cies and agencies with a reproductive health focus utilized more sources than others.

Eighty-five percent of agencies collect fees from contraceptive clients, 82% receive Medicaid funds, 61% get Title X support and 58% obtain reimbursement from private insurance plans. Smaller but still substantial proportions of agencies receive support from other federal grant programs—the maternal and child health block grant (37%), the social services block grant (18%), the State Children’s Health Insurance Program (17%), and community and migrant health center funding (14%).

Certain types of funding are utilized primarily by specific agency types. For example, community and migrant health centers (largely by definition) are the primary recipients of community and migrant health center funding. Planned Parenthood affiliates and health departments are the most likely to receive local funding, Planned Parenthood affiliates and other agencies are the most likely to receive support from private contributions.

From 1995 to 1999, the proportion of agencies that received Medicaid funding declined significantly (from 88% to 82%). On the other hand, a greater proportion of agencies in 1999 than in 1995 received funding through the social services block grant (18% vs. 13%), insurance (58% vs. 40%) and contributions (32% vs. 20%).

In many cases, funding is received and services are provided in the context of managed care. Overall, 54% of agencies have a contract with at least one public (i.e., Medicaid) or private managed care plan to provide contraceptive, STD or abortion services—a significantly higher proportion than the 24% reporting similar contracts in 1995.5 Fifty-one percent of agencies have a contract with a Medicaid managed care plan, while 31% have at least one contract with a private plan.

A diversity of funding streams allows many agencies to provide services to lower-income clients at reduced or no cost. (Indeed, Title X–funded agencies are mandated to do so.) Ninety-five percent of agencies reduce or eliminate charges to clients who are unable to pay the required fee; 66% typically waive fees for adolescents. Most agencies also make other efforts to make services financially accessible: Ninety-three percent allow clients to pay in installments, and 58% waive charges for Medicaid-eligible clients who have not yet established Medicaid eligibility. However, 7% encourage clients who are unable to pay to go elsewhere for services, this pro-