

Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System

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Executive Summary

The advent of modern contraception has been hailed for its public health achievements and for advancing women's self-sufficiency and their educational, social and economic opportunities. Yet, although contraceptive use is nearly universal today, ensuring that every pregnancy is wanted and planned is difficult. Women and couples need assistance in the form of meaningful access to family planning options.

- About half of U.S. pregnancies—more than three million each year—are unintended, and by age 45, more than half of all American women will have experienced an unintended pregnancy.
- Barriers to access are particularly salient for those without stable and sufficient personal resources. Four in 10 poor women of reproductive age are uninsured, and 17.5 million American women need publicly supported contraceptive services.
- After years of progress in reducing income and racial disparities in contraceptive use, some of these gaps have widened again. Disparities in unintended pregnancy rates are also pronounced and growing worse.

Publicly Funded Family Planning: Past and Present

Growing recognition of the social, economic and health benefits of enabling women and couples to better control the number and timing of their pregnancies led to the establishment in 1970 of the Title X family planning program. Two years later, Congress required states to cover family planning under Medicaid. These programs remain the foundation of publicly funded family planning.

- In 2006, more than nine million clients received publicly funded contraceptive services. Some 8,200 family plan-

ning centers provided services to 7.2 million contraceptive clients; Title X-supported centers served 66%. One in four women who obtain contraceptive services—including half of poor women—do so at a publicly funded center.

- One in six women who obtain a Pap test or a pelvic exam do so at a family planning center, as do one-third of women who have an HIV test or who receive counseling, testing or treatment for an STI other than HIV. Because the package of services a center provides includes the same services provided in a woman's annual gynecologic exam and because centers often serve as a woman's entry point into the health care system, more than six in 10 women who obtain care at a center consider it their usual source of medical care.
- By providing millions of women with access to contraceptive services they want and need, publicly funded family planning helps women each year avoid 1.94 million unintended pregnancies. Without these services, the numbers of unintended pregnancies and abortions would be nearly two-thirds higher than they currently are among women overall and among teens.
- Every dollar invested in helping women avoid pregnancies they did not want to have saves \$4.02 in Medicaid expenditures that otherwise would have been needed for pregnancy-related care.

Leveraging Medicaid and Title X

Over the last decade and a half, funding for family planning services has undergone a realignment that has revealed a synergy between Title X and Medicaid: Increasingly, Medicaid pays for core clinical care, and Title X wraps around that core to buttress the system of family planning centers and fill gaps in services and coverage.

- Seventy-one percent of the \$1.85 billion spent by the federal and state governments to provide family planning services in 2006 came from Medicaid. Recent increases in Medicaid spending have been driven by state-initiated family planning expansions; two-thirds of the growth from 1994 to 2006 occurred in expansion states. These expansions have improved access to care, helped women avert unintended pregnancies and births, and generated significant cost savings in the process.
- Title X can pay for the services and activities not covered under Medicaid, such as expanded counseling and outreach; it can fill the gap left by inadequate Medicaid reimbursement; and it can pay for individuals ineligible for Medicaid coverage, including many immigrants. Critically, Title X can support the provider infrastructure in ways that Medicaid simply cannot.
- The availability of Medicaid, or any form of insurance, would quickly become meaningless absent a healthy network of providers to care for low-income clients. Although private providers have a critical role to play, they are increasingly unlikely to accept Medicaid clients. Instead, low-income women turn to family planning centers—supported by grants such as Title X—because of the low-cost, high-quality, confidential and accessible care offered.

Challenges Facing Family Planning Centers

Despite their myriad accomplishments, publicly funded family planning centers face significant challenges, including a growing and increasingly diverse clientele, new demands for counseling and clinical care, and sharply rising costs.

- Family planning centers are having to tailor their outreach efforts to address clients' widening array of languages and cultures; differing attitudes, values and beliefs about topics like sex, pregnancy, contraception and privacy; and fears about jeopardizing their immigration status. Centers are also struggling to reach potential clients with extremely complicated life situations, such as those who are homeless, incarcerated or impacted by domestic violence, substance abuse or mental health issues.
- To provide the multilingual, culturally sensitive and client-centered counseling and education that clients need, centers are placing a renewed emphasis on the human resources central to the effort, and are finding that having a sufficient number and mix of personnel is critical.
- Family planning centers are working to tailor clinical care to clients' needs. An increasing number of individuals are turning to centers for STI services, in part because routine screening for HIV and other STIs is becoming the standard of care for the population groups these centers serve.
- Expanded screening and newer diagnostic technologies for STIs and cervical cancer have added to the expense of

a family planning visit. Newer methods of contraception are often more expensive, and even the cost of oral contraceptives has escalated rapidly in recent years. Finally, staffing costs have risen sharply, and centers are struggling to compete with higher private-sector salaries.

Next Steps

Moving forward, policymakers need to establish a new framework for the publicly subsidized family planning effort that purposefully builds on the emerging relationship between Title X and Medicaid in a way that leverages their unique strengths. That framework should be premised on Medicaid's being the funding source of the clinical component of care for most individuals served. Congress should require states to provide family planning coverage at least up to the same income level they use to determine eligibility for Medicaid-covered pregnancy-related care. It should address other enrollment barriers in these family planning expansions and in the broader Medicaid program: The current ban on covering legal immigrants in their first five years should be eliminated, the burdensome citizenship documentation requirement should be eased and policymakers should consider allowing even immigrants who are in the country illegally to obtain reproductive health care—including family planning services—under Medicaid. In addition, reimbursement should be simplified and should be adjusted annually to adequately cover the costs of providing care.

Title X has not been reexamined in a quarter century, so providers have been left to confront today's challenges with an antiquated structure. Title X dollars will continue to be needed to cover individuals, services and activities that Medicaid does not or cannot cover. Mechanisms to assess the impact of Title X, which currently count merely the aggregate number of clients served, must be adjusted to reflect the myriad ways program funds are used to fill these gaps in services. Primarily, however, the new framework should recognize and value Title X's central role in sustaining the provider infrastructure, including basic operating needs, investments in new technology, expanded clinic hours and locations, and training and pay for clinicians, counselors and frontline staff. New leadership from the Office of Population Affairs and cooperation among federal and state agencies will be critical to making this framework work.

Reinvigorating the national family planning program—in terms of financing, infrastructure and leadership—would be an important contribution to the broader health care reform effort. These steps would also help consolidate family planning in the public mind as the basic health care that women have long known it to be. By acknowledging its importance alongside that of other essential preventive care, the authors and advocates of reform can help end an era in which family planning has too often been disparaged as a source of political controversy, rather than valued as a health care necessity.