

Publicly Funded Family Planning Services In The United States

WHO NEEDS CONTRACEPTIVE SERVICES?

- The typical American woman, who wants two children, spends close to three years pregnant, postpartum or trying to become pregnant, and three decades—more than three-quarters of her reproductive life—trying to avoid pregnancy.
- Nearly half of all pregnancies in the United States each year—almost three million—are unintended. By age 45, more than half of all American women will have experienced an unintended pregnancy, and three in 10 will have had an abortion.
- There were 67 million U.S. women of reproductive age (13–44) in 2013.
- More than half of these women (38 million) were in need of contraceptive services and supplies; that is, they were sexually active and able to become pregnant, but were not pregnant and did not wish to become pregnant.

WHO NEEDS PUBLICLY FUNDED SERVICES?

- Of the 38 million women in need of contraceptive care in 2013, 20 million were in need of publicly funded services and supplies because they either had an income below 250% of the federal poverty level or were younger than 20.
- Need for publicly funded services has grown steadily since 2000, rising 17% between 2000 and 2010. Between 2010 and 2013, the number of women in need increased by another 5%, representing 918,000 additional women. All the

growth in the need for publicly funded contraceptive services between 2000 and 2013 was among low-income adult women.

- Among the 20 million women in need of publicly funded contraceptive care, 77% (15.3 million) were low-income adults, and 23% (4.7 million) were younger than 20.
- Of the 20 million women in need of publicly funded services in 2013, approximately 9.8 million were non-Hispanic white, 3.6 million were non-Hispanic black and 4.9 million were Hispanic. (The remaining women were of other or multiple races and ethnicities.)
- Between 2000 and 2010, the number of women in need of publicly funded services who were Hispanic increased by 47%, the number of black women in

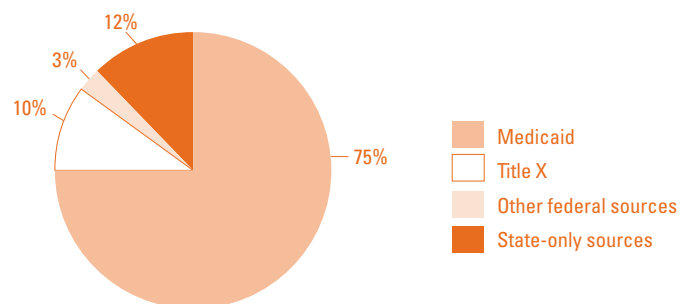
need increased by 17% and the number of white women in need increased by 4%. From 2010 to 2013, the need for publicly funded services increased an additional 7% among Hispanic women, an additional 6% among black women and an additional 3% among white women.

IS PUBLIC FUNDING AVAILABLE?

- Public expenditures for family planning services totaled \$2.37 billion in FY 2010.
- Medicaid accounted for 75% of total expenditures, state appropriations for 12% and Title X for 10%. Other sources, such as the maternal and child health block grant, the social services block grant and Temporary Assistance for Needy Families, together accounted for 3% of total funding.
- The joint federal-state Medicaid program spent \$1.8 billion for family plan-

Public Funding Sources

Public expenditures on family planning client services, FY 2010



ning services in FY 2010. The program reimburses providers for contraceptive and related services delivered to enrolled individuals. The federal government pays 90% of the cost of these services, and the states pay the remaining 10%.

- Title X of the Public Health Service Act, the only federal program devoted specifically to supporting family planning services, contributed \$228 million in FY 2010. It subsidizes services for women and men who do not meet the narrow eligibility requirements for Medicaid, maintains the national network of family planning centers and sets the standards for the provision of family planning services.

- Even among Title X–supported centers, Medicaid was the largest national source of financial support in 2010. Medicaid contributed 37% of all revenue reported by these centers, and Title X provided 22%. The remaining 41% came from state and local governments, other federal programs, private insurance and fees paid by clients.

- When inflation is taken into account, public funding for family planning client services increased 31% from FY 1980 to FY 2010.

- Twenty-six states have broadened Medicaid eligibility

requirements to provide coverage for family planning under the program to individuals based solely on their income; most of these states set the income ceiling at or near 200% of the federal poverty level in order to match the ceiling they use for pregnancy-related care. An additional three states have adopted much more limited expansions.

- Sixty-three percent of U.S. women of reproductive age who are in need of publicly funded family planning services live in one of the 26 states that have income-based Medicaid family planning eligibility expansions.

WHO RECEIVES PUBLICLY FUNDED SERVICES?

- In 2010, 8.9 million women—47% of all women in need of publicly subsidized care—received publicly funded contraceptive services from clinics (6.7 million) or from private doctors serving Medicaid enrollees (2.2 million).

- Teenagers represented nearly one in four contraceptive clients served by safety-net health centers in 2010; about 1.5 million women younger than 20 were served by these centers.

- In 2013, 8.3 million women, representing 42% of women in need of publicly subsidized

care, received publicly supported contraceptive services.

WHERE ARE PUBLICLY FUNDED SERVICES PROVIDED?

- In 2010, subsidized family planning services were provided at 8,409 safety-net health centers—3,165 (38%) were federally qualified health centers, 2,439 (29%) were health department clinics, 1,324 (16%) were other clinics, 817 (10%) were Planned Parenthood centers and 664 (8%) were hospital clinics.

- More than one-third (36%) of women who obtained contraceptive care from safety-net centers in 2010 received services from Planned Parenthood sites, 27% from health department clinics, 16% from federally qualified health centers, 13% from other, independent clinics and 8% from hospital outpatient facilities.

- In 2010, there were more than 4,100 Title X-supported centers.

- In 2010, 82% of U.S. counties had at least one safety-net health center providing family planning services, and 72% of counties had at least one Title X-funded center.

- In 2013, 71% of all women served by publicly funded centers (4.1 million) were served by centers that received some funding from Title X.

WHAT SERVICES DO PUBLICLY FUNDED CENTERS OFFER?

- More than half of centers (54%) reported offering clients at least 10 of 13 possible reversible contraceptive methods in 2010, an increase from 35% of centers in 2003.

- Oral contraceptives, injectables (e.g., Depo Provera) and condoms are provided by more than nine in 10 safety-net health centers; 80% offer emergency contraceptive pills.

- More than half of centers (57%) report that they are unable to stock certain contraceptive methods due to cost.

- The availability of long-acting reversible contraceptive methods increased significantly between 2003 and 2010. IUD provision increased from 57% to 63%, and the implant, which was unavailable in 2003, was offered by 39% of centers in 2010.

- Centers with a reproductive health focus offer a greater range of contraceptive methods onsite and are more likely to have protocols that help clients initiate and continue using methods, compared with those that focus on primary care.

- Similarly, centers that receive support through Title X provide a higher average number of contraceptive methods and are more likely to have protocols that enable easy initiation and continuation of methods, compared with those that do not receive Title X funding.

- In 2010, four in 10 centers (39%) offered same-day appointments to new contraceptive clients. Among all centers, the average wait for an appointment was just over five days. Additionally, 39% of centers offered extended hours in the evenings or on weekends.

- Virtually all safety-net health centers provide pregnancy testing, and the vast majority offer STI testing (97%) and treatment (95%), HIV testing (92%) and HPV vaccinations (87%).

Definition

A safety-net health center that provides contraceptive services is a site that offers contraceptive services to the general public and uses public funds, including Medicaid, to provide free or reduced-fee services to at least some clients. These sites may be operated by a diverse range of provider agencies, including public health departments, Planned Parenthood affiliates, hospitals, community health centers and other, independent organizations. Some of these centers specialize in the provision of contraceptive services while others offer contraceptive care in the context of comprehensive primary care. In this fact sheet, “center” is used instead of the synonymous term “clinic.”

- Although most safety-net health centers focus on serving women, most also offer services to men. Overall, 8% of clients served by safety-net health centers in 2010 were male. Some 63% of clinics provide STI treatment to male partners when female clients test positive, and 57% provide STI services to men on their own. Additionally, half of all centers reported that men receive contraceptive services directly.

PUBLICLY FUNDED CENTERS' ROLE AS SAFETY-NET PROVIDERS

- More than six in 10 women who obtained care at a publicly funded center that provides contraceptive services in 2006–2010 considered the center their usual source of medical care. For four in 10 women obtaining care at family planning centers that specialize in the provision of contraceptive care, that center is their only source of health care.
- One in four women who obtained a contraceptive service in 2006–2010 did so at a pub-

licly funded center. Of these, 9% obtained their care from an independent family planning center, such as a Planned Parenthood clinic or other facility that focuses on providing contraceptive care; 8% did so at a community clinic, such as a community health center; 6% did so at a health department clinic; and 5% did so at a hospital outpatient or school-based clinic.

- Fourteen percent of all women who obtained contraceptive services in 2006–2010, and 25% of all poor women who received a contraceptive service, did so at a site that received funding through the Title X program. Ten percent of women who received a Pap test or pelvic exam in that period did so at a Title X–funded site.
- Eighteen percent of women who received testing, treatment or counseling for an STI in 2006–2010 did so at a Title X–funded site. Fourteen percent of women who were tested for HIV did so at a Title X–supported site.

WHAT IMPACT DO FAMILY PLANNING SERVICES HAVE?

- In 2013, publicly funded family planning services helped women to avoid 2 million unintended pregnancies, which would have resulted in about 1 million unintended births and nearly 700,000 abortions.

- In 2013, without publicly funded family planning services from all sources, the number of unintended pregnancies, unplanned births and abortions occurring in the United States would have been 60% higher.

In 2013, without publicly funded family planning services from centers alone, the number of unintended pregnancies, unplanned births and abortions would have been 42% higher, and among teens these events would have been 41% higher.

- In 2013, publicly funded family planning services provided at Title X–supported centers helped prevent 1. million unintended pregnancies, which would have resulted in about 501,000 unintended births and 345,000 abortions.

- In 2010, publicly funded family planning services prevented 288,000 unplanned births after a short interpregnancy interval (<18 months) and 164,000 unplanned preterm or low-birth-weight births. Services provided at Title X–supported centers alone accounted for 152,000 short interpregnancy interval births and 87,000 preterm or low-birth-weight births.

- In 2010, STI testing services provided as part of a publicly funded family planning visit prevented 99,000 chlamydia infections and 16,000 gonorrhea infections. Services provided at Title X–supported centers accounted for 53,000 averted chlamydia infections and 8,800 gonorrhea infections.

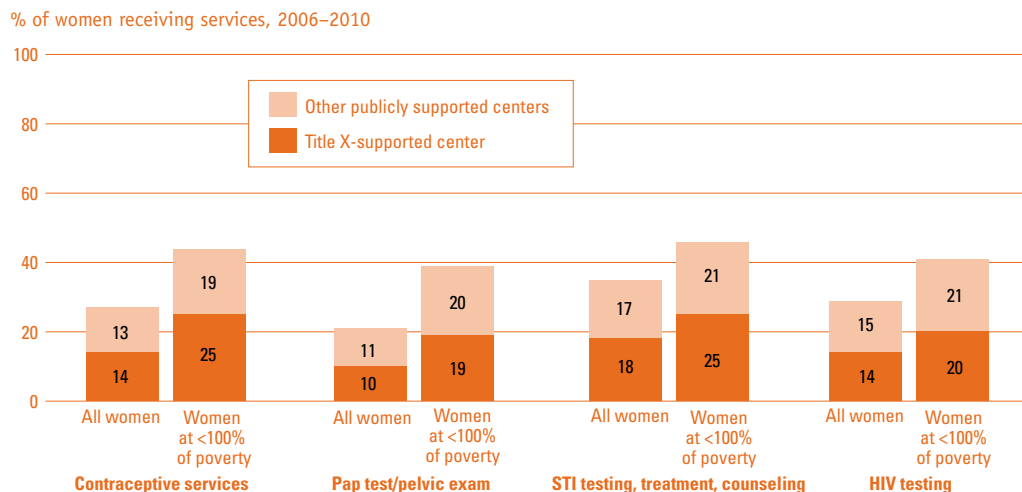
- In 2010, services provided as part of a publicly funded family planning visit related to cervical cancer prevention, including Pap and HPV testing and the HPV vaccine, prevented 3,700 cases of cervical cancer and 2,100 cervical cancer deaths. Services provided at Title X–supported centers accounted for 1,900 cases of cervical cancer and 1,100 cervical cancer deaths averted.

- All together, the services provided at publicly funded family planning visits in 2010 resulted in a net savings to the federal and state governments of \$13.6 billion. The services provided at Title X–supported centers alone accounted for \$7.0 billion of that total.

- In other words, in 2010, every \$1.00 invested in publicly funded family planning services saved \$7.09 in Medicaid and other public expenditures that otherwise would have been needed.

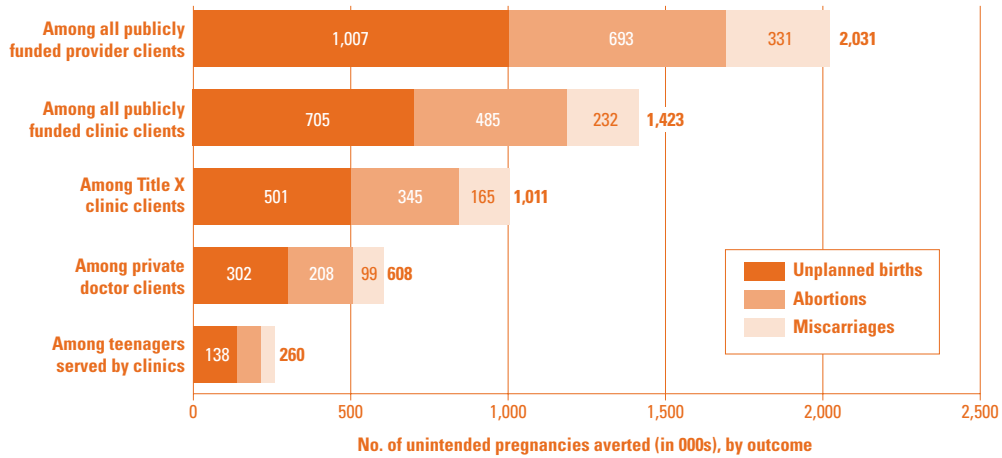
Importance of Publicly Supported Centers

One-quarter of U.S. women and nearly half of poor women obtaining contraceptive services do so at safety-net health centers.



Unplanned Pregnancies Averted

In 2013, publicly supported services helped avert two million unintended pregnancies.



SOURCES OF DATA

The data in this fact sheet are the most current available as of March 2016.



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New York

125 Maiden Lane
New York, NY 10038 USA
Tel: 212.248.1111 Fax: 212.248.1951
info@guttmacher.org

Washington DC

1301 Connecticut Ave. NW, Suite 700
Washington, DC 20036
Tel: 202.296.4012, Fax: 202.223.5756
info@guttmacher.org

www.guttmacher.org