

Title X in California

In "Estimates of Pregnancies Averted Through California's Family Planning Waiver Program in 2002" [2006, 38(3):126-131], Diana Greene Foster and colleagues discuss the many successes of California's Family PACT program. As the authors note, Family PACT (Planning, Access, Care and Treatment) funds services to eligible individuals with incomes up to 200% of the federal poverty level through a fee-for-service system that includes nearly 3,000 providers statewide who participate in Medi-Cal, California's Medicaid program. However, contrary to a statement made in the article, the Title X program in California is also a major source of support for services for needy men and women. Through community-based not-for-profit public and private providers at more than 300 sites, Title X funds clinical services for individuals with incomes up to 250% of the federal poverty level, as well as education and community outreach services not funded by any other public source.

The increasing price of contraceptives and new contraceptive technologies, the rising cost of advanced diagnostic tests, the severe shortage of health care workers and the inadequate level of Medicaid reimbursements all contribute to gaps between costs and payments to providers. Title X, the last public source to which agencies can turn, helps to offset some of these service payment gaps.

The value of the Title X dollars in California cannot be underestimated. Although the state is home to nearly 11% of the U.S. population, it receives less than 8% of the national Title X grant. Still, the California Title X program serves more than 790,000 women and men—or roughly 15% of all those receiving care through Title X nationally—each year. The program serves more men than any other Title X program in the United States, and a higher proportion of Title X clients in California than elsewhere are men. Through its collaborative effort with Family PACT, California averted more than 200,000 unplanned pregnancies in 2002, as Foster and her colleagues point out.¹

Yet, even with the waiver program, only 56% of women in need of publicly funded family planning services were served in FY 2004–2005.² The unmet need is large, and the possibilities for even more dramatic results are significant.

California has made family planning a priority, and its efforts have paid off in dramatic reductions in teenage pregnancy rates and in the number of unplanned pregnancies. I regret that Title X's important role in achieving these remarkable results was not communicated clearly in the Foster article.

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1. The Alan Guttmacher Institute (AGI), Family planning annual report: 2004 summary, part 1, New York: AGI, 2005; and California Family Health Council (CFHC), Family planning annual report, 2004, Los Angeles: CFHC, 2005.

2. Darney P et al., Family PACT program report FY04–05, San Francisco: Bixby Center for Reproductive Health Research & Policy, University of California, 2006.

The authors reply:

Thank you for clarifying Title X's role in providing family planning services in California. In our article, we neglected to mention the clinical services Title X provides to women with incomes of 200–250% of the federal poverty level and its important function of reducing funding gaps. The estimates in the article are based solely on clinical services reimbursed through Family PACT. However, Title X contributed to the program's success by supporting client education and outreach, and by supporting Family PACT providers whose expenditures were not covered by Family PACT and Medi-Cal reimbursement. Had we studied the impact of all of Title X's activities, the total fertility effect of publicly funded family planning programs in California would have been even greater than we reported.