



Contraceptive Needs and Services: National and State Data, 2008 Update

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May 2010

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ACKNOWLEDGMENTS

This report was written by Jennifer J. Frost, and data analysis and tabulations were executed by Jennifer J. Frost, Stanley K. Henshaw and Adam Sonfield, all of the Guttmacher Institute. The research was supported by the Office of Population Affairs, U.S. Department of Health and Human Services, under grants FPRPA006017 and FPRPA006050.

The authors thank the following Guttmacher colleagues: Suzette Audam, for assistance in programming and data tabulations; and Lawrence B. Finer and Rachel B. Gold, for reviewing drafts of the report and tables.

The Guttmacher Institute gratefully acknowledges the general support it receives from individuals and foundations—including major grants from the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation and the Ford Foundation—which undergirds all of the Institute’s work.

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Suggested citation: Frost JJ, Henshaw SK and Sonfield A, *Contraceptive needs and services: national and state data, 2008 update*, New York: Guttmacher Institute, 2010.

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Highlights

Need for Services

- There were nearly 66 million U.S. women of reproductive age (13–44) in 2008, a number that has remained stable since 2000 (Table A, column 1).
- More than half of these women (36 million) were in need of contraceptive services and supplies because they were sexually active, able to get pregnant, and not currently pregnant or trying to get pregnant (Table A, column 2; see Key Definitions).
- The number of women in need of contraceptive services and supplies rose 6% between 2000 and 2008. This increase occurred primarily among women of color. Between 2000 and 2008, the number of non-Hispanic black women in need rose by 11% and the number of Hispanic women in need rose by 27%, while the number of non-Hispanic white women in need remained virtually unchanged (Table A, columns 7–9).
- A total of 17.4 million women were considered to be in need of *publicly funded* contraceptive services and supplies in 2008. Some 5.0 million, or 29%, of these were because they were in need of contraceptive services and were younger than 20 (Table B, columns 1 and 2). Teenagers in families of any income level who are in need of contraception are considered to need publicly funded care because of their need for confidentiality.
- Some 12.4 million of the women in need of publicly funded contraceptive services and supplies, or 71%, were adults with family incomes below 250% of the federal poverty level (\$44,000 for a family of three in 2008). Of this group, 4.5 million were poor adult women below 100% of the federal poverty level (\$17,600 for a family of three in 2008), and 7.9 million were low-income adult women (100–249% of poverty). Between 2000 and 2008, the number of poor adult women in need increased by 10%, a larger increase than occurred among either teens (4%) or middle-income adult women (6%) (Table B, columns 3 and 4).

Women Served and Pregnancies Averted

- In 2008, an estimated 7.1 million female contraceptive clients were served at publicly funded clinics; two-thirds (4.7 million women) were served at sites supported by the federal Title X program (Table C, columns 1 and 6).
- Clinics met 41% of the need for publicly funded contraceptive care; those funded by Title X met 27% of need (Table C, columns 2 and 7).
- Publicly funded clinics helped to avert some 1.5 million unintended pregnancies. Of these pregnancies, 656,000 would have resulted in an unplanned birth and 616,000 would have resulted in an abortion (the remainder would have resulted in miscarriage; Table C, columns 3–5).
- Contraceptive services at Title X–funded clinics in 2008 helped to avert some 973,000 unintended pregnancies, which would have resulted in 433,000 unplanned births and 406,000 abortions (Table C, columns 8–10).

Cost Savings from Unintended Pregnancies Averted

- Nationally, the annual per-client cost for contraceptive care in 2008 was an estimated \$257. By comparison, the national average cost for one Medicaid-covered birth (including prenatal care, delivery, postpartum care and infant care for one year) was \$12,613 (Table D, columns 1 and 2).
- In total, \$1.9 billion is estimated to have been spent on publicly funded family planning care in 2008 (Table D, column 3).
- This family planning investment leads to \$7 billion in Medicaid savings for the cost of unplanned births that would have otherwise occurred, resulting in net savings of \$5.1 billion in public funds (Table D, column 4 and 5). Services provided at Title X–supported clinics accounted for \$3.4 billion of the total net savings (not shown).
- Overall, by helping women avoid unintended pregnancies and plan how many children they want and when to have them, publicly supported family planning clinics save taxpayers \$3.74 for every \$1 that is spent providing contraceptive care (calculated from Table D).

State Trends

- States vary widely in terms of their changing patterns of need for family planning care (Table E).
- Overall, about one-third of states experienced little change (plus or minus less than 4%) in the numbers of women needing any or publicly funded contraceptive services and supplies between 2000 and 2008 (Table E, columns 3 and 6).
- About half of states experienced increases in women in need, which varied between 4% and 32% between 2000 and 2008 (Table E, columns 3 and 6). A handful of states experienced declines in the number of women in need.

Implications

Overall, between 2000 and 2008, the number of reproductive-aged women remained relatively stable (rising less than 1% from 65.5 million in 2000 to 65.9 million in 2008). Over the same period, the number of women needing contraceptive services and supplies rose 6% (from 34.0 million to 36.0 million).

Mirroring the overall increase in need for contraceptive care, the subset of women needing publicly funded contraceptive services and supplies also rose 6% (from 16.4 million in 2000 to 17.4 million in 2008), resulting in one million additional women who were in need of publicly funded care. A large share of the increase in need for publicly funded care was due to a disproportionate rise in the number of poor women (those with family incomes below 100% of the federal poverty level) needing contraceptive services and supplies. The number of such women rose 10% between 2000 and 2008. In fact, although women below 100% of poverty made up only about one-quarter of all women in need of publicly funded contraceptive care (teens accounted for about 30%, and women whose family income is 100–249% of poverty accounted for about 45%), they made up more than 40% of the one million women in need of publicly funded care who were newly added between 2000 and 2008. The increase in poor women in need was likely due, at least in part, to worsening economic conditions during the first half of the decade. This trend is expected to continue and become even more pronounced when data for 2009 and 2010 are available.

Publicly funded family planning clinics continue to serve more than seven million women each year, meeting 41% of the need for such services and averting some 1.5 million unintended pregnancies. By doing so, the services provided at family planning clinics help women avoid more than 650,000 unplanned births and more than 600,000 abortions. Without the publicly funded family planning services provided by clinics in 2008, the overall U.S. unintended pregnancy rate would have been 47% higher and the abortion rate 50% higher.

Between 2004 and 2008, the average annual cost per family planning client increased from \$203 to \$257. This finding bolsters earlier, anecdotal reports of rising costs on several fronts:¹ Expanded screening and newer diagnostic

technologies for STIs and cervical cancer have added to the expense of a family planning visit. Newer contraceptive methods are often more expensive, and even the cost of oral contraceptives has escalated rapidly in recent years. According to data from the Oregon statewide family planning program, for example, the least expensive oral contraceptives offered increased from \$1.85 to \$3.20 per monthly cycle between 2002 and 2007; their most expensive pills increased from \$3.25 to \$14.70 over that period. Finally, staffing costs have risen sharply; for instance, wages for nurses increased nationally by 40% between 1997 and 2005, nearly twice as fast as wages overall.

These rising costs have resulted in a slight decline in the per-dollar cost savings from publicly funded family planning care. Even so, cost savings from investment in family planning care remain impressive: For every \$1 invested, \$3.74 is saved. In 2008, by providing contraceptive services that enable women to avoid pregnancies they do not want to have, publicly funded family planning clinics generated net public savings of at least \$5.1 billion in Medicaid expenditures that otherwise would have been needed to provide medical care to women during pregnancy and delivery and to infants during their first year. Significantly, this figure does not include savings from any of the other benefits to women and families that accrue as part of the package of care provided by family planning clinics, such as preventing and treating STIs and avoiding and detecting reproductive cancers. (Four in 10 poor women who have a Pap test each year do so at a publicly funded family planning clinic, as do half of poor women who have an HIV test or are tested, treated or counseled for other STIs.) In addition, these calculations do not attempt to measure any of the broader health, social or economic benefits of enabling women to time or prepare for their pregnancies.

Key Definitions

- Women are defined as **“in need of contraceptive services and supplies”** during a given year if they are aged 13–44 and meet three criteria:
 - (1) they are sexually active—that is, they have ever had intercourse;
 - (2) they are fecund, meaning that neither they nor their partner have been contraceptively sterilized, and they do not believe that they are infecund for any other reason; and
 - (3) during at least part of the year, they are neither intentionally pregnant nor trying to become pregnant.
- Women are defined as **“in need of publicly funded contraceptive services and supplies”** if they meet the above criteria and have a family income below 250% of the federal poverty level (estimated to be \$44,000 for a family of three in 2008). In addition, all women younger than 20 who need contraceptive services are assumed to need publicly funded care, either because their personal incomes are below 250% of poverty or because of their heightened need—for reasons of confidentiality—to obtain care without depending on their family’s resources or private insurance.
- A **“publicly funded family planning clinic”** is a site that offers contraceptive services to the general public and uses public funds, which may include 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. In this report, these sites are referred to as “clinics;” other Guttmacher Institute reports may use the synonymous term “center.”
- A **“female contraceptive client”** is a woman who made at least one initial or subsequent visit for contraceptive services during the 12-month reporting period. This includes all women who received a medical examination related to the provision of a contraceptive method. It also includes all active contraceptive clients who made supply-related return visits, who received counseling and method prescription but deferred the medical examination, or who chose nonmedical contraceptive methods, even if a medical examination was not performed, so long as a chart was maintained.

Notes

- All population and client estimates have been rounded to the nearest 10. State and subgroup totals, therefore, do not always sum to the national total.
- Race/ethnicity subgroup totals do not sum to the overall total because the subgroup of women reporting “other or multiple races” is not shown separately, although it is included in all other totals.
- Federal regions, as defined by the Department of Health and Human Services, are constituted as follows: Region 1—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont; Region 2—New Jersey and New York; Region 3—Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia; Region 4—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee; Region 5—Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin; Region 6—Arkansas, Louisiana, New Mexico, Oklahoma and Texas; Region 7—Iowa, Kansas, Missouri and Nebraska; Region 8—Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming; and Region 9—Arizona, California, Hawaii and Nevada. Region 10—Alaska, Idaho, Oregon and Washington.

Tables

Table A: Women in need of services

Total number of women aged 13–44 and number of women in need of contraceptive services and supplies, by age, poverty status and race/ethnicity—2000, 2002, 2004, 2006 and 2008 national summary and 2008 state and region detail

Table B: Women in need of publicly supported services

Total number of women in need of publicly supported contraceptive services and supplies, by age and poverty status—2000, 2002, 2004, 2006, and 2008 national summary and 2008 state and region detail

Table C: Women served and pregnancies averted

Number of female contraceptive clients served, percentage of need met, and number of unintended pregnancies, births and abortions averted among clients at all publicly funded clinics and those funded by Title X, all by state and region, 2008

Table D: Costs and savings

Annual family planning cost per client, Medicaid cost per birth and total annual costs and savings from averted births, by state, 2008

Table E: State trends

Total number of women in need of contraceptive services and supplies and in need of publicly funded contraceptive services and supplies (2000, 2008 and percentage change between 2000 and 2008)—all by state

TABLE A. Total number of women aged 13–44 and number of women in need of contraceptive services and supplies, by age, poverty status and race/ethnicity—2000, 2002, 2004, 2006 and 2008 national summary and 2008 state and region detail

State and region*	All women aged 13–44	Women needing contraceptive services and supplies				
		Total	Age		Poverty status (among those aged 20–44)	
			<20	20–44	<250%	250+%
	1	2	3	4	5	6
2000 Total	65,506,530	33,982,660	4,850,120	29,132,550	11,545,930	17,586,610
2002 Total	66,107,760	34,241,690	4,867,250	29,374,440	11,909,490	17,464,960
2004 Total	66,260,990	34,413,440	5,004,780	29,408,660	12,391,870	17,016,790
2006 Total	66,380,710	36,214,680	5,056,030	31,158,910	12,429,250	18,729,520
2008 Total	65,917,200	35,951,170	5,047,030	30,904,120	12,381,240	18,522,910
% change 2006–2008	-0.70%	-0.73%	-0.18%	-0.82%	-0.39%	-1.10%
% change 2000–2008	0.6%	5.8%	4.1%	6.1%	7.2%	5.3%
Alabama	1,002,940	525,170	82,910	442,260	188,280	253,980
Alaska	151,040	84,690	11,270	73,420	25,320	48,100
Arizona	1,372,470	776,360	99,960	676,410	299,740	376,670
Arkansas	600,970	308,870	47,730	261,130	131,200	129,930
California	8,282,440	4,656,970	612,540	4,044,430	1,760,960	2,283,470
Colorado	1,080,470	616,360	73,440	542,920	202,000	340,920
Connecticut	738,410	423,570	57,890	365,670	100,910	264,760
Delaware	187,800	101,240	15,630	85,610	28,000	57,610
District of Columbia	154,660	93,910	12,230	81,680	23,230	58,450
Florida	3,683,850	1,941,120	271,540	1,669,580	700,090	969,490
Georgia	2,202,000	1,157,780	169,210	988,580	385,280	603,300
Hawaii	263,770	149,740	18,290	131,450	49,010	82,440
Idaho	322,800	179,440	26,540	152,900	77,410	75,490
Illinois	2,852,200	1,539,570	220,290	1,319,270	488,380	830,890
Indiana	1,366,660	725,340	106,820	618,530	246,930	371,600
Iowa	617,770	322,270	51,480	270,780	103,950	166,830
Kansas	590,200	310,560	46,400	264,150	107,380	156,770
Kentucky	916,390	472,800	67,930	404,870	196,970	207,900
Louisiana	980,600	509,010	82,890	426,110	204,770	221,340
Maine	265,510	150,120	20,240	129,890	56,590	73,300
Maryland	1,255,430	677,970	97,980	579,980	160,140	419,840
Massachusetts	1,437,790	839,300	110,040	729,260	206,340	522,920
Michigan	2,138,980	1,139,960	176,360	963,600	378,010	585,590
Minnesota	1,116,230	598,380	85,610	512,770	189,290	323,480
Mississippi	645,430	327,800	57,350	270,450	140,380	130,070
Missouri	1,262,090	670,780	98,650	572,130	250,830	321,300
Montana	193,200	108,310	15,300	93,020	43,830	49,190
Nebraska	374,430	196,970	30,120	166,850	72,420	94,430
Nevada	554,510	315,960	37,850	278,120	104,550	173,570
New Hampshire	276,360	157,790	21,670	136,110	43,730	92,380
New Jersey	1,846,230	1,053,800	134,020	919,780	251,500	668,280
New Mexico	424,080	235,480	31,550	203,920	104,760	99,160
New York	4,324,320	2,509,410	327,940	2,181,470	832,500	1,348,970
North Carolina	2,009,400	1,049,240	154,760	894,490	369,220	525,270
North Dakota	133,100	70,630	11,370	59,260	27,150	32,110
Ohio	2,436,870	1,302,250	192,030	1,110,210	475,230	634,980
Oklahoma	768,680	406,330	59,280	347,050	147,360	199,690

TABLE A. Total number of women aged 13–44 and number of women in need of contraceptive services and supplies, by age, poverty status and race/ethnicity—2000, 2002, 2004, 2006 and 2008 national summary and 2008 state and region detail

State and region*	All women aged 13–44	Women needing contraceptive services and supplies				
		Total	Age		Poverty status (among those aged 20–44)	
			<20	20–44	<250%	250+%
	1	2	3	4	5	6
Oregon	795,360	450,180	57,290	392,890	177,250	215,640
Pennsylvania	2,573,820	1,471,900	212,910	1,258,990	471,860	787,130
Rhode Island	231,140	133,920	19,660	114,270	43,010	71,260
South Carolina	961,070	505,130	81,280	423,850	175,330	248,520
South Dakota	162,990	83,490	13,290	70,200	31,070	39,130
Tennessee	1,339,120	704,140	100,200	603,940	251,440	352,500
Texas	5,468,970	2,858,890	401,000	2,457,890	1,061,410	1,396,480
Utah	637,690	368,910	53,150	315,750	134,250	181,500
Vermont	128,660	73,520	10,610	62,910	28,290	34,620
Virginia	1,714,330	915,410	129,200	786,210	246,340	539,870
Washington	1,412,680	801,030	101,770	699,250	293,010	406,240
West Virginia	366,360	187,550	27,710	159,850	82,580	77,270
Wisconsin	1,185,640	630,500	93,300	537,190	188,650	348,540
Wyoming	109,270	61,360	8,540	52,820	23,100	29,720
Region 1	3,077,870	1,778,220	240,110	1,538,110	478,870	1,059,240
Region 2	6,170,550	3,563,210	461,960	3,101,250	1,084,000	2,017,250
Region 3	6,252,400	3,447,980	495,660	2,952,320	1,012,150	1,940,170
Region 4	12,760,200	6,683,180	985,180	5,698,020	2,406,990	3,291,030
Region 5	11,096,580	5,936,000	874,410	5,061,570	1,966,490	3,095,080
Region 6	8,243,300	4,318,580	622,450	3,696,100	1,649,500	2,046,600
Region 7	2,844,490	1,500,580	226,650	1,273,910	534,580	739,330
Region 8	2,316,720	1,309,060	175,090	1,133,970	461,400	672,570
Region 9	10,473,190	5,899,030	768,640	5,130,410	2,214,260	2,916,150
Region 10	2,681,880	1,515,340	196,870	1,318,460	572,990	745,470

*See Notes for states included in each region.

TABLE A. (continued) Total number of women aged 13–44 and number of women in need of contraceptive services and supplies, by age, poverty status and race/ethnicity—2000, 2002, 2004, 2006 and 2008 national summary and 2008 state and region detail

State and region*	Women needing contraceptive services and supplies		
	Race/ethnicity		
	Non-Hispanic white	Non-Hispanic black	Hispanic
	7	8	9
2000 Total	22,205,120	4,579,810	4,740,960
2002 Total	21,978,200	4,696,770	5,143,750
2004 Total	21,698,150	4,749,640	5,419,850
2006 Total	22,523,500	5,094,380	5,857,390
2008 Total	22,027,980	5,105,070	6,016,730
% change 2006–2008	-2.20%	0.21%	2.72%
% change 2000–2008	-0.8%	11.5%	26.9%
Alabama	338,790	158,190	14,600
Alaska	54,010	3,780	5,020
Arizona	415,850	32,030	255,200
Arkansas	224,810	56,240	17,220
California	1,755,260	326,160	1,804,830
Colorado	423,720	25,750	130,880
Connecticut	287,240	50,430	60,240
Delaware	64,240	24,710	7,080
District of Columbia	38,780	41,220	7,650
Florida	1,043,050	366,010	448,390
Georgia	620,150	395,970	87,190
Hawaii	36,450	4,850	13,060
Idaho	151,620	1,070	19,030
Illinois	920,530	263,430	256,320
Indiana	585,430	77,740	39,570
Iowa	285,150	10,350	14,640
Kansas	241,220	21,210	30,470
Kentucky	411,010	39,790	10,280
Louisiana	300,770	176,480	16,010
Maine	142,050	1,610	2,040
Maryland	354,170	226,910	45,840
Massachusetts	626,470	60,120	83,560
Michigan	832,510	196,850	51,010
Minnesota	493,180	34,220	26,180
Mississippi	179,920	134,880	6,070
Missouri	529,010	94,750	22,080
Montana	93,390	580	3,420
Nebraska	161,470	10,350	16,170
Nevada	166,940	27,580	86,860
New Hampshire	145,270	1,770	4,620
New Jersey	576,160	169,400	200,280
New Mexico	86,170	5,230	112,410
New York	1,366,640	433,950	464,190
North Carolina	672,950	252,840	73,980
North Dakota	62,350	730	1,580
Ohio	1,036,040	184,180	35,750
Oklahoma	278,460	36,300	31,160

TABLE A. (continued) Total number of women aged 13–44 and number of women in need of contraceptive services and supplies, by age, poverty status and race/ethnicity—2000, 2002, 2004, 2006 and 2008 national summary and 2008 state and region detail

State and region*	Women needing contraceptive services and supplies		
	Race/ethnicity		
	Non-Hispanic white	Non-Hispanic black	Hispanic
	7	8	9
Oregon	349,060	8,900	52,320
Pennsylvania	1,146,450	184,230	76,990
Rhode Island	100,980	7,830	17,380
South Carolina	312,960	159,360	18,990
South Dakota	70,710	890	2,120
Tennessee	520,440	139,060	23,880
Texas	1,250,210	368,770	1,086,330
Utah	301,900	3,400	42,450
Vermont	69,350	660	1,140
Virginia	579,510	197,610	66,690
Washington	579,700	31,890	81,680
West Virginia	174,970	6,600	2,220
Wisconsin	517,920	47,560	34,660
Wyoming	52,610	650	5,010
Region 1	1,371,360	122,420	168,980
Region 2	1,942,800	603,350	664,470
Region 3	2,358,120	681,280	206,470
Region 4	4,099,270	1,646,100	683,380
Region 5	4,385,610	803,980	443,490
Region 6	2,140,420	643,020	1,263,130
Region 7	1,216,850	136,660	83,360
Region 8	1,004,680	32,000	185,460
Region 9	2,374,500	390,620	2,159,950
Region 10	1,134,390	45,640	158,050

*See Notes for states included in each region.

TABLE B. Total number of women in need of publicly supported contraceptive services and supplies, by age and poverty status—2000, 2002, 2004, 2006 and 2008 national summary and 2008 state and region detail

State and region*	Women needing publicly supported contraceptive services and supplies			
	Total	<20	Poverty status (among those aged 20–44)	
			<100%	100–249%
	1	2	3	4
2000 Total	16,396,050	4,850,120	4,076,370	7,469,560
2002 Total	16,776,730	4,867,250	4,262,550	7,646,940
2004 Total	17,396,650	5,004,780	4,670,360	7,721,510
2006 Total	17,485,330	5,056,030	4,478,170	7,951,080
2008 Total	17,428,270	5,047,030	4,480,970	7,900,270
% change 2006 to 2008	-0.33%	-0.18%	0.06%	-0.64%
% change 2000 to 2008	6.3%	4.1%	9.9%	5.8%
Alabama	271,190	82,910	71,460	116,820
Alaska	36,590	11,270	6,660	18,660
Arizona	399,700	99,960	112,960	186,780
Arkansas	178,930	47,730	47,630	83,570
California	2,373,500	612,540	673,120	1,087,840
Colorado	275,440	73,440	71,310	130,690
Connecticut	158,800	57,890	28,960	71,950
Delaware	43,630	15,630	9,150	18,850
District of Columbia	35,460	12,230	12,220	11,010
Florida	971,630	271,540	248,210	451,880
Georgia	554,490	169,210	142,730	242,550
Hawaii	67,300	18,290	16,360	32,650
Idaho	103,950	26,540	25,560	51,850
Illinois	708,670	220,290	164,980	323,400
Indiana	353,750	106,820	83,780	163,150
Iowa	155,430	51,480	33,810	70,140
Kansas	153,780	46,400	38,260	69,120
Kentucky	264,900	67,930	79,920	117,050
Louisiana	287,660	82,890	89,190	115,580
Maine	76,830	20,240	15,360	41,230
Maryland	258,120	97,980	48,190	111,950
Massachusetts	316,380	110,040	83,190	123,150
Michigan	554,370	176,360	136,610	241,400
Minnesota	274,900	85,610	63,630	125,660
Mississippi	197,730	57,350	61,350	79,030
Missouri	349,480	98,650	87,560	163,270
Montana	59,130	15,300	19,520	24,310
Nebraska	102,540	30,120	24,460	47,960
Nevada	142,400	37,850	33,070	71,480
New Hampshire	65,400	21,670	15,420	28,310
New Jersey	385,520	134,020	83,170	168,330
New Mexico	136,310	31,550	39,780	64,980
New York	1,160,440	327,940	341,710	490,790
North Carolina	523,980	154,760	130,280	238,940
North Dakota	38,520	11,370	10,500	16,650
Ohio	667,260	192,030	176,930	298,300
Oklahoma	206,640	59,280	55,090	92,270
Oregon	234,540	57,290	58,200	119,050

TABLE B. Total number of women in need of publicly supported contraceptive services and supplies, by age and poverty status—2000, 2002, 2004, 2006 and 2008 national summary and 2008 state and region detail

State and region*	Women needing publicly supported contraceptive services and supplies			
	Total	<20	Poverty status (among those aged 20–44)	
			<100%	100–249%
	1	2	3	4
Pennsylvania	684,770	212,910	156,370	315,490
Rhode Island	62,670	19,660	15,580	27,430
South Carolina	256,610	81,280	56,450	118,880
South Dakota	44,360	13,290	10,120	20,950
Tennessee	351,640	100,200	84,080	167,360
Texas	1,462,410	401,000	372,700	688,710
Utah	187,400	53,150	45,550	88,700
Vermont	38,900	10,610	9,290	19,000
Virginia	375,540	129,200	82,830	163,510
Washington	394,780	101,770	100,970	192,040
West Virginia	110,290	27,710	39,200	43,380
Wisconsin	281,950	93,300	59,640	129,010
Wyoming	31,640	8,540	7,900	15,200
Region 1	718,980	240,110	167,800	311,070
Region 2	1,545,960	461,960	424,880	659,120
Region 3	1,507,810	495,660	347,960	664,190
Region 4	3,392,170	985,180	874,480	1,532,510
Region 5	2,840,900	874,410	685,570	1,280,920
Region 6	2,271,950	622,450	604,390	1,045,110
Region 7	761,230	226,650	184,090	350,490
Region 8	636,490	175,090	164,900	296,500
Region 9	2,982,900	768,640	835,510	1,378,750
Region 10	769,860	196,870	191,390	381,600

*See Notes for states included in each region.

TABLE C. Number of female contraceptive clients served, percentage of need met, and number of unintended pregnancies, births and abortions averted among clients at all publicly funded clinics and those funded by Title X, all according to state and region, 2008

State and region*	All clinics				
	Contraceptive clients served	% of need met [†]	Events averted		
			Pregnancies	Births	Abortions
	1	2	3	4	5
U.S. total	7,105,670	40.8	1,476,300	656,400	616,300
Alabama	135,500	50.0	28,200	12,500	11,800
Alaska	32,890	89.9	6,800	3,000	2,800
Arizona	89,500	22.4	18,600	8,300	7,800
Arkansas	82,090	45.9	17,100	7,600	7,100
California	1,530,150	64.5	317,900	141,300	132,700
Colorado	128,290	46.6	26,700	11,900	11,100
Connecticut	80,110	50.4	16,600	7,400	6,900
Delaware	23,270	53.3	4,800	2,100	2,000
District of Columbia	33,910	95.6	7,000	3,100	2,900
Florida	315,440	32.5	65,500	29,100	27,300
Georgia	167,550	30.2	34,800	15,500	14,500
Hawaii	20,340	30.2	4,200	1,900	1,800
Idaho	36,540	35.2	7,600	3,400	3,200
Illinois	211,640	29.9	44,000	19,600	18,400
Indiana	109,480	30.9	22,700	10,100	9,500
Iowa	78,950	50.8	16,400	7,300	6,800
Kansas	45,800	29.8	9,500	4,200	4,000
Kentucky	121,780	46.0	25,300	11,200	10,600
Louisiana	70,600	24.5	14,700	6,500	6,100
Maine	35,850	46.7	7,400	3,300	3,100
Maryland	96,780	37.5	20,100	8,900	8,400
Massachusetts	124,230	39.3	25,800	11,500	10,800
Michigan	150,030	27.1	31,200	13,900	13,000
Minnesota	101,260	36.8	21,000	9,300	8,800
Mississippi	79,810	40.4	16,600	7,400	6,900
Missouri	99,890	28.6	20,800	9,200	8,700
Montana	33,800	57.2	7,000	3,100	2,900
Nebraska	23,860	23.3	5,000	2,200	2,100
Nevada	44,970	31.6	9,300	4,100	3,900
New Hampshire	31,810	48.6	6,600	2,900	2,800
New Jersey	145,000	37.6	30,100	13,400	12,600
New Mexico	72,530	53.2	15,100	6,700	6,300
New York	471,750	40.7	98,000	43,600	40,900
North Carolina	163,720	31.2	34,000	15,100	14,200
North Dakota	18,820	48.9	3,900	1,700	1,600
Ohio	166,260	24.9	34,500	15,300	14,400
Oklahoma	119,380	57.8	24,800	11,000	10,400
Oregon	141,320	60.3	29,400	13,100	12,300
Pennsylvania	325,800	47.6	67,700	30,100	28,300
Rhode Island	27,900	44.5	5,800	2,600	2,400
South Carolina	113,950	44.4	23,700	10,500	9,900
South Dakota	22,970	51.8	4,800	2,100	2,000
Tennessee	150,010	42.7	31,200	13,900	13,000
Texas	475,140	32.5	98,700	43,900	41,200

TABLE C. Number of female contraceptive clients served, percentage of need met, and number of unintended pregnancies, births and abortions averted among clients at all publicly funded clinics and those funded by Title X, all according to state and region, 2008

State and region*	All clinics				
	Contraceptive clients served	% of need met [†]	Events averted		
			Pregnancies	Births	Abortions
	1	2	3	4	5
Utah	46,060	24.6	9,600	4,300	4,000
Vermont	27,530	70.8	5,700	2,500	2,400
Virginia	96,980	25.8	20,100	8,900	8,400
Washington	194,920	49.4	40,500	18,000	16,900
West Virginia	57,210	51.9	11,900	5,300	5,000
Wisconsin	116,850	41.4	24,300	10,800	10,100
Wyoming	15,440	48.8	3,200	1,400	1,300
Region 1	327,430	45.5	67,900	30,200	28,400
Region 2	616,750	39.9	128,100	57,000	53,500
Region 3	633,950	42.0	131,600	58,400	55,000
Region 4	1,247,760	36.8	259,300	115,200	108,200
Region 5	855,520	30.1	177,700	79,000	74,200
Region 6	819,740	36.1	170,400	75,700	71,100
Region 7	248,500	32.6	51,700	22,900	21,600
Region 8	265,380	41.7	55,200	24,500	22,900
Region 9	1,684,960	56.5	350,000	155,600	146,200
Region 10	405,670	52.7	84,300	37,500	35,200

*See Notes for states included in each region.

[†]Percentages are the proportion of need met by clinics. They do not provide a complete measure of unmet need for publicly funded contraceptive services because they exclude women who receive Medicaid-covered services from private physicians, as well as users of nonprescription methods who have not made a visit for contraceptive services.

TABLE C. (continued) Number of female contraceptive clients served, percentage of need met, and number of unintended pregnancies, births and abortions averted among clients at all publicly funded clinics and those funded by Title X, all according to state and region, 2008

State and region*	Title X–funded clinics				
	Contraceptive clients served	% of need met [†]	Events averted		
			Pregnancies	Births	Abortions
	6	7	8	9	10
U.S. total	4,683,290	26.9	973,000	432,600	406,200
Alabama	107,790	39.7	22,400	10,000	9,400
Alaska	6,710	18.3	1,400	600	600
Arizona	39,930	10.0	8,300	3,700	3,500
Arkansas	75,400	42.1	15,700	7,000	6,600
California	963,620	40.6	200,200	89,000	83,600
Colorado	46,350	16.8	9,600	4,300	4,000
Connecticut	39,150	24.7	8,100	3,600	3,400
Delaware	22,320	51.2	4,600	2,000	1,900
District of Columbia	17,510	49.4	3,600	1,600	1,500
Florida	223,080	23.0	46,300	20,600	19,300
Georgia	147,310	26.6	30,600	13,600	12,800
Hawaii	20,340	30.2	4,200	1,900	1,800
Idaho	25,410	24.4	5,300	2,400	2,200
Illinois	133,920	18.9	27,800	12,400	11,600
Indiana	39,820	11.3	8,300	3,700	3,500
Iowa	66,790	43.0	13,900	6,200	5,800
Kansas	38,860	25.3	8,100	3,600	3,400
Kentucky	103,630	39.1	21,500	9,600	9,000
Louisiana	58,160	20.2	12,100	5,400	5,100
Maine	27,120	35.3	5,600	2,500	2,300
Maryland	74,100	28.7	15,400	6,800	6,400
Massachusetts	61,060	19.3	12,700	5,600	5,300
Michigan	120,760	21.8	25,100	11,200	10,500
Minnesota	36,660	13.3	7,600	3,400	3,200
Mississippi	60,950	30.8	12,700	5,600	5,300
Missouri	71,990	20.6	15,000	6,700	6,300
Montana	25,430	43.0	5,300	2,400	2,200
Nebraska	22,280	21.7	4,600	2,000	1,900
Nevada	23,510	16.5	4,900	2,200	2,000
New Hampshire	26,220	40.1	5,400	2,400	2,300
New Jersey	123,600	32.1	25,700	11,400	10,700
New Mexico	36,180	26.5	7,500	3,300	3,100
New York	311,520	26.8	64,700	28,800	27,000
North Carolina	135,770	25.9	28,200	12,500	11,800
North Dakota	14,070	36.5	2,900	1,300	1,200
Ohio	103,260	15.5	21,500	9,600	9,000
Oklahoma	81,550	39.5	16,900	7,500	7,100
Oregon	70,320	30.0	14,600	6,500	6,100
Pennsylvania	287,220	41.9	59,700	26,500	24,900
Rhode Island	17,040	27.2	3,500	1,600	1,500
South Carolina	95,860	37.4	19,900	8,800	8,300
South Dakota	11,290	25.5	2,300	1,000	1,000
Tennessee	120,890	34.4	25,100	11,200	10,500
Texas	221,130	15.1	45,900	20,400	19,200

TABLE C. (continued) Number of female contraceptive clients served, percentage of need met, and number of unintended pregnancies, births and abortions averted among clients at all publicly funded clinics and those funded by Title X, all according to state and region, 2008

State and region*	Title X–funded clinics				
	Contraceptive clients served	% of need met [†]	Events averted		
			Pregnancies	Births	Abortions
	6	7	8	9	10
Utah	28,610	15.3	5,900	2,600	2,500
Vermont	8,300	21.3	1,700	800	700
Virginia	70,070	18.7	14,600	6,500	6,100
Washington	101,860	25.8	21,200	9,400	8,800
West Virginia	54,370	49.3	11,300	5,000	4,700
Wisconsin	52,220	18.5	10,800	4,800	4,500
Wyoming	12,000	37.9	2,500	1,100	1,000
Region 1	178,890	24.9	37,000	16,500	15,500
Region 2	435,120	28.1	90,400	40,200	37,700
Region 3	525,590	34.9	109,200	48,400	45,500
Region 4	995,280	29.3	206,700	91,900	86,400
Region 5	486,640	17.1	101,100	45,100	42,300
Region 6	472,420	20.8	98,100	43,600	41,100
Region 7	199,920	26.3	41,600	18,500	17,400
Region 8	137,750	21.6	28,500	12,700	11,900
Region 9	1,047,400	35.1	217,600	96,800	90,900
Region 10	204,300	26.5	42,500	18,900	17,700

*See Notes for states included in each region.

[†]Percentages are the proportion of need met by clinics. They do not provide a complete measure of unmet need for publicly funded contraceptive services because they exclude women who receive Medicaid-covered services from private physicians, as well as users of nonprescription methods who have not made a visit for contraceptive services.

TABLE D. Annual family planning cost per client, Medicaid cost per birth and total annual costs and savings from averted births, by state, 2008

State			Annual costs and savings (in millions of dollars)		
	Annual family planning cost per client	Cost per Medicaid-funded birth	Family planning program costs	Cost of averted Medicaid births	Net savings
	1	2	3	4	5
U.S. total	\$257	\$12,613	\$1,862	\$6,961	\$5,099
Alabama	366	9,379	50	109	60
Alaska	454	24,088 *	15	68	53
Arizona	270	10,697 *	24	82	58
Arkansas	220	11,956	18	80	62
California	250	9,679	382	1,306	924
Colorado	338	10,376 *	43	118	75
Connecticut	251	14,307 *	20	91	71
Delaware	146	13,430 *	3	25	21
District of Columbia	487	12,861 *	16	31	15
Florida	282	10,074	89	272	183
Georgia	110	14,218 *	18	209	191
Hawaii	240	11,448 *	5	20	15
Idaho	263	15,628 *	10	44	34
Illinois	230	10,784	49	201	153
Indiana	206	12,041 *	23	110	87
Iowa	330	15,669	26	97	71
Kansas	139	10,792 *	6	36	30
Kentucky	180	14,452 *	22	150	128
Louisiana	275	15,728	19	85	65
Maine	313	9,518 *	11	28	17
Maryland	166	14,006 *	16	104	88
Massachusetts	306	13,884 *	38	143	105
Michigan	252	9,528	38	117	79
Minnesota	372	9,929	38	92	54
Mississippi	217	6,645	17	48	31
Missouri	150	11,539 *	15	93	78
Montana	264	12,259	9	27	18
Nebraska	552	14,570 *	13	23	10
Nevada	263	9,998 *	12	35	23
New Hampshire	236	12,948 *	8	29	21
New Jersey	287	15,233	42	198	156
New Mexico	203	10,988	15	70	56
New York	425	14,475	201	596	396
North Carolina	383	13,926	63	196	133
North Dakota	240	15,740 *	5	20	16
Ohio	234	11,977 *	39	161	122
Oklahoma	282	10,216	34	109	76
Oregon	354	6,855	50	87	37
Pennsylvania	198	10,325	64	273	209
Rhode Island	121	12,444	3	24	21
South Carolina	150	11,381	17	116	99
South Dakota	263	13,983 *	6	22	16
Tennessee	126	12,613 *	19	156	137
Texas	208	10,535	99	447	348
Utah	119	11,317 *	5	44	38
Vermont	381	14,688 *	10	29	19
Virginia	269	15,883	26	120	93
Washington	404	13,218	79	217	138
West Virginia	101	11,911 *	6	61	56
Wisconsin	183	11,874	21	116	94
Wyoming	299	21,268 *	5	24	20

*Estimates for Medicaid birth costs have been made for these 27 states, using information from the states with available data (see Detailed Methodology for estimation procedures).

TABLE E. Total number of women in need of contraceptive services and supplies and in need of publicly funded contraceptive services and supplies (2000, 2008 and percentage change between 2000 and 2008)—all by state

State	Women needing contraceptive services and supplies			Women needing publicly funded contraceptive services and supplies		
	2000	2008	% change 2000–2008	2000	2008	% change 2000–2008
	1	2	3	4	5	6
U.S. total	33,982,660	35,951,170	5.8%	16,396,050	17,428,270	6.3%
Alabama	496,250	525,170	5.8%	275,750	271,190	-1.7%
Alaska	71,620	84,690	18.2%	32,230	36,590	13.5%
Arizona	606,160	776,360	28.1%	314,600	399,700	27.1%
Arkansas	279,870	308,870	10.4%	165,250	178,930	8.3%
California	4,281,480	4,656,970	8.8%	2,110,740	2,373,500	12.4%
Colorado	536,670	616,360	14.8%	229,000	275,440	20.3%
Connecticut	438,450	423,570	-3.4%	161,100	158,800	-1.4%
Delaware	92,530	101,240	9.4%	39,760	43,630	9.7%
Dist. of Columbia	84,830	93,910	10.7%	41,260	35,460	-14.1%
Florida	1,699,100	1,941,120	14.2%	848,380	971,630	14.5%
Georgia	988,200	1,157,780	17.2%	472,120	554,490	17.4%
Hawaii	137,950	149,740	8.5%	61,390	67,300	9.6%
Idaho	140,820	179,440	27.4%	80,360	103,950	29.4%
Illinois	1,568,370	1,539,570	-1.8%	694,420	708,670	2.1%
Indiana	735,070	725,340	-1.3%	357,070	353,750	-0.9%
Iowa	324,810	322,270	-0.8%	168,760	155,430	-7.9%
Kansas	308,670	310,560	0.6%	157,410	153,780	-2.3%
Kentucky	442,320	472,800	6.9%	240,430	264,900	10.2%
Louisiana	519,690	509,010	-2.1%	309,360	287,660	-7.0%
Maine	152,170	150,120	-1.3%	78,700	76,830	-2.4%
Maryland	637,240	677,970	6.4%	243,480	258,120	6.0%
Massachusetts	879,720	839,300	-4.6%	333,710	316,380	-5.2%
Michigan	1,214,580	1,139,960	-6.1%	562,410	554,370	-1.4%
Minnesota	598,050	598,380	0.1%	253,250	274,900	8.5%
Mississippi	309,680	327,800	5.9%	194,380	197,730	1.7%
Missouri	664,690	670,780	0.9%	342,080	349,480	2.2%
Montana	89,240	108,310	21.4%	54,990	59,130	7.5%
Nebraska	196,620	196,970	0.2%	102,430	102,540	0.1%
Nevada	238,580	315,960	32.4%	110,030	142,400	29.4%
New Hampshire	157,610	157,790	0.1%	62,840	65,400	4.1%
New Jersey	1,100,840	1,053,800	-4.3%	395,100	385,520	-2.4%
New Mexico	206,600	235,480	14.0%	127,390	136,310	7.0%
New York	2,556,730	2,509,410	-1.9%	1,195,150	1,160,440	-2.9%
North Carolina	924,450	1,049,240	13.5%	455,030	523,980	15.2%
North Dakota	71,530	70,630	-1.3%	41,810	38,520	-7.9%
Ohio	1,368,970	1,302,250	-4.9%	657,860	667,260	1.4%
Oklahoma	371,710	406,330	9.3%	217,250	206,640	-4.9%
Oregon	389,810	450,180	15.5%	196,920	234,540	19.1%
Pennsylvania	1,527,500	1,471,900	-3.6%	715,330	684,770	-4.3%
Rhode Island	142,760	133,920	-6.2%	66,370	62,670	-5.6%
South Carolina	458,220	505,130	10.2%	244,440	256,610	5.0%
South Dakota	81,890	83,490	2.0%	47,370	44,360	-6.4%
Tennessee	645,820	704,140	9.0%	331,390	351,640	6.1%
Texas	2,469,310	2,858,890	15.8%	1,303,550	1,462,410	12.2%
Utah	292,430	368,910	26.2%	147,120	187,400	27.4%
Vermont	72,340	73,520	1.6%	37,550	38,900	3.6%
Virginia	834,890	915,410	9.6%	365,760	375,540	2.7%
Washington	708,340	801,030	13.1%	318,990	394,780	23.8%
West Virginia	181,800	187,550	3.2%	110,200	110,290	0.1%
Wisconsin	634,220	630,500	-0.6%	294,440	281,950	-4.2%
Wyoming	51,470	61,360	19.2%	29,340	31,640	7.8%

Appendix: Detailed Methodology

The following describes the methodology used to update a number of key state-level contraceptive needs and services indicators for 2008:

- The number of women in need of contraceptive services and supplies, as well as those in need of publicly supported contraceptive care
- The number of women who received contraceptive services at all publicly funded family planning clinics
- The numbers of pregnancies, births and abortions that are averted by providing contraceptive care
- The annual cost of family planning services per client
- The average cost for each Medicaid-funded birth (including prenatal care, delivery, postpartum care and care of the infant for one year)
- The total costs and savings associated with provision of publicly funded contraceptive services

Women in Need of Contraceptive Services And Supplies

Women are defined as in need of contraceptive services and supplies during a given year if they are aged 13–44 and meet the following criteria:

- (1) they are sexually active—that is, they have ever had sexual intercourse;
- (2) they are fecund, meaning that neither they nor their partners have been contraceptively sterilized, and they do not believe that they are infecund for any other reason; and
- (3) during at least part of the year, they are neither intentionally pregnant nor trying to become pregnant.

Women are defined as in need of publicly supported contraceptive care if they meet the criteria for needing contraceptive services and supplies, plus at least one of the following:

- (1) they are aged 20 or older and their family income is below 250% of the federal poverty level, or
- (2) they are younger than 20, regardless of family income level. All women younger than 20 who need contraceptive services are assumed to need publicly funded care, either because their personal incomes are below 250% of poverty or because of their heightened need—for reasons of confidentiality—to obtain care without depending on their family's resources or private insurance.

Using the detailed 2006 estimates of women in need of contraceptive services and supplies (the methodology for which is described elsewhere²), broken down by age, poverty level and race/ethnicity for each state, we updated the overall national and state numbers of women in need for 2008 using U.S. Census Bureau estimates of state population change (by age and race/ethnicity) between 2006 and 2008³ and Current Population Survey estimates⁴ of state change in income and poverty level between 2006 and 2008. Using this methodology, the overall numbers can be broken down according to some basic age (younger than 20, 20–44) and poverty levels (below 100%, 100–249%, 250% and higher), but not by the more precise levels tabulated for 2006. These basic breakdowns allow us to estimate women in need of publicly funded contraceptive services and supplies.

Women Served at Publicly Funded Family Planning Clinics

We estimated the total numbers of women receiving contraceptive care at publicly funded family planning clinics in 2008 from two sources. For approximately two-thirds of all family planning clinic clients, we used Title X program-specific data for 2008, tabulated by state.⁵ For the remaining 30% of women served at publicly funded clinics that do not receive Title X funds, we estimated 2008 clientele by starting with the published state tabulations for 2006,⁶ the most recent year available, and adjusting them forward in time according to the observed state-level change in clients between 2006 and 2008 experienced by Title X clinics (which we assumed was the same as the change in non-Title X clinics).

Numbers of pregnancies, births and abortions that are averted by providing contraceptive care

We estimated the numbers of pregnancies, births and abortions that were averted by the provision of publicly funded contraceptive care at clinics in 2008 using the same methodology as in previous estimates.⁷ To do so, we began with the number of female clients served. We adjusted this number based on the fact that some clients served do not obtain or use a contraceptive method. In 2008, 14% of women served at Title X clinics were

not current method users.⁵ We assumed that this same percentage applied to all clinics and estimated the total number of method users in 2008 to be 86% of all clients served. Next, we estimated the total number of unintended pregnancies prevented in 2008 by multiplying the number of method users, nationally and in each state, by the ratio of pregnancies prevented per user. This ratio was most recently estimated to be 242 unintended pregnancies averted per 1,000 method users.⁷ Finally, we then classified the unintended pregnancies averted according to observed outcomes at the national level. Overall, 44% of unintended pregnancies result in an unplanned birth, 42% in an elective abortion and 14% in miscarriage.⁸

Annual cost of family planning services per client

The average annual cost of family planning care per client was estimated using 2008 program-specific data for all Title X–funded clinics.⁵ For each state and the United States as a whole, we divided the total revenues (from all sources) used by Title X–funded clinics to support their family planning programs by the total number of female clients served. For example, in 2008, the total revenue reported by Title X–funded clinics was \$1.2 billion. These funds were used to serve some 4.7 million female clients, resulting in an annual average cost per client of \$257. We assumed that the average annual cost per contraceptive client at clinics not funded by Title X was the same as the cost estimated for Title X–funded sites.

Average cost for each Medicaid-funded birth

The cost of a Medicaid-funded birth is defined here to include costs for prenatal care, delivery, postpartum care and medical care of the infant for one year. Data on these costs are not consistently collected for all states, but typically are available in applications or evaluations completed by those states that have a Medicaid family planning waiver (or are in the process of applying for one). Using the cost data obtained for 24 states from waiver applications and evaluations, we estimated the cost of a Medicaid-funded birth for the remaining states. The methodology used for estimation was originally developed using data for 22 states in 2006 and is described elsewhere.⁹ Using the same procedures, we obtained updated data for 13 states, used the same data for 9 states and added two additional states in this analysis.¹⁰

Briefly, the steps taken include, first, updating existing cost data to reflect 2008 dollars, using the Consumer Price Index for medical care,¹¹ and calculating an average cost per birth for these 24 states. Then, we used this average to estimate the state-level cost per birth for the remaining 26 states and the District of Columbia, after

making adjustments for state-level differences in medical costs. As appropriate based on the proportions of the states' Medicaid enrollees in fee-for-service (FFS) Medicaid and in Medicaid managed care plans,¹² these adjustments were made using an index reflecting Medicaid FFS physician fees¹³ and an index reflecting statewide Medicaid managed care capitation rates.¹⁴

Total costs and savings associated with provision of publicly funded contraceptive services

For each state, the total cost of the family planning program was estimated as the average annual cost of family planning per client multiplied by the total number of clients served in 2008. These state totals were summed to arrive at the total national estimate for the family planning program.

To estimate savings from Medicaid births averted, we first had to calculate the percentage of family planning clients in each state who would be eligible for Medicaid-funded pregnancy care if they became pregnant. Depending on the state, this percentage varies between 72% and 99%, with a national average of 92%. The number of Medicaid births averted was accordingly calculated by multiplying total births averted by the percentage eligible for Medicaid-funded pregnancy care. Total savings were then calculated as the number of unplanned Medicaid births averted multiplied by the average cost per birth. Savings were calculated in this manner for each state and summed to get a national total.

Finally, net savings were estimated by subtracting the family planning program costs from the savings produced by averted Medicaid births.

References

- 1 Gold RB et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, New York: Guttmacher Institute, 2009.
- 2 Henshaw SK and Frost JJ, Detailed methodology for estimating the number of women in need of contraceptive services and supplies in 2006, New York: Guttmacher Institute, 2009, <<http://www.guttmacher.org/pubs/win/winmethods2006.pdf>>, accessed Feb. 15, 2010.
- 3 Population Division, U.S. Census Bureau, SC-EST2008-alldata6: Annual state resident population estimates for 6 race groups (5 race alone groups and one group with two or more race groups) by age, sex, and Hispanic origin: April 1, 2000 to July 1, 2008, May 14, 2009, <www.census.gov/popest/states/asrh/files/SC-EST2008-alldata6.pdf>, accessed Feb. 15, 2010.
- 4 Special tabulations of data from the Current Population Survey, March 2009 suppl.
- 5 Fowler CI et al., *Family Planning Annual Report: 2008 National Summary*, Research Triangle Park, NC: RTI International, 2009.
- 6 Guttmacher Institute, *Contraceptive Needs and Services, 2006*, 2009, <<http://www.guttmacher.org/pubs/win/index.html>>, accessed Feb. 15, 2010.
- 7 Frost JJ, Finer LB and Tapales A, The impact of publicly funded family planning clinic services on unintended pregnancies and government cost savings, *Journal of Health Care for the Poor and Underserved*, 2008, 19(3):777–795.
- 8 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.
- 9 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.
- 10 Special analysis of state Medicaid family planning waiver applications and evaluations, 2009.
- 11 Bureau of Labor Statistics, U.S. Department of Labor, Consumer Price Index—all urban consumers, medical care, no date, <<http://data.bls.gov/cgi-bin/dsrv?cu>>, accessed Nov. 24, 2009.
- 12 Centers for Medicare and Medicaid Services, Medicaid managed care enrollment as of December 31, 2008, no date, <<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/08Dec31f.pdf>>, accessed Nov. 24, 2009.
- 13 Zuckerman S, Williams AF and Stockley KE, Trends in Medicaid physician fees, 2003–2008, *Health Affairs*, advance online publication, doi: 10.1377/hlthaff.28.3.w510, Apr. 28, 2009.
- 14 Holahan J and Suzuki S, Medicaid managed care payment methods and capitation rates in 2001, *Health Affairs*, 2003, 22(1):204–218.



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