reported public expenditures for contraceptive services and supplies, compared with 17% of the total in 1992.

Even though reported Medicaid expenditures increased by 4% between 1992 and 1994, Medicaid’s overall contribution to total reported public expenditures for contraceptive services and supplies decreased from 50% in 1992 to 46% in 1994. In comparison to explosive growth in previous years, reported Medicaid expenditures for contraceptive services and supplies leveled off from 1992 to 1994, growing by only $13 million. Nonetheless, Medicaid remained the single largest source of support for publicly funded contraceptive services.

Expenditures of state funds for contraceptive services and supplies grew by 4% between 1992 and 1994, an increase of $6 million. However, state funds represented about the same proportion of all such expenditures—24% in 1992 and 23% in 1994. During this time period, a nearly equal number of states (41 in 1992 and 39 in 1994) reported using state funds for contraceptive services and supplies.

Because expenditures for contraceptive services and supplies from the MCH block grant increased by $5 million (a 17% increase), while spending from the social services block grant increased by $4 million (13%).

1980–1994 (constant dollars). Adjusting the data for the period 1980 to 1994 to account for inflation* indicates that expenditures for contraceptive services and supplies decreased dramatically in the early 1980s, leveled off at the end of the decade and increased slightly during the early 1990s (Figure 1). Reported expenditures for contraceptive services and supplies decreased by 27%, in constant dollars, from 1980 to 1994.

Medicaid and state funding are the only funding sources for contraceptive services and supplies to have grown since 1980. By 1994, Medicaid expenditures had increased 70% above their 1980 levels, and state funds had risen by 12%. Title X fell dramatically over this period, having decreased by 65% from its 1980 level. Similarly, both the MCH and social services block grants fell significantly over this period.

Title X accounted for 44% of all spending on contraceptive services and supplies in 1980, but only 21% of such expenditures in 1994; Medicaid accounted for only 20% of expenditures in 1980, but 46% in 1994 (Figure 2). State expenditures, which represented only 15% of all public funding in 1980, grew to account for 23% of these expenditures in 1994.

Sterilization Services

Reported public expenditures on sterilization services totaled $148 million in 1994 (Table 2). All states and the District of Columbia reported some funding for these services, but nine states were unable to provide the specific amounts and half of the states were unable to provide complete data on sterilization services. The seven states (Georgia, Illinois, New Jersey, New York, North Carolina, Pennsylvania, and Texas) that reported spending more than $8 million each on sterilizations accounted for 52% of public spending on these services nationwide.

Medicaid paid for an overwhelming portion (94%, or $140 million) of publicly funded sterilization services, although expenditures for women enrolled in capitated managed care plans are understated here, as elsewhere. Title X funds constituted less than 1% of all reported sterilization-related expenditures. Other federal funds—MCH and social services block grants—amounted to 2% of total reported sterilization expenditures. State funds accounted for the remaining 3% of reported public expenditures for contraceptive sterilization services nationwide.

Between 1992 and 1994, total reported public expenditures for sterilization rose by 7%, substantially less than the 46% increase recorded between 1990 and 1992. Whereas Medicaid funding for sterilization in 1994 increased by 11% over funding in 1992, Title X expenditures dropped by 32%, and state spending fell by 40%. The decrease in state expenditures for sterilization services can be accounted for by greatly reduced expenditures recorded in California, Illinois, and Texas. However,