contraceptive services and supplies.

Thirty-six states, Guam and Puerto Rico reported spending $34 million in MCH block-grant funds to provide reversible contraceptive services and supplies in 1994. Thirteen of these states and Puerto Rico were unable to separate sterilization services from reversible contraceptive services, while 28 states and two jurisdictions could not isolate contraceptive services and supplies from other medical care related to the provision of family planning or from educational and administrative expenses.

Social services block-grant funds were utilized by 16 states and Puerto Rico for contraceptive services and supplies, amounting to expenditures of $34 million in 1994. Four states were not able to separate sterilization services from contraceptive services and supplies, and 13 states could not separate out other family planning care and educational or administrative expenses.

Thirty-nine states, two jurisdictions and the District of Columbia spent $162 million of their own funds to support the provision of contraceptive services and supplies, or administrative expenses from expenditures. Thirty-nine states, two jurisdictions and the District of Columbia spent $162 million of their own funds to support the provision of contraceptive services and supplies, or administrative expenses.

Trends in Expenditures

• 1992—1994 (actual dollars). Total reported public expenditures for contraceptive services and supplies increased by 11% between 1992 and 1994, from $645 million to $715 million. While the two largest funding sources in 1994, Medicaid and state dollars, grew modestly between 1992 and 1994 (both up by 4%), Title X spending increased substantially over this period, increasing by 37%. (As noted in the methodological section, changes over time in completeness and specificity of reporting suggest that increases in expenditures may be understated.)

Overall, Title X expenditures increased from $110 million in 1992 to $151 million in 1994. Increases were widespread, with only Louisiana, Nebraska, Oklahoma and Washington reporting lower spending for contraceptive services and supplies. In 1994, Title X funds represented 21% of all

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Table 1. Reported public expenditures for contraceptive services and supplies (in 000s of dollars), by funding source, according to state, FY 1994

<table>
<thead>
<tr>
<th>State</th>
<th>Total</th>
<th>Federal sources*</th>
<th>Medicaid</th>
<th>MCH block grant</th>
<th>Social services block grant</th>
<th>Other federal†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$715,491</td>
<td>$553,582</td>
<td>$151,115</td>
<td>$332,429</td>
<td>$34,148</td>
<td>$33,590</td>
</tr>
</tbody>
</table>

*All state and federal sources, with the exception of Medicaid, may include one or more of the following services: sexually transmitted disease testing or treatment (such as for chlamydia or human immunodeficiency virus), infertility services, pregnancy testing, other medical services, outreach and education, or other nonmedical services. †The exception of Nevada, funding source is the preventive health services block grant. Includes sterilization, infertility services and pregnancy testing. §Includes administrative costs.

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In this and subsequent tables, u=expenditures were made, but amount is unknown; a=expenditures may have been made; nr=no response to at least one of the surveys; na=titling source not applicable to that territory. Data for Medicaid and the MCH and social services block grants may include state matching funds and the state share of joint federal-state Medicaid expenditures. Data may not add to totals because of rounding.

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