

## **President to Seek Major Increases in Funds For Family Planning**

Although the administration's annual budget request is not formally transmitted to Congress until early February (the official release date of the FY 2000 budget is February 7), over the last few years the Clinton administration has announced its intentions concerning selected programs it considers to be of particularly high priority. This year, that was the case with family planning. President Bill Clinton devoted his January 8 weekly radio address to this topic, using the opportunity to announce that he will propose large funding increases for both domestic and international family planning programs.

"We all agree," the president said, "that we want to save lives, help women and children stay healthy and empower families to take responsibility for their own choices. Supporting reproductive health and family planning is one of the very best ways to do that. We know it works. At home and abroad, we don't have a woman's life—or a child's healthy start—to waste."

Accordingly, the president said he will ask Congress to increase funding for Title X, the central domestic family planning program, by \$35 million over the current level to \$274 million in FY 2001. The president said this increase—the largest dollar increase in the program in two decades—would be used to help continue the downward trend in teenage pregnancy rates and to improve access to contraceptive services for adult women, including hard-to-reach populations. Moreover, increased funding, according to the president, would enhance the ability of family planning clinics across the country to provide more comprehensive services, such as routine gynecologic care and screening for sexually transmitted diseases and cancer, as well as

HIV/AIDS prevention, education and screening services.

The president also noted his support for the requirement, first enacted in FY 1999, that health plans for federal government employees cover the broad range of Food and Drug Administration-approved contraceptive methods. He stated his intention to continue that requirement for the benefit of the 1.2 million women of reproductive age currently enrolled in the Federal Employees Health Benefits Program, adding that he hoped this requirement would set a standard for private insurers as well.

Finally, the president declared that the United States is committed to good reproductive health for women in the developing world as well as for American women "because it's right, and because it will help build the kind of world we want for our own children." He said he would ask Congress to increase funding for the U.S. Agency for International Development's population program by \$169 million to \$542 million. Moreover, he emphasized that he would ask Congress to do so without reapplying the restrictions in effect for this year that "hamper the work of family planning organizations and even bar them from discussing or debating reproductive health policies" (see related story, page 1). The administration's FY 2001 request for the United Nations Population Fund has not yet been announced.

## **Supreme Court Adds Second Abortion Case To Its 2000 Calendar**

In a move destined to heighten the visibility of the issue in a presidential election year, the U.S. Supreme Court announced on January 14 that it will consider the constitutionality of state bans on so-called partial-birth abortion. The Court will review a lower court decision that struck down Nebraska's "partial-birth" abortion

ban. In September 1999, the Court of Appeals for the Eighth Circuit overturned the Nebraska statute, along with statutes enacted in Arkansas and Iowa, on the grounds that the bans were so broadly written as to prohibit several common abortion procedures that are used even early in pregnancy. A month later, the Court of Appeals for the Seventh Circuit came to the opposite conclusion and upheld "partial-birth" abortion bans enacted in Illinois and Wisconsin—which likely served as an incentive for the Supreme Court to take up the controversial issue at this time. In agreeing to hear the Nebraska case, the justices indicated they were interested in the question of how far states may go in regulating abortion but would not take up the underlying issue of a woman's right to end her pregnancy.

Meanwhile, the Court heard oral arguments on January 19 on the constitutionality of a Colorado law creating a "floating bubble zone" that requires protesters to keep at least eight feet away from patients and staff entering and leaving reproductive health facilities. The case—which pits the free speech rights of abortion demonstrators against the right of women to obtain medical care—appears to be a close one for the justices. In 1994 the Court upheld "fixed" buffer zones barring demonstrations within 36 feet of clinic entrances and driveways, but in 1997 it struck down a judge-imposed floating bubble zone that allowed a 15-foot space around patients and staff as they entered or left clinics. In light of its 1997 ruling, the justices ordered Colorado's supreme court to reconsider Colorado's law. But even after its reevaluation, the state court concluded that the Colorado law could survive constitutional challenge. As with the "partial-birth" abortion case, the justices are expected to announce their decision before the Supreme Court adjourns for the year early this summer.

## California's Expansion Of Medicaid Family Planning Approved

The federal Health Care Financing Administration on December 1, 1999, approved California's request to expand Medicaid coverage of family planning services in the state, bringing to 12 the number of states with approved Medicaid expansions (see chart). Most of these states have obtained federal approval to continue coverage for women enrolled in the program whose eligibility otherwise would be terminated. Generally, these are women with income above a state's normal Medicaid eligibility ceiling who are covered only during pregnancy and a 60-day postpartum period. Five states, including California, have now obtained federal approval to expand Medicaid eligibility solely on the basis of income to people who were not previously covered (*TGR*, Vol. 2, No. 2, April 1999).

Under the California expansion—approved as a five-year research-and-demonstration “waiver” of existing Medicaid rules—the U.S. government and California will share the costs of providing family planning services to both men and women in the state with incomes up to 200% of the federal poverty line. Since 1997, California has used

exclusively state funds to expand coverage of family planning services to residents with incomes above the state's regular Medicaid eligibility ceiling of 86%. That effort has enrolled nearly 780,000 individuals since its inception; approximately 5% of the enrollees are men.

Under the California waiver, family planning services are defined to include the provision of Food and Drug Administration–approved contraceptive methods, male and female sterilization, breast and cervical cancer screening, diagnosis and treatment of sexually transmitted diseases, education and counseling services, HIV diagnosis and basic infertility assessment. In addition, the waiver permits health care providers to determine eligibility for the program at the point of service, making it unnecessary for an applicant to have any contact with the state social services agency.

## DHHS Cites Impact Of Family Planning, Sets Goals for 2010

The Centers for Disease Control and Prevention (CDC) has identified family planning as one of the top 10 public health achievements of the 20th century. In the December 3, 1999, edition of *Morbidity and Mortality Weekly Report*, CDC traces key social, legal and technological developments in family planning during the past 100 years. The report attributes the decline in average family size from 3.5 children in 1900 to two children today, as well as the reduction in maternal and early childhood mortality rates, to the advent of modern contraceptive methods and discusses the impact of publicly funded family planning efforts, which originated in the late 1960s and early 1970s, on rates of unintended pregnancy and abortion. “Access to high quality contraceptive services will continue to be an important factor in promoting healthy pregnancies and preventing

unintended pregnancy in this country” and around the world, the report says, even as it notes that “marshaling public support for efforts [aimed at improving access to contraception and] the full array of reproductive health-care services remains a challenge.”

On the heels of the CDC report, the Department of Health and Human Services on January 24 released its *Healthy People 2010*, which devotes an entire chapter to family planning. Part of the decennial *Healthy People* series, the document sets national goals and objectives designed to improve the public health in several key areas. In contrast to *Healthy People 2000*, which focused largely on adolescent pregnancy, *Healthy People 2010* adopts the broader perspective that every pregnancy should be intended and emphasizes the relationship between birthspacing and maternal and child health. With adolescent pregnancy viewed within this context, the document continues to emphasize the need to reduce teenage pregnancy and sexually transmitted disease (STD) rates through comprehensive, abstinence-based sexuality education programs. Other highlights of the chapter include new objectives designed to increase male involvement in pregnancy prevention and family planning; to improve insurance coverage of contraceptives; and to increase awareness and use of emergency contraceptives. In addition to the chapter on family planning, *Healthy People 2010* has entire chapters devoted to STDs, to HIV and to maternal, infant and child health. ☉

### FAMILY PLANNING MEDICAID WAIVERS

EXTENDING COVERAGE FOR WOMEN LOSING MEDICAID POSTPARTUM	GRANTING COVERAGE SOLELY ON THE BASIS OF INCOME
ALABAMA* ARIZONA DELAWARE† FLORIDA MARYLAND NEW YORK RHODE ISLAND SOUTH CAROLINA	ARKANSAS CALIFORNIA NEW MEXICO OREGON SOUTH CAROLINA

\*Mobile County only. †Extends coverage to women losing Medicaid coverage for any reason.