use a point-in-time distribution of women by method use to accurately predict expected unintended pregnancies over a one-year period, it is necessary to discount our one-year failure rates by 59.84%.* This discount factor was then applied to each subgroup-specific one-year failure rate prior to calculation of the expected unintended pregnancies before and after a Title X expansion.

*This figure was calculated as follows: 1,513,238 actual unintended pregnancies among reversible contraceptive users divided by 2,528,597 expected unintended pregnancies, based on one-year failure rates = 0.5984.

Adjustment of nonuse failure rates. A separate calculation was made to adjust the number of unintended pregnancies that would be expected among women who did not use any method. We began with age-specific expected failure rates for no method use that vary around the average failure rate for no method (85%) but take into account expected fecundity differences among women in different age-groups.[44] Then, similar to the methodology employed in adjusting failure rates for reversible methods, we compared the actual number of unintended pregnancies that occurred among U.S. women who were using no method with the expected number of unintended pregnancies that would occur among women currently using no method if they continued to be nonusers all year. Here the differences between actual and expected unintended pregnancies are even more extreme. In 2001, 1.6 million unintended pregnancies occurred among women who were using no method in the month they conceived. In contrast, 4.6 million women in the NSFG were current nonusers who were at risk for unintended pregnancy, and applying age-specific nonuse failure rates to these women would result in an expected 4.0 million unintended pregnancies. Thus, the overall adjustment that would be necessary to account for differences in the actual versus the expected number of unintended pregnancies during one year among all women who were nonusers at some point in time would be 40%.

However, this average adjustment cannot be assumed to apply to all nonusers equally, and we expect that real differences in nonuse failure rates would vary according to women's likelihood of becoming a Title X client. There are several reasons that actual and expected unintended pregnancies among nonusers are so different, including length of exposure to nonuse (periods of nonuse are typically shorter than one year); frequency of sexual activity (nonuse failure rates of 85% assume frequent exposure through regular sexual activity); and women's fecundity (even fecund women may have difficulty getting pregnant and their nonuse may be related to knowing that a pregnancy is unlikely to occur). Nonusers who have infrequent sexual activity or know that it may be difficult for them to conceive are probably less likely to seek out family planning services at a Title X–supported clinic than are those nonusers who would be likely to become pregnant if they remained nonusers or who may have had a recent unintended pregnancy while they were using no method.

Therefore, in order to determine an adjustment factor that would be appropriate for this analysis, we attempted to measure how much of the difference between expected and actual unintended pregnancies among nonusers could be attributed to length of exposure to nonuse and how much was likely due to reduced frequency of sexual activity or decreased fecundity among nonusers. Using national data on average lengths of nonuse over a one-year period, we estimated that, overall, women's exposure to nonuse equaled only 77% of the total time that would be expected if all current nonusers remained nonusers for an entire year. Thus, we expect that the remainder of the difference between expected and actual unintended pregnancies among nonusers can be attributed to nonusers who have a reduced likelihood of experiencing contraceptive failure due to decreased levels of sexual activity or fecundity. Here we assume that those women who are nonusers prior to becoming Title X clients (21.5% of potential participants) should have nonuse failure rates that are adjusted to account for the likelihood that, for part of the year, they either used contraceptives or were not sexually active. Yet because they are seeking family planning services, we assume that their fecundity and frequency of sexual activity are similar to those of other women already using services and that their nonuse failure rates should not be adjusted to account for decreased levels of sexual activity or fecundity. We therefore applied the adjustment of 77% to our age-specific failure rates for nonuse prior to calculation of expected unintended pregnancies.

Table A1 National multipliers to obtain impact estimates for each $10,000 of expanded Title X revenues, low, mid-range and high estimates

Outcome measure	Low	Mid-range	High
No. of new clients in Title X programs	20.91	49.17	80.68
No. of unintended pregnancies averted	3.66	8.61	14.13
No. of abortions averted	1.48	3.47	5.69
No. of unintended births averted	1.75	4.11	6.74
Savings from unintended Medicaid births averted	16,178	38,032	62,408
Net savings	6,178	28,032	52,408

Note: These multipliers cannot be used to make state estimates of impact.

References

1. Finer LB and Henshaw SK, Disparities in rates of unintended pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90–96; and Boonstra HD et al., *Abortion in Women's Lives*, New York: Guttmacher Institute, 2006.

2. Committee on Unintended Pregnancy, Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, Washington, DC: National Academy Press, 1995.

3. Guttmacher Institute, *Women in Need of Contraceptive Services and Supplies, 2001–2004*, 2006, <http://www.guttmacher.org/pubs/win/index.html>, accessed July 28, 2006.

4. Ibid.

5. Forrest JD and Samara R, Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures, *Family Planning Perspectives*, 1996, 28(5):188–195.

6. Guttmacher Institute, 2006, op. cit. (see reference 3).

7. Sonfield A and Gold RB, *Public Funding for Contraceptive, Sterilization and Abortion Services, FY 1980–2001*, 2005, <http://www.guttmacher.org/pubs/fpfunding/index.html>, accessed May 31, 2006.

8. Frost JJ, Sonfield A and Gold RB, Estimating the impact of expanding Medicaid eligibility for family planning services, *Occasional Report*, New York: Guttmacher Institute, 2006, No. 28.

9. Lindberg LD et al., The provision and funding of contraceptive services at publicly funded family planning agencies: 1995–2003, *Perspectives on Sexual and Reproductive Health*, 2006, 38(1):37–45.

10. Frost JJ, Frohwirth L and Purcell A, The availability and use of publicly funded family planning clinics: U.S. trends, 1994–2001, *Perspectives on Sexual and Reproductive Health*, 2004, 36(5):206–215.

11. Sonfield A and Gold RB, 2005, op. cit. (see reference 7).

12. Ross DC and Cox L, *In a Time of Growing Need: State Choices Influence Health Coverage Access for Children and Families*, Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2005.

13. Sonfield A et al., *Cost Pressures on Title X Family Planning Grantees, FY 2001–2004*, 2006, <www.guttmacher.org/pubs/2006/08/01/CPTX.pdf>, accessed Sept. 22, 2006.

14. Frost JJ and Frohwirth L, *Family Planning Annual Report: 2004 Summary, Part 1*, New York: The Alan Guttmacher Institute (AGI), 2005.

15. Lindberg LD et al., 2006, op. cit.(see reference 9); and Lindberg LD et al., Provision of contraception and related services by publicly funded family planning clinics, 2003, *Perspectives on Sexual and Reproductive Health*, 2006, 38(3): 139–147.

16. Frost JJ and Frohwirth L, 2005, op. cit. (see reference 14).

17. Frost JJ, Frohwirth L and Purcell A, 2004, op. cit. (see reference 10).

18. AGI, *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics*, New York: AGI, 2000.

19. Forrest JD and Samara R, 1996, op. cit. (see reference 5).

20. Lindberg LD et al., 2006, op. cit. (see reference 15).

21. Gold RB, Nowhere but up: rising costs for Title X clinics, *The Guttmacher Report on Public Policy*, 2002, 5(5):6–9; and Sonfield A et al., 2006, op. cit. (see reference 13).

22. Lindberg LD et al., 2006, op. cit. (see reference 9).

23. Lindberg LD et al., 2006, op. cit. (see reference 15).

24. Office of Population Affairs, U.S. Department of Health and Human Services, Funding history, FY 1971–2005, <http://opa.osophs.dhhs.gov/titlex/ofp-funding-history.html>, accessed Oct. 31, 2006.

25. Frost JJ and Frohwirth L, 2005, op. cit. (see reference 14).

26. Ibid.; Frost JJ, *Family Planning Annual Report: 2003 Summary, Part 1*, New York: AGI, 2004; Frost JJ, *Family Planning Annual Report: 2001 Summary, Part 1*, New York: AGI, 2002; and Manzella KA and Frost JJ, *Family Planning Annual Report: 2000 Summary, Part 1*, New York: AGI, 2001.

27. Bureau of Labor Statistics, U.S. Department of Labor, Consumer Price Index, all urban consumers, medical care, <http://www.bls.gov/cpi/>, accessed July 6, 2006.

28. Forrest JD and Samara R, 1996, op. cit. (see reference 5); Frost JJ et al., Pregnancies averted by publicly funded family planning services, unpublished manuscript, 2006; and Frost JJ, Sonfield A and Gold RB, op. cit. (see reference 8).

29. Finer LB and Henshaw SK, 2006, op. cit. (see reference 1).

30. Ross DC and Cox L, 2005, op. cit. (see reference 12).

31. Department of Health and Human Services, Annual update of the HHS poverty guidelines, *Federal Register*, 2004, 69(30):7336–7338.

32. Frost JJ, Sonfield A and Gold RB, 2006, op. cit. (see reference 8).

33. Guttmacher Institute, special analysis of state Medicaid family planning waiver applications and evaluations, 2006.

34. Bureau of Labor Statistics, U.S. Department of Labor, Consumer Price Index, all urban consumers, medical care,

<http://www.bls.gov/cpi/>, accessed Mar. 14, 2006.

35. Zuckerman S et al., Changes in Medicaid physician fees, 1998–2003: Implications for physician participation, *Health Affairs*, 2004, 23(Web exclusives):W4-374–384.

36. Holahan J and Suzuki S, Medicaid managed care payment methods and capitation rates in 2001, *Health Affairs*, 2003, 22(1):204–218.

37. Holahan J and Suzuki S, *Medicaid Managed Care Payment Methods and Capitation Rates in 2001: Results of a New National Survey*, 2003, <http://www.urban.org/publications/410660.html>, accessed Mar. 16, 2006.

38. Frost JJ, Sonfield A and Gold RB, 2006, op. cit. (see reference 8).

39. Mosher WD et al., Use of contraception and use of family planning services in the United States: 1982–2002, *Advance Data from Vital and Health Statistics*, 2004, No. 350.

40. Finer LB and Henshaw SK, 2006, op. cit. (see reference 1).

41. Boonstra HD et al., 2006, op. cit. (see reference 1).

42. Fu H et al., Contraceptive failure rates: new estimates from the 1995 National Survey of Family Growth, *Family Planning Perspectives*, 1999, 31(2):56–63.

43. Finer LB and Henshaw SK, 2006, op. cit. (see reference 1).

44. Harlap S, Kost K and Forrest JD, *Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States*, New York: AGI, 1991.