

Contraceptive Needs and Services, 2014 Update



Jennifer J. Frost, Lori Frohwirth and Mia R. Zolna

Key Points

- In 2014, 20.2 million U.S. women were in need of publicly funded contraceptive services and supplies. That is, they were aged 13–44, sexually active and able to conceive, but were not intentionally pregnant nor trying to get pregnant, and were either adults with an income under 250% of the federal poverty level or were younger than 20. (This number does not represent unmet need for contraception, because many of these women were using contraceptives.)
- Between 2010 and 2014, the overall number of women in need of publicly funded contraceptive services rose 5%, and particularly large increases were seen among poor women and Hispanic women. Notably, the number of teens in need declined.
- Between 2013 and 2014—as major components of the Affordable Care Act (ACA) were implemented—the number of women in need of publicly funded contraceptive services who had no public or private health insurance fell 19%, from 5.6 million to 4.5 million. States that had implemented the ACA’s Medicaid expansion experienced particularly large declines.
- Between 2010 and 2014, the overall number of women receiving contraceptive services from publicly funded providers—either publicly funded clinics or private doctors serving Medicaid enrollees—decreased by 13%, from 8.9 million to 7.8 million; the number served by clinics dropped by 22%, while the number served by private doctors increased by 14%.
- In 2014, publicly funded contraceptive services helped women prevent 1.9 million unintended pregnancies. Without these services, the U.S. rates of unintended pregnancy, unplanned birth and abortion each would have been 68% higher, and the teen pregnancy rate would have been 73% higher.
- Title X-funded clinics alone helped women avert 904,000 unintended pregnancies, 439,000 unplanned births and 326,000 abortions in 2014. Without the services provided by these clinics, the U.S. rates of unintended pregnancy, unplanned birth and abortion each would have been 33% higher, and the teen pregnancy rate would have been 30% higher.



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Background

Most U.S. women at some point in their lives need contraceptive care so that they can plan the size and timing of their families; many need ongoing or periodic access to such care. The availability of a wide range of contraceptive methods helps to ensure that women and their partners can find one that works best for their personal situation and current stage in life. Many women, however, cannot afford to pay for contraceptives and related services on their own; others may be concerned with confidentiality when seeking care. These women are among many who depend on publicly funded providers for access to the care they need and want.

A nationwide network of publicly supported clinics, including those that are funded through the federal Title X family planning program—the only national program dedicated to providing subsidized contraceptive services to individuals who are disadvantaged because of their age or income—has long been the key source of contraceptive care for teens and low-income adults. Each year, this network serves millions of women and helps to prevent more than a million unintended pregnancies and hundreds of thousands of unplanned births and abortions. In addition to the network of safety-net clinics, private doctors* serving clients enrolled in Medicaid provide an alternative source of contraceptive care for low-income women. Understanding how many women need this care and the numbers of women currently served by publicly supported providers is crucial for the planning and design of improved health care delivery systems. Moreover, in a time of unprecedented change in health care financing and increased access to health insurance coverage, it is even more important to have regular assessments of the level of need for publicly funded care, information on the numbers of women in need who have either public or private health care coverage, and continued monitoring of the role and impact of safety-net providers.

Since the 1970s, the Guttmacher Institute has periodically estimated the number of U.S. women who are in need of contraceptive services and supplies† during a calendar year (those aged 13–44 who are sexually active and able to conceive, but who are not intentionally pregnant nor trying to get pregnant) and in need of publicly funded contraceptive services and supplies (those who meet all of the above criteria and are either adults with an income under 250% of the federal poverty level or teenagers of any income).

Estimates of need for contraceptive services have often been published together with data on the number of women who receive publicly funded contraceptive care and the impact that providing publicly supported contraceptive care has on helping women to prevent unintended pregnancies and the unplanned births and abortions that would follow. Most recently, estimates for these indicators were made at the national, state and county levels for 2010¹ and at the national and state levels for 2013.²

This report provides updated 2014 estimates of contraceptive needs and services in the United States, and of the impact that publicly funded clinic services in particular have on preventing unintended pregnancy at the national and state levels. It also provides estimates of the level and impact of Medicaid-funded contraceptive care provided by private doctors at the national level. It does not provide updated information on the cost savings from any of these services; the most current information on cost savings is from 2010.³

This report highlights national-level findings and trends, and includes summary tables of national and state data. Detailed county-level information on numbers and characteristics of women in need has not been estimated for 2014, with one exception: Information on the number and proportion of women in need who are uninsured has been estimated for all U.S. counties and can be found in Guttmacher's county-level table maker at <https://data.guttmacher.org/counties>.

*For the purpose of this report, we use this term to encompass all private providers serving clients enrolled in Medicaid, including a minority who are not physicians.

†These estimates represent the number of women who may need to seek contraceptive services during the year to prevent an unintended pregnancy. They do not represent unmet need for contraception because many of these women are using some contraceptive method.

Methodology

The following methodology was used to update for 2014 these key national and state-level contraceptive needs and services indicators:

- The number of women in need of contraceptive services and supplies and those in need of publicly supported contraceptive care, including the number and proportion who are uninsured
- The number of women who received contraceptive services at all publicly funded family planning providers, including publicly funded clinics and private doctors who served Medicaid enrollees
- The numbers of pregnancies, births and abortions averted by providing publicly funded contraceptive care

Key Definitions

We used the following definitions in our analyses.

- Women are defined as being **in need of contraceptive services and supplies** if they are aged 13–44 and meet the following three criteria during all or part of a given year:

- (1) they were sexually active (estimated as those who have ever had voluntary vaginal intercourse);
- (2) they were able to conceive (neither they nor their partner had been contraceptively sterilized, and they did not believe that they were infecund for any other reason); and
- (3) they were 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. In addition, all women younger than 20 who need contraceptive services, regardless of their family income, are assumed to need publicly funded care because of their heightened need—for reasons of

confidentiality—to obtain care without depending on their family’s resources or private insurance.

- Publicly funded contraceptive services and supplies are provided through two main channels. A **publicly funded clinic** is a site that offers contraceptive services to the general public and uses public funds 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, federally qualified health centers (FQHCs) and other independent organizations. In this report, these sites are referred to as “clinics;” other Guttmacher Institute reports may use the synonymous term “centers.” In addition, some **private providers** offer Medicaid-funded services.

- 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 and all active contraceptive clients who made supply-related return visits, who received counseling and a method prescription but deferred the medical examination or who chose nonmedical contraceptive methods, even if a medical examination was not performed, as long as a chart was maintained. All female contraceptive clients who received care from publicly funded clinics are counted; this includes a small proportion of clients who paid for their visit using private insurance or who paid the full fee for services because their income was above the threshold for free or reduced-fee services.

- **Poor** women are those whose family income is under 100% of the federal poverty level (\$19,790 for a family of three in 2014).
- **Low-income** women are those whose family income is between 100% and 250% of the federal poverty level (\$19,790–49,475 for a family of three in 2014).

Women in Need of Contraceptive Services and Supplies

To update estimates of the numbers of women in need of contraceptive services and supplies, we began with state-level 2014 U.S. Census Bureau estimates of the numbers of women by age-group (younger than 20, 20–29 and 30–44), and race and ethnicity (non-Hispanic white, non-Hispanic black, Hispanic and other).⁴ We further divided these groups according to marital status and poverty status using the 2014 American Community Survey (ACS). We did so by estimating the proportion of women in each age-group, by race and ethnicity, according to their marital status (married and living with husband or not married) and their income as a percentage of the federal poverty level (less than 100%, 100–137%, 138–199%, 200–249% and more than 250%).⁵ Proportions of women in the ACS in each age, race and ethnicity, marital status and poverty group were calculated for each state and then applied to the Census Bureau estimates of the numbers of women (by age-group, and race and ethnicity) in that state. For further explanation of this methodology, see the *Contraceptive Needs and Services, 2010* Methodological Appendix.⁶

The final step for updating estimates of women in need of contraceptive services and supplies for 2014 was to apply the proportion of women in each demographic subgroup (by age, race and ethnicity, marital status and poverty status) who were in need of contraceptive services and supplies (because they were sexually active, able to conceive and not pregnant nor trying to become pregnant) to the numbers of women in that subgroup. For this report, we use the same tabulations of the 2006–2010 National Survey of Family Growth (NSFG) that were made for our 2010 report.¹

Women in Need of Contraceptive Services and Supplies Who Are Uninsured

We estimated the proportion of women in need of publicly funded contraceptive services and supplies who are uninsured by first estimating the proportion of all women who are uninsured, according to age and poverty status. We used the Census Bureau's Small Area Health Insurance Estimates (SAHIE)⁷ program to generate proportions of women who were uninsured at the state and county level. The age categories available through SAHIE did not exactly match the age-groups for women in need. For adult women (aged 20–44) in need, we used estimates of insurance status for women aged 18–49 available from SAHIE. These were further divided, by poverty status, into two groups: 0–137% of the federal poverty level and 138–249% of the federal poverty level. For

adolescents (aged 13–19) in need, there was no comparable SAHIE age-group. At the state level, we estimated the proportion of all women aged 13–19 who were uninsured using the 2014 ACS (the data on which SAHIE estimates are based). We compared this with the SAHIE estimate for females aged 17 and younger; in all states, the SAHIE estimate for the proportion of females 17 and younger who were uninsured was much lower than the ACS estimate for females aged 13–19, because young children are typically insured at higher rates than adolescents. We created a state-level adjustment factor as the quotient of the ACS and SAHIE results and used this to adjust the SAHIE county-level estimates for females 17 and younger to estimate the proportion adolescents in need who were uninsured. For both adults and adolescents, we assumed that the proportion of all women of any given age and poverty group who were uninsured was equivalent to the proportion of women in need (of the same age and poverty group) who were uninsured.

Women Served at Publicly Funded Family Planning Clinics

We estimated the total numbers of women and teens receiving contraceptive care at publicly funded family planning clinics in 2014 from two sources. For the number of clients using Title X-funded family planning clinics, we used 2014 Title X program data, tabulated by state, excluding male clients and all clients served in U.S. territories.⁸ These clinics accounted for 71% of all female family planning clinic clients. We estimated the remaining 29% of women served at publicly funded clinics—those using clinics that do not receive Title X funds—by starting with published state tabulations of data for all clinics for 2010,¹ the most recent year available, and adjusting them forward in time according to the observed state-level change in clients between 2010 and 2014 experienced by Title X clinics (which we assumed was the same as the change in non-Title X clinics). To separate out the share of women who were teens, we used the overall proportion of teens served at Title X clinics in 2014 to adjust the proportion of teens served at all clinics, by state, from 2010 and applied those adjusted ratios separately to our 2014 counts of all women served and women served at Title X clinics by state.

Women Receiving Medicaid-Funded Contraceptive Services from Private Providers

To estimate the number of women receiving Medicaid-funded contraceptive services from private doctors, we used information on payment and source of care for contraceptive services reported by respondents to the

2011–2013 NSFG.⁹ Among the 25.1 million women who reported receiving at least one contraceptive service in the prior 12 months, 75% (18.9 million women) reported receiving that care from a private doctor; of those, 13.3% (2.5 million women) reported that their contraceptive visit had been paid for by Medicaid. It is possible that this is an underestimate of publicly funded services provided by private doctors, because it does not account for the changes in Medicaid eligibility for women living in states that expanded Medicaid coverage in 2014 under the Affordable Care Act. Updated NSFG data for 2014 that accounts for this change will not be released until late 2016 and will be included in the 2015 estimates.

Proportion of Need Met by Publicly Supported Providers

We estimated the proportion of need met as the ratio of the number of clients receiving publicly supported contraceptive services to the number of women of reproductive age who are in need of publicly supported services. This estimate does not account for the fact that some women who receive care from clinics may not fit the definition of being in need. In addition, it cannot be used to derive a measure of unmet need because some women who are in need but are not served by clinics may have private health insurance or may obtain services from nonclinic sources that they pay for out of pocket. National percentages of met need include all women receiving contraceptive care from publicly supported clinics, as well as Medicaid clients who received such care from private doctors. State estimates are for need that is met by clinics only and exclude women who receive Medicaid-covered services from private providers, because accurate data on the numbers of Medicaid clients receiving contraceptive care from private providers are not available at the state level. All estimates are for women receiving contraceptive

services from a medical provider and exclude users of nonprescription methods who did not visit a contraceptive service provider during the year.

Impact of Publicly Supported Contraceptive Care

We estimated the numbers of unintended pregnancies, unplanned births and abortions that were averted by the provision of publicly funded contraceptive care at clinics in 2014 using the same methodology as in previous estimates.^{1,6} To do so, we began with the total number of female contraceptive clients and teen clients served. We adjusted these numbers based on the fact that some clients served do not obtain or use a contraceptive method. In 2014, 84% of women served at Title X clinics reported current use of a contraceptive method.⁸ We assumed that this same percentage applied to all clinics and estimated the total number of method users in that year to be 84% of all clients served, including 84% of teen clients. Next, we estimated the total number of unintended pregnancies prevented in 2014 for all women, and for teens separately, 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 288 unintended pregnancies averted per 1,000 method users.⁶ Finally, we classified the unintended pregnancies averted according to observed outcomes at the national level. Overall, 49% of unintended pregnancies result in an unplanned birth,¹⁰ 36% in an elective abortion and 15% in miscarriage; for teens, those figures are 51%,¹¹ 32% and 17%, respectively. To estimate the increase in rates of unintended and teen pregnancy that would be expected in the absence of publicly funded contraceptive services, we compared the most recent national counts of unintended pregnancy¹¹ and teen pregnancy¹² with our estimates of unintended pregnancies averted in 2014.

Table Notes

- The source for all 2014 data in the tables and figures is this report. Data for earlier years (women in need for 2010, 2006 and 2000, and for clients served for 2010, 2006 and 2001) have most recently been reported on in our 2010 report.¹
- All population and client estimates have been rounded to the nearest 10; numbers of unintended pregnancies, births and abortions averted have been rounded to the nearest 100. State and subgroup totals, therefore, do not always sum to the national total.
- Racial and ethnic 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 the overall total. The numbers of women in need who are Asian and Pacific Islander are too small to be estimated accurately.

The Need for Publicly Funded Contraceptive Services

Women are estimated to be in need of contraceptive services and supplies if they are aged 13–44 and during all or some of the year they are sexually active and able to conceive, but are not intentionally pregnant nor trying to get pregnant. Women are in need of publicly funded contraceptive services and supplies if they meet all of these criteria and are either adults with an income under 250% of the federal poverty level or teenagers of any income (see Key Definitions, page 5). These estimates represent the number of women who may need to seek contraceptive services during the year in order to prevent an unintended pregnancy. They do not represent unmet need for contraception because many of these women are using contraceptives: Some are obtaining publicly funded care from either clinics or private doctors, as detailed in the next section; others are obtaining privately funded care from private doctors or are using over-the-counter methods.

Overall Need for Services

In 2014, there were 67.5 million U.S. women of reproductive age (13–44), a number that has remained relatively stable since 2000—increasing only 1% between 2000 and 2010, and another 2% between 2010 and 2014 (Tables 1 and 2). However, the size of some key subgroups has changed considerably between 2010 and 2014:

- The number of women aged 20–29 rose 5%, while there were only small shifts among those aged 30 and older (2% increase) and among teenagers (3% decrease).
- The number of poor adult women (those aged 20–44 with a family income below 100% of the federal poverty level) rose by 12%.
- The number of Hispanic women rose by 8%.

More than half of all women of reproductive age (38.3 million) were in need of contraceptive services and supplies in 2014. This number represents a 10% increase between 2000 and 2010, plus an additional 2% increase between 2010 and 2014.

- The largest increases in the need for contraceptive services and supplies between 2010 and 2014 were among poor and low-income women (11% and 7%,

respectively) and Hispanic women (8%), reflecting trends observed among all women of reproductive age.

- There was a small increase among non-Hispanic black women (4%) and a small decrease among non-Hispanic white women (1%).

Table 2 includes state-level detail on the numbers of women of reproductive age and women needing contraceptive services and supplies in 2014, by key characteristics.

Need for Publicly Funded Services

A total of 20.2 million U.S. women were classified as being in need of publicly funded contraceptive services and supplies in 2014 because they needed contraceptive services and supplies and were either adult women with a family income under 250% of the federal poverty level or were younger than 20 (Tables 1 and 3).

- Some 15.5 million women in need of publicly funded contraceptive services and supplies were adults living below 250% of the federal poverty level; 6.2 million were poor and 9.3 million were low income.
- Young women aged 13–19 accounted for 4.7 million of the women in need of publicly funded contraceptive services.
- Of all women in need of such services and supplies, 9.8 million were non-Hispanic white, 3.6 million were non-Hispanic black and 5.0 million were Hispanic. The remaining 1.8 million women were members of other or multiple racial and ethnic groups.

Overall need for publicly funded contraceptive care increased dramatically over the past decade and a half, rising from 16.4 million women in 2000 to 20.2 million women in 2014. The extent of the increase has varied across social and demographic groups, largely mirroring demographic changes among all women (Tables 1, 3 and 4 and Figure 1, page 9). The share of all women in need of publicly funded services who were poor adult women rose the most—from 25% (4.1 million out of 16.4 million) in 2000 to 31% (6.2 million out of 20.2 million) in 2014.

- Between 2010 and 2014, the number of women in need of publicly funded care rose by 5%—representing an additional one million women in need.

- Need rose the most among those with the lowest family incomes—11% among poor women, and 7% among low-income women.
- Over this same period, the number of Hispanic women in need of publicly supported care increased by 9%, the number of black women in need increased by 6% and the number of white women in need increased by 2%.
- The number of teenagers in need of publicly funded services fell by 4% over the period.

State variation in need. States varied widely in terms of their changing patterns of need for publicly supported family planning care, with virtually all states experiencing either an increase in the numbers of women in need or no significant change in need between 2010 and 2014 (Table 4).

- Sixteen states (Alaska, Arizona, California, Florida, Georgia, Hawaii, Maryland, Montana, Nebraska, Nevada, New Jersey, North Carolina, Oregon, Rhode Island, Washington and Wyoming) experienced a 7% or greater increase in the number of women needing publicly funded contraceptive services or supplies between 2010 and 2014. Four of these states (Alaska, Montana, Nevada and New Jersey) experienced a 10% or greater increase.

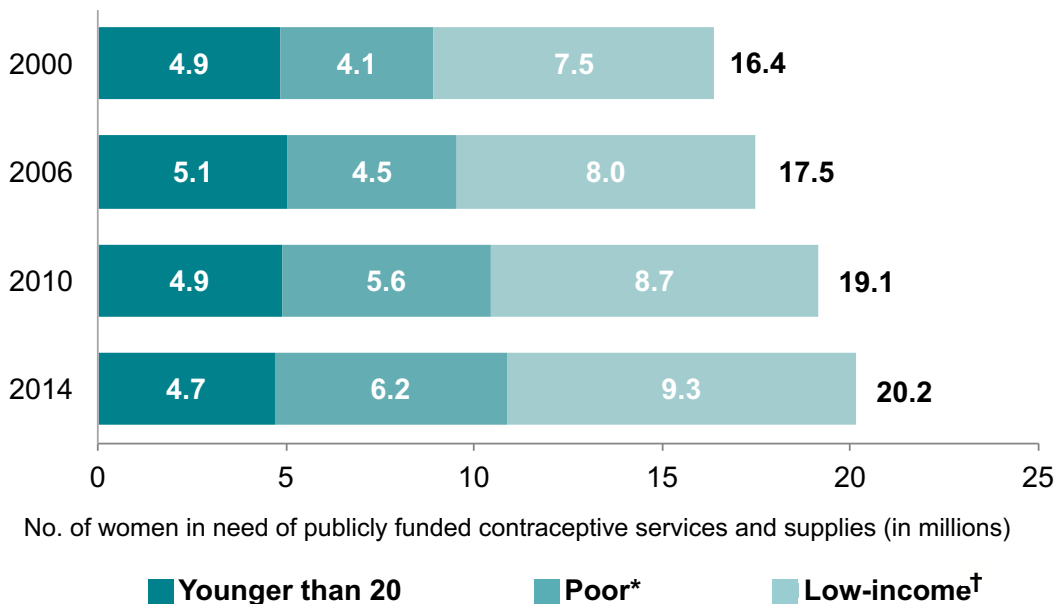
- Only one state (Delaware) experienced a decline (of only 1%) in the number of women in need of publicly funded care during this period.

Numbers of uninsured women in need. Implementation of the ACA has provided many Americans with access to health insurance that was previously out of reach—including both public insurance through the federal-state Medicaid program and private insurance purchased through the ACA’s health insurance marketplaces (which may be federally subsidized for low-income individuals). As a result, the numbers of women in need of publicly funded contraceptive care who were uninsured fell dramatically between 2010 and 2014, with most of the change happening between 2013 and 2014 (Table 5).

- Between 2013 and 2014, the number of all women in need of publicly funded contraceptive care who had neither public nor private health insurance fell by more than one million, from 5.6 million to 4.5 million, a decline of 19%. The proportion of women in need who were uninsured declined from 28% in 2013 to 23% in 2014.
- Among teenagers in need, most of the change in insurance status occurred earlier than for adult women, with the proportion uninsured falling from 15% in 2010 to

FIGURE 1

Increasing numbers of poor and low-income adult women account for the growing numbers of women who need publicly funded contraceptive care.



*Women aged 20–44 with family income less than 100% of the federal poverty level. †Women aged 20–44 with family income at 100–249% of the federal poverty level. NOTE: Segments may not add to totals because of rounding.

11% in 2013, and then to 10% in 2014. The drop in the proportion uninsured, combined with the overall drop in the number of teenagers in need described earlier, resulted in an overall decline in the number of uninsured teenagers in need, from 746,700 in 2010 to 438,200 in 2014—a 41% decline.

- Among women in need of publicly funded contraceptive care with incomes below 138% of poverty (the income eligibility ceiling for Medicaid in states that expanded the program under the ACA), 39% (3.1 million women) were uninsured in 2010. This proportion fell to 36% (3.2 million women) in 2013 and then to 30% (2.5 million women) in 2014, representing an overall 18% drop since 2010 in the numbers uninsured.
- Among non-Hispanic white and non-Hispanic black women in need, the proportion who were uninsured fell from 22% and 23%, respectively, in 2013 to 17% in 2014 for both, a 21% decline in numbers uninsured. The proportion of Hispanic women in need who were uninsured fell from 40% to 35% over the same period, a 15% drop in the number who were uninsured.

State variation in insurance status of women in need.

States varied widely in terms of the proportion of women in need of publicly funded contraceptive services and supplies who were uninsured, and in the level of change experienced between 2013 and 2014 in the proportions uninsured (Table 6). In addition, between 2013 and 2014, there was generally a much larger drop in the proportions of uninsured women in need in states that expanded Medicaid under the ACA compared to states that did not. Additional county-level detail on the proportion and number of uninsured women in need is available at <https://data.guttmacher.org/counties>.

- In five states (Alaska, Florida, Georgia, Oklahoma and Texas) at least 30% of all women in need were uninsured in 2014; the state with the highest proportion uninsured was Texas, where 37% of all women in need had neither public nor private health insurance. These same states were among those with the highest proportions uninsured in 2013, and none of them had expanded Medicaid under the ACA by the end of 2014.
- In contrast, in three states (Hawaii, Massachusetts and Vermont) and the District of Columbia, the proportion of women in need who were uninsured in 2014 was 10% or lower, and all of these states expanded Medicaid under the ACA.
- Moreover, among the states that had expanded Medicaid, the number of women in need who were uninsured fell by at least 13% and by as much as 47% between 2013 and 2014 (for example, in West Virginia, the proportion of women in need who were uninsured fell from 28% to 15%, and the number uninsured

dropped from 31,500 to 16,800, a 47% decline). Among all states that expanded Medicaid combined, the number of uninsured women in need fell 26% between 2013 and 2014.

- In contrast, among the states that did not expand Medicaid, the number of women in need who were uninsured fell by only 3% in one state and by 6–19% in all the remaining states. Among all states that did not expand Medicaid combined, the number of uninsured women in need fell only 12% between 2013 and 2014.

Use of Publicly Funded Contraceptive Services

Across the United States, publicly supported contraceptive care is provided by thousands of clinics that receive public funding through a variety of federal, state and local sources. These clinics include health departments, hospital outpatient clinics, federally qualified health centers (FQHCs), Planned Parenthood clinics and facilities run by other organizations. In addition, many private doctors provide publicly funded contraceptive care to Medicaid enrollees.

Women Served by Publicly Funded Providers

In 2014, an estimated 7.8 million women received publicly supported contraceptive services from all sources (Table 7 and Figure 2). The majority—an estimated 5.3 million female contraceptive clients—were served at publicly funded clinics; an estimated 2.5 million women

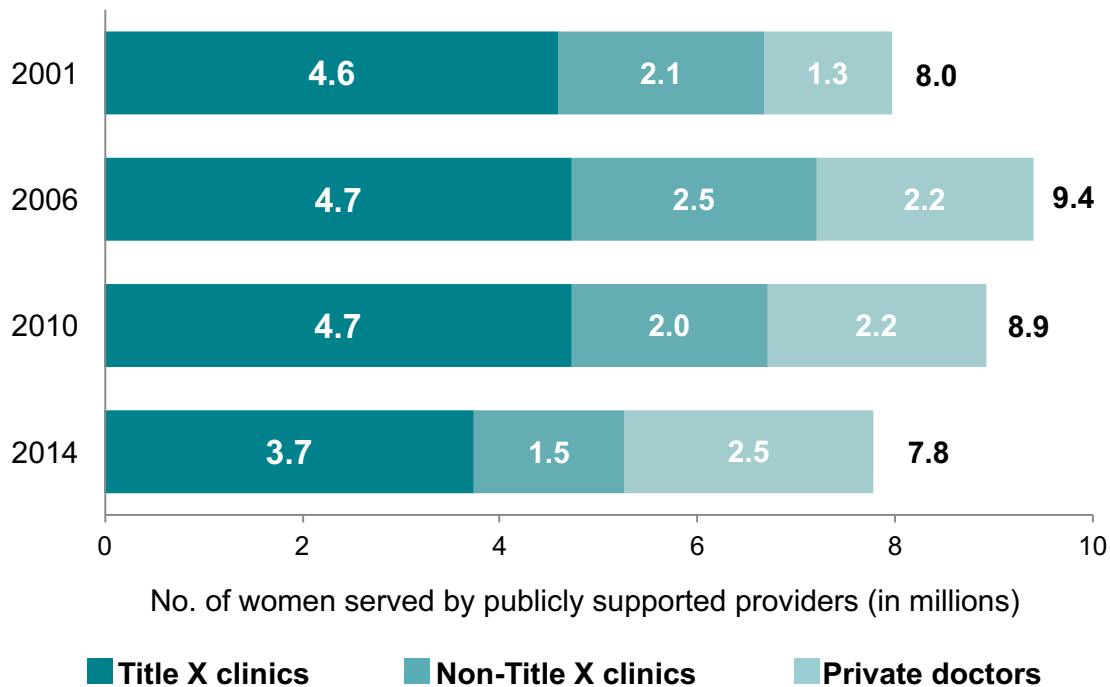
received Medicaid-funded contraceptive care from private providers. Among women served at clinics, 71% (3.7 million[‡]) were served at Title X-funded clinics (Table 8), and 29% (1.5 million) were served at public clinics not funded by Title X.

■ Between 2010 and 2014, the number of women receiving publicly funded contraceptive services from all publicly supported providers fell from 8.9 million to 7.8 million, a 13% decline; the number of these women who were served by clinics fell from 6.7 to 5.3 million (a 22% decline), while the number of Medicaid enrollees receiving contraceptive care from private doctors rose from 2.2 million to 2.5 million (a 14% increase).

[‡]This total varies from the 4.1 million total Title X family planning users reported for 2014 in the Office of Population Affairs' *Family Planning Annual Report* because it excludes male clients and clients served in U.S. territories.

FIGURE 2

The number of women receiving publicly supported contraceptive care from clinics has fallen in recent years.



NOTE: Segments may not add to totals because of rounding.

- The majority of states (45) experienced a drop in the number of female contraceptive clients served at publicly funded clinics between 2010 and 2014; five states (Alaska, Rhode Island, Tennessee, Vermont and West Virginia) and the District of Columbia experienced an increase.
- Similar patterns in the numbers of women served and trends over time were found at Title X–funded clinics.

Proportion of Need Met by Publicly Funded Providers

Publicly funded providers met roughly 39% of the need in 2014 for publicly supported contraceptive services and supplies (Table 9). Nearly eight million of the 20 million women in need of care were served by publicly funded providers; 19% of the need was met by Title X–funded clinics, 8% was met by public clinics not funded by Title X and 12% by private providers serving Medicaid enrollees (Figure 3). (The remaining women did not necessarily have an unmet need, because some of them may have obtained contraceptives without public funds from private doctors or over the counter.)

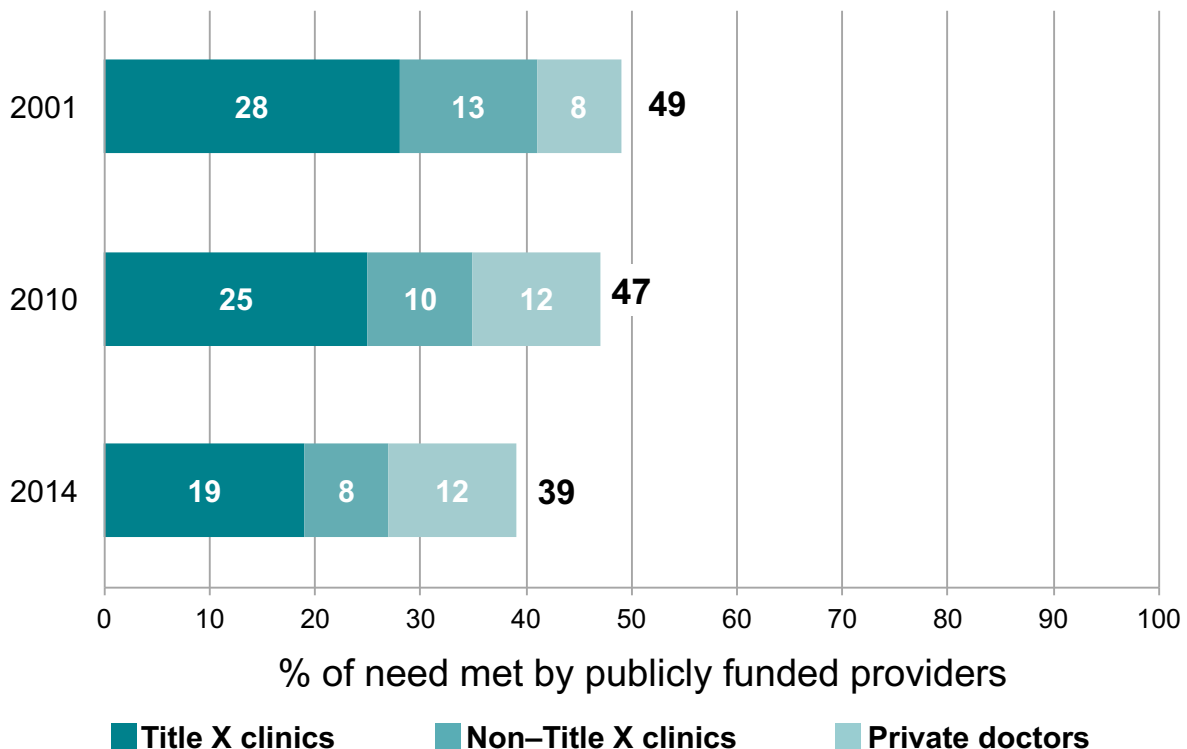
- Between 2001 and 2014, the overall proportion of need met by all publicly funded providers fell by 10

percentage points, from 49% to 39%, largely because of the rising numbers of women needing publicly supported care and the fact that the number of women cared for by publicly funded providers did not keep pace with the increasing need.

- The proportion of need met by public clinics displayed an even steeper decline, falling from 41% in 2001 to 35% in 2010 and 26% in 2014 (15 percentage points overall), primarily because of the drop in the number of women served.
- Title X–funded clinics met 19% of the need for publicly supported contraceptive care in 2014—lower than in 2001 (28%) and 2010 (25%).
- The proportion of the need for publicly funded contraceptive services met by all clinics varied widely by state. In 2014, clinics met at least half of the need for such care in three states (Alaska, California and Vermont) and the District of Columbia, whereas publicly funded clinics in 20 states (Arizona, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Missouri, Nebraska, Nevada, New Jersey, North Carolina, Ohio, Texas, Utah, Virginia, and Wisconsin) met less than 25% of the need for such care.

FIGURE 3

Between 2001 and 2014, the proportion of need met by publicly supported providers declined.



The Impact of Publicly Funded Contraceptive Services

By allowing women access to the contraceptive services they need and want, providers of publicly funded contraceptive services are able to help women achieve their childbearing goals. A host of benefits accrue when women and families are able to plan the timing and number of their children.^{13,14} One of the most basic benefits of these services is the prevention of unintended pregnancy.

Unintended Pregnancies Averted

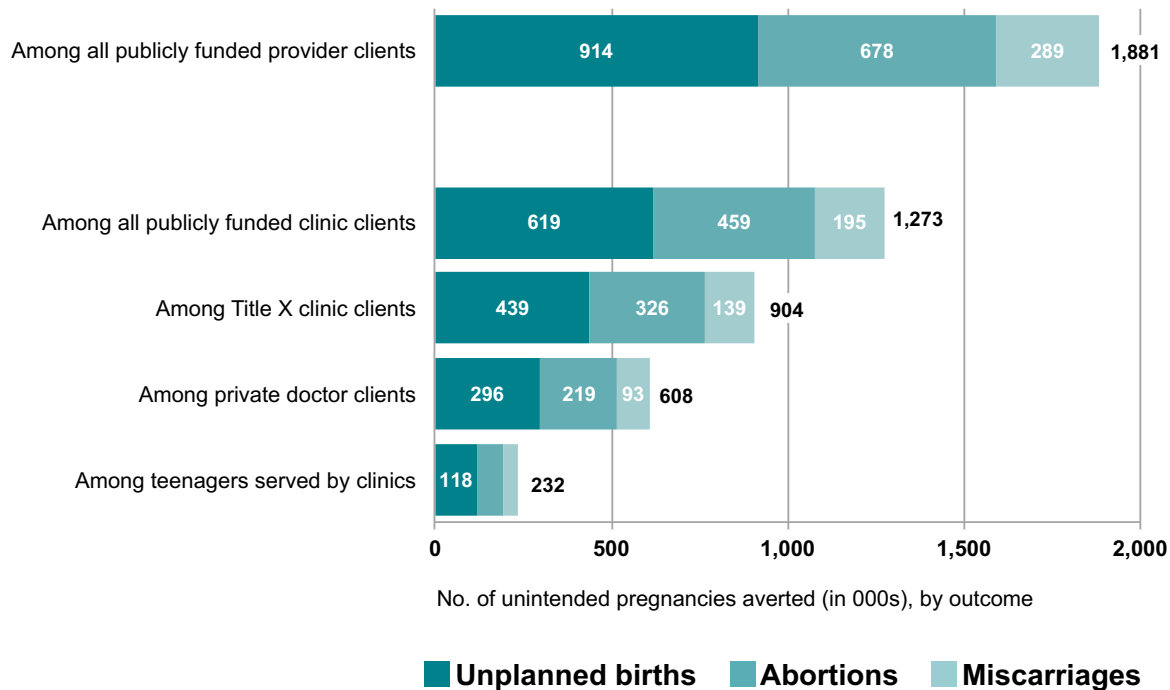
- Publicly funded providers as a whole helped women to avert 1.9 million unintended pregnancies in 2014 (Table 10 and Figure 4). More than 914,000 of those unintended pregnancies would have resulted in unplanned births and 678,000 would have resulted

in abortion; the remainder would have resulted in miscarriage.

- Publicly funded clinics alone were responsible for helping women to avert some 1.3 million unintended pregnancies in 2014, which would have resulted in 619,000 unplanned births and 459,000 abortions.
- Title X-funded clinics accounted for the large majority of this benefit, helping women to avert 904,000 unintended pregnancies in 2014, which would have resulted in 439,000 unplanned births and 326,000 abortions.
- An estimated 960,000 adolescents (aged 19 or younger) were served at publicly funded clinics in 2014 (Table 11). That year, 20% of adolescents in need of publicly funded contraceptive services and supplies were served at clinics. Clinics helped adolescents avert 232,000 unintended pregnancies in 2014; Title X-funded

FIGURE 4

In 2014, publicly supported services helped avert nearly two million unintended pregnancies.



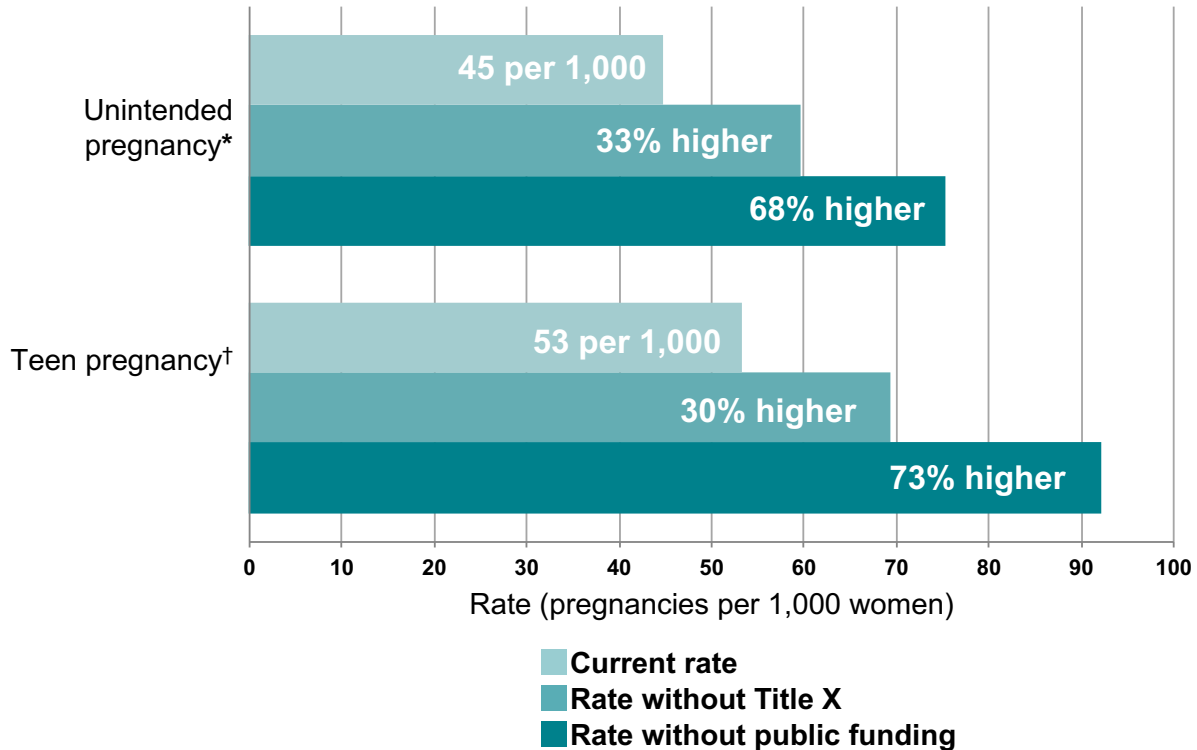
NOTE: Segments may not add to totals because of rounding.

clinics helped adolescents prevent 166,000 of these unintended pregnancies.

- Without the contraceptive services provided by all publicly funded providers in 2014 (including both clinics and private doctors serving Medicaid enrollees), the rates of unintended pregnancies, unplanned births and abortions in the United States would have been 68% higher, and the rate of teen pregnancy would have been 73% higher (Figure 5).
- Without the contraceptive services provided by publicly funded clinics in 2014, the rates of unintended pregnancies, unplanned births and abortions would have been 46% higher, and the rate of teen pregnancy would have been 41% higher (not shown).
- Title X-funded clinics alone were responsible for half of the overall impact: Without their services, the rates of unintended pregnancies, unplanned births and abortions would have been 33% higher and the rate of teen pregnancy would have been 30% higher (Figure 5).

FIGURE 5

U.S. unintended and teen pregnancy rates in 2014 would have been at least two-thirds higher in the absence of publicly funded contraceptive services.



*Among women aged 15–44. †Among women aged 15–19.

Discussion

Since 2000, the number of U.S. women in need of publicly funded contraceptive services and supplies has continued to rise—increasing 17% between 2000 and 2010, and by another 5% from 2010 to 2014. In the four years between 2010 and 2014 alone, more than one million additional women needed publicly funded contraceptive care.

A large share of the increase in need for publicly funded care was because of a disproportionate rise in the number of poor adult women (those with a family income below 100% of the federal poverty level): The number of women in this group in need of contraceptive services and supplies rose by 37% between 2000 and 2010, and by another 11% between 2010 and 2014. The increased number of women in need—especially in the lowest income groups—is attributable in large part to growing income disparities in the United States during the period, which were exacerbated by the recession and its economic consequences. Moreover, since the number of poor women in need increased more than the numbers of low-income women in need, while the number of teens in need fell, the share of all women in need who were poor adult women rose from 25% in 2000 to 31% in 2014.

Between 2013 and 2014, millions of Americans gained health insurance through provisions of the ACA—either as newly eligible Medicaid enrollees or by purchasing health insurance through the ACA’s health insurance marketplaces. Among poor and low-income women in need of contraceptive services, the change in insurance status was dramatic. Over this one-year period, the number of women in need of publicly funded contraceptive care who had neither public nor private health insurance fell by nearly 20%, from 5.6 million to 4.5 million. The decline in the proportion of women in need who were uninsured was greater among states that had implemented a Medicaid expansion under the ACA than among those states that had not. However, even with these dramatic changes, nearly one in four women (23%) who need publicly funded care remain uninsured.

Moreover, in recent years, the increase in the number of women in need of publicly funded contraceptive services has not been met by a proportionate increase in the number receiving subsidized contraceptive care. Since 2010, the number of women receiving publicly funded contraceptive care has fallen, especially at clinics. The number served by all providers dropped from 8.9 million

in 2010 to 7.8 million in 2014, a 13% decline; the number served by clinics fell 22% over the four-year period. Thus, the proportion of need met by all publicly funded providers dropped to 39% in 2014, and the share of need met by clinics fell from 35% in 2010 to 26% in 2014.

Further research is needed to fully understand the factors related to the declining number of women served by publicly funded clinics. In many states and communities, factors related to the supply of clinic services have contributed to this trend: Shrinking government budgets, as well as targeted reductions in funding for specific programs or grantees, have led to clinic closures and reductions in clinic services. In addition to this troubling trend, however, falling demand for clinic services may also have contributed to the decline in clients: An increase in the use of long-acting reversible contraceptives and changing standards for cervical cancer screening have meant that some clients do not need to visit their provider annually for contraceptive supplies or cervical cancer testing and can have their needs met with less frequent visits. In addition, the number of women who receive contraceptive services from private doctors through Medicaid has risen in recent years, likely offsetting some of the decline found among clinics.

Overall, the impact of publicly supported contraceptive services on the prevention of unintended pregnancy in 2014 was significant: Publicly funded contraceptive services helped women to prevent some 1.9 million unintended pregnancies; without these services, the overall U.S. unintended pregnancy rate would have been 68% higher. The contraceptive services provided by clinics alone helped women to prevent some 1.3 million unintended pregnancies, thereby helping women avoid 619,000 unplanned births and 459,000 abortions. Without these services from clinics, the overall U.S. rates of unintended pregnancies, unplanned births and abortions would have been 46% higher, and the teen pregnancy rate would have been 41% higher.

The federal Title X family planning program is critical to the provision of clinic-based contraceptive care. In 2014, clinics funded by this program provided contraceptive services to 3.7 million women, a group representing 71% of all female contraceptive clients served by publicly funded clinics. Not only do Title X–funded clinics typically serve a much greater number of contraceptive clients per year than do other clinics, prior research has documented that Title X clinics offer

their clients a greater variety of contraceptive methods, do more to facilitate method initiation and consistent method use among clients, are more likely to advise clients about contraception during annual gynecologic visits, and spend more time counseling clients about contraception and sexual health.¹⁶ Title X–funded clinics alone helped women to avert 904,000 unintended pregnancies in 2014—preventing 439,000 unplanned births and 326,000 abortions. Without these services from Title X–funded clinics, the overall U.S. rates of unintended pregnancy, unplanned births and abortion would have been 33% higher, and the teen pregnancy rate would have been 30% higher.

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TABLE 1

Total number of women aged 13–44, number in need of contraceptive services and supplies, and number in need of publicly funded contraceptive services and supplies, all by age-group, poverty status, and race and ethnicity—2000, 2006, 2010 and 2014

Year	Total	Age-group			Poverty status (income level among those aged 20–44)			Race and ethnicity*		
		<20	20–29	30–44	<100% of FPL	100–249% of FPL	≥250% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic
All women aged 13–44 (in 000s)										
2000	65,507	13,758	18,859	32,889	7,418	13,831	30,500	42,951	8,844	9,100
2006	66,381	14,511	20,327	31,543	7,949	13,766	30,154	41,202	9,244	11,002
2010	66,419	14,780	21,038	30,600	9,245	14,328	28,066	38,668	9,167	12,655
2014	67,466	14,393	21,999	31,074	10,319	15,180	27,574	38,006	9,418	13,623
% change 2000–2010	1	7	12	–7	25	4	–8	–10	4	39
% change 2010–2014	2	–3	5	2	12	6	–2	–2	3	8
Women needing contraceptive services and supplies (in 000s)†										
2000	33,983	4,850	14,233	14,899	4,076	7,470	17,587	22,205	4,580	4,741
2006	36,215	5,056	15,582	15,577	4,478	7,951	18,730	22,524	5,095	5,857
2010	37,400	4,881	16,484	16,036	5,576	8,688	18,257	21,562	5,198	6,944
2014	38,266	4,701	17,221	16,344	6,168	9,301	18,096	21,353	5,410	7,492
% change 2000–2010	10	1	16	8	37	16	4	–3	14	46
% change 2010–2014	2	–4	4	2	11	7	–1	–1	4	8
Women needing publicly funded contraceptive services and supplies (in 000s)‡										
2000	16,396	4,850	6,747	4,799	4,076	7,470	na	9,193	2,898	3,128
2006	17,485	5,056	7,331	5,098	4,478	7,951	na	9,560	3,068	3,646
2010	19,144	4,880	8,443	5,820	5,576	8,688	na	9,558	3,379	4,587
2014	20,170	4,701	9,125	6,344	6,168	9,301	na	9,791	3,584	4,989
% change 2000–2010	17	1	25	21	37	16	na	4	17	47
% change 2010–2014	5	–4	8	9	11	7	na	2	6	9

*Women of other or multiple races are excluded here. †Women are in need of contraceptive services and supplies if they are sexually active, able to get pregnant, not currently pregnant and not wanting to become pregnant (see Key Definitions, page 5). ‡Women are in need of publicly funded contraceptive services and supplies if they are in need of contraceptive services and supplies and they are either aged 20–44 with a family income below 250% of the FPL or are younger than 20 (see Key Definitions). Notes: FPL=federal poverty level. na=not applicable.

TABLE 2

Total number of women aged 13–44, and number of women in need of contraceptive services and supplies, by age-group, poverty status, and race and ethnicity—2010 and 2014 national summary, and 2014 state detail

State	All women aged 13–44	Women needing contraceptive services and supplies							
		Total	Age-group		Poverty status (income level among those aged 20–44)		Race and ethnicity		
			<20	20–44	<250% of FPL	≥250% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic
2010 total	66,419,460	37,400,340	4,880,600	32,519,904	14,263,350	18,256,560	21,562,320	5,198,410	6,944,450
2014 total	67,466,020	38,265,680	4,700,650	33,565,050	15,469,340	18,095,700	21,353,440	5,410,460	7,491,880
% change 2010–2014	2	2	–4	3	8	–1	–1	4	8
Alabama	1,024,990	548,190	74,590	473,600	258,160	215,440	329,970	171,730	23,480
Alaska	156,980	92,650	10,910	81,740	30,290	51,450	54,740	3,610	6,760
Arizona	1,399,190	819,540	93,280	726,260	372,170	354,090	398,940	37,850	290,960
Arkansas	613,830	322,800	45,430	277,370	159,420	117,960	220,430	59,400	25,190
California	8,562,620	5,159,070	530,420	4,628,660	2,113,160	2,515,490	1,677,030	308,920	2,160,400
Colorado	1,153,700	684,040	70,040	614,000	256,450	357,550	447,390	28,220	157,610
Connecticut	730,360	433,120	51,060	382,060	132,010	250,050	263,200	52,520	80,450
Delaware	191,780	106,550	13,520	93,030	36,590	56,450	60,110	26,130	11,390
District of Columbia	182,640	113,800	10,020	103,780	34,880	68,900	48,500	43,670	11,200
Florida	3,917,880	2,158,310	249,860	1,908,450	966,660	941,790	1,014,260	422,710	587,130
Georgia	2,246,020	1,217,910	159,970	1,057,940	535,150	522,790	581,510	430,190	115,650
Hawaii	283,790	170,280	17,390	152,900	55,700	97,200	34,650	4,540	19,670
Idaho	339,020	188,800	25,270	163,530	87,750	75,780	151,960	1,280	25,470
Illinois	2,766,120	1,541,980	214,280	1,327,710	558,240	769,470	864,120	248,820	286,930
Indiana	1,385,300	755,620	116,040	639,590	330,200	309,390	577,720	82,590	54,610
Iowa	625,780	336,730	55,430	281,300	134,840	146,460	281,460	13,490	21,740
Kansas	599,470	325,050	50,760	274,290	137,340	136,950	234,330	21,410	41,880
Kentucky	909,800	475,550	64,470	411,080	220,060	191,010	393,940	44,290	17,000
Louisiana	1,004,160	548,230	71,790	476,450	249,690	226,760	299,480	195,900	27,110
Maine	248,850	140,690	18,030	122,670	60,860	61,810	129,340	2,270	2,880
Maryland	1,277,200	722,560	83,770	638,790	214,420	424,370	329,270	237,860	74,010
Massachusetts	1,448,660	889,590	94,620	794,960	278,440	516,520	607,480	69,850	113,930
Michigan	2,017,700	1,111,050	171,780	939,270	463,870	475,390	779,070	185,550	61,830
Minnesota	1,123,280	619,530	88,230	531,300	206,460	324,850	469,500	44,120	35,510
Mississippi	642,430	337,800	52,750	285,050	161,180	123,870	172,750	144,750	9,740
Missouri	1,254,340	687,440	101,340	586,110	290,180	295,930	520,780	96,020	30,680
Montana	197,750	107,340	14,160	93,180	52,220	40,960	90,540	720	4,470
Nebraska	389,110	210,220	33,110	177,110	85,060	92,050	161,370	11,270	23,460
Nevada	602,600	358,000	36,110	321,890	158,310	163,570	157,120	34,000	113,800
New Hampshire	259,410	148,850	19,140	129,700	46,390	83,310	132,000	2,280	6,200
New Jersey	1,837,310	1,106,490	114,120	992,360	341,130	651,230	542,300	168,000	244,720
New Mexico	425,270	240,190	30,230	209,960	121,720	88,240	75,900	4,430	125,930
New York	4,279,830	2,625,720	270,460	2,355,250	956,710	1,398,550	1,325,110	427,900	536,680

TABLE 2. (continued)

State	All women aged 13–44	Women needing contraceptive services and supplies							
		Total	Age-group		Poverty status (income level among those aged 20–44)		Race and ethnicity		
			<20	20–44	<250% of FPL	≥250% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic
North Carolina	2,113,370	1,130,980	149,030	981,950	518,880	463,070	660,690	279,120	108,370
North Dakota	152,320	85,520	12,800	72,720	31,390	41,330	71,330	1,930	3,400
Ohio	2,362,780	1,294,650	196,590	1,098,060	533,520	564,530	983,600	187,270	51,540
Oklahoma	813,960	439,510	58,770	380,740	198,110	182,630	269,790	38,040	47,490
Oregon	824,000	480,820	52,280	428,530	218,710	209,830	348,650	9,370	68,670
Pennsylvania	2,560,940	1,523,010	181,660	1,341,350	563,890	777,460	1,106,520	196,530	119,720
Rhode Island	222,180	136,110	16,150	119,960	55,170	64,790	93,270	9,110	22,560
South Carolina	1,004,780	545,890	72,440	473,450	250,700	222,750	322,600	169,100	30,610
South Dakota	168,580	90,390	15,070	75,320	37,540	37,770	72,140	1,820	3,520
Tennessee	1,379,710	737,190	95,650	641,540	338,800	302,740	514,440	149,590	39,700
Texas	6,046,630	3,264,120	402,270	2,861,850	1,392,890	1,468,960	1,253,540	435,700	1,312,500
Utah	687,170	399,130	47,650	351,480	159,700	191,780	310,500	4,120	55,780
Vermont	122,950	68,500	10,100	58,400	25,710	32,690	62,640	1,000	1,780
Virginia	1,787,420	996,530	117,150	879,380	330,820	548,560	569,130	206,690	99,990
Washington	1,485,080	884,410	90,220	794,190	339,080	455,110	576,330	35,680	119,910
West Virginia	358,140	186,360	24,660	161,700	86,250	75,450	169,600	7,300	3,260
Wisconsin	1,160,950	634,240	96,920	537,320	256,700	280,630	489,070	50,870	47,830
Wyoming	117,890	64,630	8,860	55,770	25,770	29,990	53,330	930	6,780

Note: FPL=federal poverty level.

TABLE 3

Total number of women in need of publicly supported contraceptive services and supplies, by age-group, poverty status, and race and ethnicity—2010 and 2014 national summary, and 2014 state detail

State	Women needing publicly supported contraceptive services and supplies								
	Total	Aged <20	Poverty status (income level among those aged 20–44)				Race and ethnicity		
			<100% of FPL	100–137% of FPL	138–199% of FPL	200–249% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic
2010 total	19,144,100	4,880,320	5,575,570	2,229,050	3,686,590	2,772,220	9,558,360	3,379,360	4,587,341
2014 total	20,169,950	4,700,650	6,168,390	2,340,720	3,956,890	3,003,260	9,790,650	3,584,190	4,989,090
% change 2010–2014	5	–4	11	5	7	8	2	6	9
Alabama	332,750	74,590	114,200	37,550	59,050	47,360	173,390	129,890	17,870
Alaska	41,200	10,910	10,320	5,180	7,550	7,240	20,620	1,330	4,550
Arizona	465,450	93,280	152,130	63,610	87,300	69,130	181,970	25,640	206,840
Arkansas	204,850	45,430	63,100	26,290	43,270	26,760	128,700	45,790	21,620
California	2,643,580	530,420	831,700	338,420	550,840	392,190	659,210	183,710	1,415,100
Colorado	326,490	70,040	87,750	39,200	69,700	59,800	182,980	17,600	102,370
Connecticut	183,070	51,060	51,180	18,690	35,740	26,400	87,850	29,950	50,880
Delaware	50,100	13,520	14,780	3,920	9,720	8,160	24,990	14,380	7,060
District of Columbia	44,910	10,020	16,430	3,930	7,920	6,600	11,860	25,180	5,390
Florida	1,216,520	249,860	358,820	146,080	268,470	193,300	487,770	296,510	368,340
Georgia	695,120	159,970	222,780	71,550	134,240	106,570	281,540	288,140	80,470
Hawaii	73,090	17,390	19,600	6,710	15,310	14,080	15,180	2,330	10,240
Idaho	113,020	25,270	30,120	15,970	25,310	16,360	85,170	1,010	20,000
Illinois	772,510	214,280	231,060	83,870	134,760	108,540	358,620	167,860	186,740
Indiana	446,230	116,040	135,830	45,650	82,770	65,950	317,670	63,570	41,080
Iowa	190,270	55,430	49,380	21,850	33,020	30,580	152,860	10,640	15,900
Kansas	188,100	50,760	52,200	21,060	33,290	30,790	124,160	14,710	32,720
Kentucky	284,530	64,470	92,840	34,500	53,350	39,370	225,730	33,470	13,250
Louisiana	321,480	71,790	109,230	40,410	58,100	41,950	143,470	147,950	17,120
Maine	78,880	18,030	24,840	8,570	15,000	12,440	70,470	2,200	2,150
Maryland	298,190	83,770	75,910	31,450	55,970	51,090	113,560	115,500	40,420
Massachusetts	373,060	94,620	113,790	42,130	65,690	56,830	212,990	40,910	77,300
Michigan	635,660	171,780	201,460	69,490	111,400	81,520	412,520	136,310	43,290
Minnesota	294,680	88,230	74,060	31,930	55,090	45,370	203,180	29,350	25,300
Mississippi	213,930	52,750	70,870	24,000	38,220	28,090	92,010	108,370	7,550
Missouri	391,510	101,340	118,260	41,250	77,030	53,630	279,620	69,320	20,160
Montana	66,380	14,160	20,440	9,360	12,750	9,670	53,610	300	3,620
Nebraska	118,170	33,110	31,060	12,910	21,870	19,220	83,080	8,920	17,950
Nevada	194,430	36,110	53,520	25,240	45,900	33,650	72,460	22,820	74,280
New Hampshire	65,530	19,140	17,230	5,900	11,680	11,580	55,460	1,670	3,460
New Jersey	455,260	114,120	122,520	52,770	93,390	72,450	165,860	92,730	151,020
New Mexico	151,950	30,230	50,000	20,500	30,720	20,490	41,380	2,910	83,590
New York	1,227,170	270,460	400,530	137,740	236,050	182,390	507,390	236,190	331,660

TABLE 3. (continued)

State	Women needing publicly supported contraceptive services and supplies								
	Total	Aged <20	Poverty status (income level among those aged 20–44)				Race and ethnicity		
			<100% of FPL	100–137% of FPL	138–199% of FPL	200–249% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic
North Carolina	667,910	149,030	208,080	82,850	130,700	97,260	336,420	197,010	87,440
North Dakota	44,180	12,800	11,680	5,350	6,280	8,080	34,740	1,210	1,370
Ohio	730,110	196,590	230,270	71,590	132,460	99,210	513,760	141,370	34,370
Oklahoma	256,880	58,770	78,780	29,400	52,530	37,400	142,780	26,940	37,080
Oregon	270,990	52,280	88,030	35,180	53,700	41,800	182,400	6,890	51,230
Pennsylvania	745,550	181,660	223,150	86,670	138,990	115,080	469,970	137,550	87,480
Rhode Island	71,320	16,150	23,380	7,350	13,850	10,590	40,850	6,590	17,670
South Carolina	323,140	72,440	106,170	40,480	62,520	41,530	160,880	126,050	23,950
South Dakota	52,610	15,070	15,540	5,060	8,830	8,110	37,670	1,790	2,110
Tennessee	434,440	95,650	146,110	49,460	83,770	59,450	278,210	108,290	30,130
Texas	1,795,160	402,270	551,420	211,790	370,960	258,730	528,570	269,500	895,180
Utah	207,350	47,650	53,570	22,450	45,250	38,420	147,700	2,450	39,450
Vermont	35,810	10,100	7,970	4,780	6,780	6,170	31,720	700	750
Virginia	447,970	117,150	129,510	46,080	84,480	70,740	226,570	122,750	56,300
Washington	429,300	90,220	127,320	50,810	88,830	72,130	255,610	23,700	81,350
West Virginia	110,910	24,660	39,320	11,660	20,690	14,580	98,990	5,480	2,440
Wisconsin	353,620	96,920	99,840	37,880	69,830	49,140	248,710	38,090	37,680
Wyoming	34,630	8,860	10,310	4,200	5,970	5,290	27,770	670	3,820

Note: FPL=federal poverty level.

TABLE 4

Total number of women aged 13–44, number in need of contraceptive services and supplies, and number in need of publicly funded contraceptive services and supplies, and percentage change between 2010 and 2014—national summary and state detail, 2000, 2010 and 2014

State	All women 13–44				Women needing contraceptive services and supplies				Women needing publicly funded contraceptive services and supplies			
	2000	2010	2014	% change 2010–2014	2000	2010	2014	% change 2010–2014	2000	2010	2014	% change 2010–2014
Total	65,506,530	66,419,460	67,466,020	2	33,982,660	37,400,340	38,265,680	2	16,398,050	19,144,100	20,169,950	5
Alabama	1,032,010	1,022,450	1,024,990	0	496,250	542,770	548,190	1	275,750	320,280	332,750	4
Alaska	152,150	153,090	156,980	3	71,620	88,790	92,650	4	32,230	37,400	41,200	10
Arizona	1,156,640	1,349,610	1,399,190	4	606,160	788,050	819,540	4	314,600	429,830	465,450	8
Arkansas	599,970	607,900	613,830	1	279,870	317,720	322,800	2	165,250	198,090	204,850	3
California	8,050,740	8,393,180	8,562,620	2	4,281,480	4,998,920	5,159,070	3	2,110,740	2,472,310	2,643,580	7
Colorado	1,030,440	1,088,870	1,153,700	6	536,670	642,480	684,040	6	229,000	307,160	326,490	6
Connecticut	768,970	738,970	730,360	–1	438,450	435,540	433,120	–1	161,100	175,950	183,070	4
Delaware	184,230	190,320	191,780	1	92,530	104,560	106,550	2	39,760	50,450	50,100	–1
District of Columbia	149,480	167,470	182,640	9	84,830	105,240	113,800	8	41,260	44,560	44,910	1
Florida	3,425,830	3,782,800	3,917,880	4	1,699,100	2,061,580	2,158,310	5	848,380	1,116,280	1,216,520	9
Georgia	2,013,930	2,205,910	2,246,020	2	988,200	1,189,220	1,217,910	2	472,120	648,120	695,120	7
Hawaii	269,590	278,220	283,790	2	137,950	165,700	170,280	3	61,390	67,880	73,090	8
Idaho	298,020	328,770	339,020	3	140,820	183,710	188,800	3	80,360	112,370	113,020	1
Illinois	2,916,860	2,805,470	2,766,120	–1	1,568,370	1,556,970	1,541,980	–1	694,420	767,110	772,510	1
Indiana	1,409,540	1,375,360	1,385,300	1	735,070	744,300	755,620	2	357,070	422,430	446,230	6
Iowa	651,850	615,300	625,780	2	324,810	330,620	336,730	2	168,760	182,930	190,270	4
Kansas	612,840	592,910	599,470	1	308,670	322,990	325,050	1	157,410	177,400	188,100	6
Kentucky	941,850	909,390	909,800	0	442,320	472,160	475,550	1	240,430	273,030	284,530	4
Louisiana	1,073,590	987,600	1,004,160	–2	519,690	534,580	548,230	3	309,360	310,720	321,480	3
Maine	285,450	257,550	248,850	–3	152,170	143,950	140,690	–2	78,700	77,520	78,880	2
Maryland	1,265,140	1,268,630	1,277,200	1	637,240	712,160	722,560	1	243,480	277,170	298,190	8
Massachusetts	1,505,400	1,430,910	1,448,660	1	879,720	873,940	889,590	2	333,710	351,830	373,060	6
Michigan	2,298,840	2,051,780	2,017,700	–2	1,214,580	1,113,390	1,111,050	0	562,410	623,060	635,660	2
Minnesota	1,155,060	1,114,610	1,123,280	1	598,050	614,320	619,530	1	253,250	287,010	294,680	3
Mississippi	676,790	644,200	642,430	0	309,680	335,430	337,800	1	194,380	213,460	213,930	0
Missouri	1,285,750	1,254,060	1,254,340	0	664,690	684,240	687,440	0	342,080	387,790	391,510	1
Montana	198,720	191,690	197,750	3	89,240	104,700	107,340	3	54,990	60,200	66,380	10
Nebraska	389,980	378,850	389,110	3	196,620	204,690	210,220	3	102,430	110,640	118,170	7
Nevada	450,350	585,730	602,600	3	238,580	346,920	358,000	3	110,030	172,670	194,430	13
New Hampshire	287,360	267,020	259,410	–3	157,610	151,140	148,850	–2	62,840	63,840	65,530	3
New Jersey	1,926,570	1,854,510	1,837,310	–1	1,100,840	1,112,140	1,106,490	–1	395,100	414,670	455,260	10
New Mexico	419,340	426,120	425,270	0	206,600	240,530	240,190	0	127,390	144,920	151,950	5
New York	4,468,370	4,289,390	4,279,830	0	2,556,730	2,601,230	2,625,720	1	1,195,150	1,187,850	1,227,170	3

TABLE 4. (continued)

State	All women 13–44				Women needing contraceptive services and supplies				Women needing publicly funded contraceptive services and supplies			
	2000	2010	2014	% change 2010–2014	2000	2010	2014	% change 2010–2014	2000	2010	2014	% change 2010–2014
North Carolina	1,888,920	2,070,090	2,113,370	2	924,450	1,105,570	1,130,980	2	455,030	619,570	667,910	8
North Dakota	144,480	137,050	152,320	11	71,530	75,590	85,520	13	41,810	42,290	44,180	4
Ohio	2,603,250	2,386,230	2,362,780	–1	1,368,970	1,295,830	1,294,650	0	657,860	710,200	730,110	3
Oklahoma	783,120	784,610	813,960	4	371,710	420,260	439,510	5	217,250	241,450	256,880	6
Oregon	768,730	801,580	824,000	3	389,810	465,570	480,820	3	196,920	251,590	270,990	8
Pennsylvania	2,727,140	2,599,600	2,560,940	–1	1,527,500	1,530,470	1,523,010	0	715,330	734,640	745,550	1
Rhode Island	245,870	227,270	222,180	–2	142,760	137,750	136,110	–1	66,370	66,060	71,320	8
South Carolina	940,110	985,250	1,004,780	2	458,220	530,550	545,890	3	244,440	307,870	323,140	5
South Dakota	169,310	162,990	168,580	3	81,890	87,060	90,390	4	47,370	50,600	52,610	4
Tennessee	1,326,530	1,354,890	1,379,710	2	645,820	718,420	737,190	3	331,390	410,670	434,440	6
Texas	5,050,370	5,689,320	6,046,630	6	2,469,310	3,051,530	3,264,120	7	1,303,550	1,690,150	1,795,160	6
Utah	563,610	644,840	687,170	7	292,430	377,360	399,130	6	147,120	198,200	207,350	5
Vermont	139,280	125,680	122,950	–2	72,340	69,620	68,500	–2	37,550	35,560	35,810	1
Virginia	1,684,420	1,752,430	1,787,420	2	834,890	971,730	996,530	3	365,760	421,280	447,970	6
Washington	1,376,280	1,441,110	1,485,080	3	708,340	853,190	884,410	4	318,990	401,600	429,300	7
West Virginia	396,210	363,430	358,140	–1	181,800	186,970	186,360	0	110,200	110,870	110,910	0
Wisconsin	1,235,200	1,170,950	1,160,950	–1	634,220	636,030	634,240	0	294,440	332,520	353,620	6
Wyoming	112,040	113,500	117,890	4	51,470	62,160	64,630	4	29,340	32,050	34,630	8

TABLE 5

Percentage and estimated number of women in need of publicly funded contraceptive services and supplies who are uninsured, by age-group, poverty status, and race and ethnicity—2010, 2013 and 2014 national summary and 2014 state detail

State	% of women in need who are uninsured							Estimated no. of women in need who are uninsured						
	Total	Aged <20	Poverty status (among those aged 20–44)		Race and ethnicity			Total	Aged <20	Poverty status (among those aged 20–44)		Race and ethnicity		
			<138% of FPL	138–249% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic			<138% of FPL	138–249% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic
2010 total	30	15	39	30	na	na	na	5,756,800	746,700	3,079,100	1,931,000	na	na	na
2013 total	28	11	36	28	22	23	40	5,590,770	540,700	3,174,090	1,875,980	2,149,430	883,850	2,053,860
2014 total	23	10	30	23	17	17	35	4,540,150	438,200	2,527,470	1,574,480	1,690,740	702,600	1,754,940
% change 2010–13	-	-	-	-	-	-	-	-3	-28	3	-3	na	na	na
% change 2013–14	-	-	-	-	-	-	-	-19	-19	-20	-16	-21	-21	-15
% change 2010–14	-	-	-	-	-	-	-	-21	-41	-18	-18	na	na	na
Alabama	24	5	35	22	23	22	46	79,830	4,000	52,460	23,370	39,920	28,470	8,300
Alaska	31	12	40	36	26	20	46	12,750	1,260	6,180	5,310	5,390	270	2,080
Arizona	25	15	31	23	17	17	32	115,740	14,020	66,520	35,200	31,540	4,390	66,640
Arkansas	22	9	29	20	19	19	42	44,370	4,180	25,920	14,270	24,550	8,840	9,120
California	23	10	29	24	15	14	29	609,090	50,480	334,520	224,090	101,820	24,970	411,400
Colorado	20	9	24	21	14	13	31	64,160	6,170	30,740	27,250	25,340	2,250	31,700
Connecticut	14	5	17	17	10	11	22	25,180	2,720	12,050	10,410	8,680	3,430	11,160
Delaware	15	7	19	15	12	12	28	7,340	970	3,620	2,750	2,940	1,760	1,970
District of Columbia	9	4	10	10	6	7	17	3,870	390	1,990	1,490	710	1,830	930
Florida	30	14	39	29	26	26	40	368,830	36,040	196,810	135,980	125,600	76,530	147,990
Georgia	30	13	41	27	25	27	54	208,220	20,870	121,400	65,950	71,790	78,080	43,440
Hawaii	10	6	13	10	8	8	14	7,290	1,110	3,370	2,810	1,250	190	1,430
Idaho	26	12	35	25	22	23	46	29,590	3,120	16,120	10,350	18,370	230	9,220
Illinois	18	7	24	20	12	15	31	139,330	14,510	75,890	48,930	44,450	25,420	57,660
Indiana	24	12	32	23	22	22	38	105,720	13,460	58,740	33,520	69,970	13,810	15,720
Iowa	12	4	17	13	10	12	23	22,320	2,380	11,970	7,970	15,690	1,250	3,690
Kansas	22	10	31	20	17	21	38	40,470	5,060	22,370	13,040	21,350	3,110	12,360
Kentucky	16	7	21	15	14	16	39	44,570	4,470	26,130	13,970	32,260	5,220	5,150
Louisiana	27	8	37	27	25	27	51	87,890	5,410	55,780	26,700	35,240	39,920	8,750
Maine	19	10	24	20	19	18	34	15,240	1,810	7,880	5,550	13,170	390	740
Maryland	16	5	21	19	11	12	39	46,540	3,840	22,630	20,070	12,100	13,570	15,680
Massachusetts	6	2	7	7	5	6	9	22,090	1,900	11,400	8,790	10,080	2,460	6,890
Michigan	15	6	21	16	14	14	27	97,490	10,200	56,400	30,890	58,840	19,430	11,770
Minnesota	11	3	15	12	8	11	31	31,540	2,930	16,100	12,510	15,350	3,310	7,730
Mississippi	26	12	35	24	26	24	50	55,180	6,260	32,890	16,030	23,900	25,840	3,760
Missouri	23	10	33	21	22	24	40	91,190	10,210	52,910	28,070	60,510	16,910	8,070
Montana	27	12	35	27	24	20	46	18,100	1,660	10,400	6,040	12,930	60	1,670

TABLE 5. (continued)

State	% of women in need who are uninsured							Estimated no. of women in need who are uninsured						
	Total	Aged <20	Poverty status (among those aged 20–44)		Race and ethnicity			Total	Aged <20	Poverty status (among those aged 20–44)		Race and ethnicity		
			<138% of FPL	138–249% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic			<138% of FPL	138–249% of FPL	Non-Hispanic white	Non-Hispanic black	Hispanic
Nebraska	20	8	29	20	16	18	37	23,590	2,510	12,900	8,180	13,350	1,610	6,580
Nevada	27	13	34	26	19	20	37	52,200	4,590	27,070	20,540	14,030	4,560	27,490
New Hampshire	20	9	27	22	19	20	37	13,270	1,790	6,340	5,140	10,430	330	1,290
New Jersey	25	8	33	27	16	19	38	111,910	9,220	57,620	45,070	26,370	17,650	57,270
New Mexico	27	14	34	25	18	19	30	40,690	4,150	23,770	12,770	7,410	540	25,240
New York	16	5	19	17	11	12	24	192,340	14,320	104,930	73,090	57,150	28,450	80,500
North Carolina	26	10	36	24	22	21	51	172,800	14,750	103,670	54,380	74,860	41,370	44,700
North Dakota	15	7	19	16	12	17	28	6,460	900	3,200	2,360	4,300	210	380
Ohio	14	6	19	15	14	13	26	104,370	11,980	56,700	35,690	70,130	18,400	9,040
Oklahoma	30	14	39	28	24	27	45	76,220	8,400	42,710	25,110	34,410	7,290	16,860
Oregon	18	7	22	19	14	15	32	48,910	3,850	27,310	17,750	26,000	1,020	16,370
Pennsylvania	17	7	23	18	16	16	27	129,720	12,100	72,520	45,100	73,980	22,660	23,960
Rhode Island	15	6	19	16	11	13	25	10,670	990	5,870	3,810	4,390	860	4,420
South Carolina	26	9	35	25	24	23	51	83,480	6,350	51,520	25,610	38,230	28,850	12,310
South Dakota	19	9	28	18	15	17	36	10,230	1,390	5,720	3,120	5,740	310	760
Tennessee	22	9	29	21	20	17	49	93,620	8,200	55,950	29,470	55,150	18,650	14,640
Texas	37	18	49	35	26	27	48	668,460	72,330	373,230	222,900	136,610	71,750	426,010
Utah	24	13	33	22	18	21	44	49,490	6,120	25,190	18,180	26,920	520	17,360
Vermont	8	2	11	10	8	7	16	2,920	240	1,420	1,260	2,420	50	120
Virginia	23	9	31	24	18	21	43	102,670	10,390	55,080	37,200	41,670	25,870	24,210
Washington	18	6	23	19	14	15	33	77,950	5,390	41,650	30,910	35,670	3,490	26,830
West Virginia	15	6	19	16	15	15	29	16,770	1,570	9,650	5,550	14,460	840	710
Wisconsin	14	7	19	14	11	14	30	49,190	6,400	25,710	17,080	27,420	5,240	11,480
Wyoming	24	9	31	26	21	21	36	8,290	840	4,550	2,900	5,900	140	1,390

Note: FPL=federal poverty level.

TABLE 6

Percentage of, estimated number of and percentage change in the number of women in need of publicly funded contraceptive services and supplies who are uninsured by state and state Medicaid expansion status under the ACA—2013 and 2014

	% of women in need who are uninsured		No. of women in need who are uninsured		% change 2013–2014
	2013	2014	2013	2014	
Total	28	23	5,590,760	4,540,150	-19
Medicaid expansion states	25	18	2,627,570	1,946,110	-26
Arizona	31	25	142,030	115,740	-19
Arkansas	31	22	62,320	44,370	-29
California	31	23	834,810	609,090	-27
Colorado	27	20	87,750	64,160	-27
Connecticut	19	14	34,730	25,180	-27
Delaware	18	15	9,850	7,340	-25
District of Columbia	11	9	4,910	3,870	-21
Hawaii	14	10	9,840	7,290	-26
Illinois	23	18	182,540	139,330	-24
Iowa	17	12	30,620	22,320	-27
Kentucky	29	16	81,230	44,570	-45
Maryland	20	16	59,560	46,540	-22
Massachusetts	7	6	26,220	22,090	-16
Michigan	20	15	128,290	97,490	-24
Minnesota	15	11	45,420	31,540	-31
Nevada	38	27	70,880	52,200	-26
New Jersey	30	25	129,320	111,910	-13
New Mexico	35	27	51,570	40,690	-21
New York	19	16	229,710	192,340	-16
North Dakota	19	15	8,700	6,460	-26
Ohio	20	14	143,860	104,370	-27
Oregon	28	18	75,120	48,910	-35
Rhode Island	23	15	14,740	10,670	-28
Vermont	11	8	4,080	2,920	-28
Washington	30	18	127,940	77,950	-39
West Virginia	28	15	31,530	16,770	-47
States without a Medicaid expansion	31	27	2,963,190	2,594,040	-12
Alabama	28	24	89,250	79,830	-11
Alaska	35	31	14,660	12,750	-13
Florida	36	30	438,510	368,830	-16
Georgia	35	30	240,510	208,220	-13
Idaho	30	26	34,000	29,590	-13
Indiana	27	24	117,200	105,720	-10
Kansas	26	22	46,920	40,470	-14
Louisiana	32	27	102,530	87,890	-14
Maine	19	19	15,680	15,240	-3
Mississippi	30	26	68,450	55,180	-19
Missouri	26	23	101,660	91,190	-10
Montana	30	27	19,350	18,100	-6
Nebraska	22	20	25,650	23,590	-8
New Hampshire	23	20	14,570	13,270	-9
North Carolina	30	26	198,330	172,800	-13
Oklahoma	33	30	83,880	76,220	-9
Pennsylvania	20	17	150,630	129,720	-14
South Carolina	30	26	94,640	83,480	-12
South Dakota	23	19	11,720	10,230	-13
Tennessee	25	22	105,310	93,620	-11
Texas	43	37	755,160	668,460	-11
Utah	26	24	54,730	49,490	-10
Virginia	26	23	115,450	102,670	-11
Wisconsin	16	14	54,860	49,190	-10
Wyoming	27	24	9,540	8,290	-13

TABLE 7

Number of women receiving publicly supported contraceptive services, by state—2001, 2010 and 2014

State	2001	2010	2014	% change 2001–2010	% change 2010–2014
All publicly supported providers	7,970,070	8,916,280	7,774,900	12	-13
Private doctors serving Medicaid enrollees	1,306,500	2,210,000	2,515,570	69	14
Publicly funded clinics	6,663,570	6,706,280	5,259,330	1	-22
Alabama	113,310	115,460	103,360	2	-10
Alaska	24,530	23,500	26,070	-4	11
Arizona	100,680	97,610	68,030	-3	-30
Arkansas	81,340	83,940	59,200	3	-29
California	1,014,890	1,529,820	1,326,630	51	-13
Colorado	132,890	150,040	123,210	13	-18
Connecticut	70,560	74,170	69,260	5	-7
Delaware	20,600	24,180	14,900	17	-38
District of Columbia	19,140	24,220	37,570	27	55
Florida	266,100	295,180	206,130	11	-30
Georgia	199,840	154,060	113,340	-23	-26
Hawaii	9,020	23,910	18,250	165	-24
Idaho	41,720	32,810	23,950	-21	-27
Illinois	206,340	200,180	154,660	-3	-23
Indiana	147,260	110,380	84,930	-25	-23
Iowa	69,230	83,930	54,730	21	-35
Kansas	57,660	50,290	32,790	-13	-35
Kentucky	133,450	104,330	69,560	-22	-33
Louisiana	82,810	65,130	49,570	-21	-24
Maine	49,150	32,990	26,180	-33	-21
Maryland	82,230	89,170	73,880	8	-17
Massachusetts	138,640	106,120	92,200	-23	-13
Michigan	233,810	156,420	103,600	-33	-34
Minnesota	103,880	92,410	86,040	-11	-7
Mississippi	121,240	83,200	59,880	-31	-28
Missouri	108,590	95,870	71,890	-12	-25
Montana	33,920	34,390	26,940	1	-22
Nebraska	35,170	32,600	24,200	-7	-26
Nevada	47,730	36,480	19,490	-24	-47
New Hampshire	30,680	23,900	19,290	-22	-19
New Jersey	129,630	145,740	100,580	12	-31
New Mexico	68,500	68,760	42,640	0	-38
New York	446,500	436,080	390,350	-2	-10
North Carolina	194,250	164,450	133,310	-15	-19
North Dakota	16,010	18,580	11,470	16	-38
Ohio	201,040	156,880	105,440	-22	-33
Oklahoma	95,260	109,800	80,030	15	-27
Oregon	123,270	131,620	105,800	7	-20
Pennsylvania	293,900	263,390	218,300	-10	-17
Rhode Island	16,200	23,070	24,750	42	7
South Carolina	139,070	110,060	100,600	-21	-9
South Dakota	22,950	23,070	13,980	1	-39
Tennessee	102,870	87,740	112,060	-15	28
Texas	540,620	431,760	184,540	-20	-57
Utah	41,660	56,390	44,870	35	-20
Vermont	20,620	17,150	21,160	-17	23
Virginia	97,150	95,060	77,610	-2	-18
Washington	168,510	162,130	112,800	-4	-30
West Virginia	59,400	47,940	52,080	-19	9
Wisconsin	93,010	114,280	76,730	23	-33
Wyoming	16,770	15,690	10,470	-6	-33

TABLE 8

**Number of women receiving Title X-supported contraceptive services, by state—
2001, 2010 and 2014**

State	2001	2010	2014	% change 2001–2010	% change 2010–2014
Title X-supported clinics	4,599,930	4,724,250	3,734,420	3	-21
Alabama	94,410	103,660	92,800	10	-10
Alaska	10,450	6,810	7,560	-35	11
Arizona	46,730	42,740	29,790	-9	-30
Arkansas	71,770	77,070	54,360	7	-29
California	672,170	1,100,770	954,570	64	-13
Colorado	57,660	57,860	47,510	0	-18
Connecticut	47,430	38,140	35,620	-20	-7
Delaware	20,600	23,880	14,720	16	-38
District of Columbia	14,390	21,060	32,670	46	55
Florida	197,170	228,710	159,720	16	-30
Georgia	178,710	132,510	97,480	-26	-26
Hawaii	9,020	23,570	17,990	161	-24
Idaho	37,090	22,910	16,730	-38	-27
Illinois	154,620	112,380	86,830	-27	-23
Indiana	48,970	39,850	30,660	-19	-23
Iowa	57,470	66,660	43,470	16	-35
Kansas	43,770	39,670	25,870	-9	-35
Kentucky	113,650	96,770	64,520	-15	-33
Louisiana	75,950	46,810	35,630	-38	-24
Maine	30,600	25,210	20,010	-18	-21
Maryland	71,410	74,620	61,820	4	-17
Massachusetts	73,460	64,640	56,160	-12	-13
Michigan	187,280	116,770	77,340	-38	-34
Minnesota	44,290	52,840	49,200	19	-7
Mississippi	102,570	66,210	47,650	-35	-28
Missouri	76,010	60,980	45,730	-20	-25
Montana	28,820	24,040	18,830	-17	-22
Nebraska	33,550	29,160	21,650	-13	-26
Nevada	36,350	23,890	12,770	-34	-47
New Hampshire	27,890	21,930	17,700	-21	-19
New Jersey	103,590	122,660	84,650	18	-31
New Mexico	34,580	36,720	22,770	6	-38
New York	295,360	318,800	285,370	8	-10
North Carolina	142,230	133,160	107,950	-6	-19
North Dakota	13,920	13,540	8,360	-3	-38
Ohio	136,010	97,040	65,220	-29	-33
Oklahoma	71,580	72,350	52,730	1	-27
Oregon	66,700	68,160	54,790	2	-20
Pennsylvania	262,810	233,240	193,310	-11	-17
Rhode Island	13,680	21,340	22,900	56	7
South Carolina	121,360	91,390	83,530	-25	-9
South Dakota	15,970	10,230	6,200	-36	-39
Tennessee	81,730	72,800	92,980	-11	28
Texas	253,960	251,600	107,540	-1	-57
Utah	21,430	37,690	29,990	76	-20
Vermont	10,510	6,320	7,800	-40	23
Virginia	75,990	75,960	62,020	0	-18
Washington	103,150	107,570	74,840	4	-30
West Virginia	56,340	46,450	50,460	-18	9
Wisconsin	41,380	53,230	35,740	29	-33
Wyoming	13,390	11,910	7,950	-11	-33

TABLE 9

Percentage of the need for publicly funded contraceptive services met by all publicly supported providers and by Title X-funded clinics, by state—2001, 2010 and 2014

State	% of need met by publicly supported providers			% of need met by Title X-funded clinics		
	2001	2010	2014	2001	2010	2014
All publicly supported providers	49	47	39	na	na	na
Private doctors serving Medicaid enrollees	8	12	12	na	na	na
Publicly funded clinics	41	35	26	28	25	19
Alabama	41	36	31	34	32	28
Alaska	76	63	63	32	18	18
Arizona	32	23	15	15	10	6
Arkansas	49	42	29	43	39	27
California	48	62	50	32	45	36
Colorado	58	49	38	25	19	15
Connecticut	44	42	38	29	22	19
Delaware	52	48	30	52	47	29
District of Columbia	46	54	84	35	47	73
Florida	31	26	17	23	20	13
Georgia	42	24	16	38	20	14
Hawaii	15	35	25	15	35	25
Idaho	52	29	21	46	20	15
Illinois	30	26	20	22	15	11
Indiana	41	26	19	14	9	7
Iowa	41	46	29	34	36	23
Kansas	37	28	17	28	22	14
Kentucky	56	38	24	47	35	23
Louisiana	27	21	15	25	15	11
Maine	62	43	33	39	33	25
Maryland	34	32	25	29	27	21
Massachusetts	42	30	25	22	18	15
Michigan	42	25	16	33	19	12
Minnesota	41	32	29	18	18	17
Mississippi	62	39	28	53	31	22
Missouri	32	25	18	22	16	12
Montana	62	57	41	52	40	28
Nebraska	34	29	20	33	26	18
Nevada	43	21	10	33	14	7
New Hampshire	49	37	29	44	34	27
New Jersey	33	35	22	26	30	19
New Mexico	54	47	28	27	25	15
New York	37	37	32	25	27	23
North Carolina	43	27	20	31	21	16
North Dakota	38	44	26	33	32	19
Ohio	31	22	14	21	14	9
Oklahoma	44	45	31	33	30	21
Oregon	63	52	39	34	27	20
Pennsylvania	41	36	29	37	32	26
Rhode Island	24	35	35	21	32	32
South Carolina	57	36	31	50	30	26
South Dakota	48	46	27	34	20	12
Tennessee	31	21	26	25	18	21
Texas	41	26	10	20	15	6
Utah	28	28	22	15	19	14
Vermont	55	48	59	28	18	22
Virginia	27	23	17	21	18	14
Washington	53	40	26	32	27	17
West Virginia	54	43	47	51	42	45
Wisconsin	32	34	22	14	16	10
Wyoming	57	49	30	46	37	23

Note: na=not applicable.

TABLE 10

Number of unintended pregnancies, unplanned births and abortions averted among clients served by all publicly supported providers and among clients served by Title X-funded clinics, by state—2014

State	All publicly funded providers			Title X-funded providers		
	Events averted			Events averted		
	Unintended pregnancies	Unplanned births	Abortions	Unintended pregnancies	Unplanned births	Abortions
All publicly supported providers	1,881,400	914,400	678,500	na	na	na
Private doctors serving Medicaid enrollees	608,400	295,700	219,400	na	na	na
Publicly funded clinics	1,273,000	618,700	459,100	903,900	439,300	326,000
Alabama	25,000	12,200	9,000	22,500	10,900	8,100
Alaska	6,300	3,100	2,300	1,800	900	600
Arizona	16,500	8,000	6,000	7,200	3,500	2,600
Arkansas	14,300	7,000	5,200	13,200	6,400	4,800
California	321,100	156,100	115,800	231,000	112,300	83,300
Colorado	29,800	14,500	10,700	11,500	5,600	4,100
Connecticut	16,800	8,200	6,100	8,600	4,200	3,100
Delaware	3,600	1,700	1,300	3,600	1,700	1,300
District of Columbia	9,100	4,400	3,300	7,900	3,800	2,800
Florida	49,900	24,300	18,000	38,700	18,800	14,000
Georgia	27,400	13,300	9,900	23,600	11,500	8,500
Hawaii	4,400	2,100	1,600	4,400	2,100	1,600
Idaho	5,800	2,800	2,100	4,000	1,900	1,400
Illinois	37,400	18,200	13,500	21,000	10,200	7,600
Indiana	20,600	10,000	7,400	7,400	3,600	2,700
Iowa	13,200	6,400	4,800	10,500	5,100	3,800
Kansas	7,900	3,800	2,800	6,300	3,100	2,300
Kentucky	16,800	8,200	6,100	15,600	7,600	5,600
Louisiana	12,000	5,800	4,300	8,600	4,200	3,100
Maine	6,300	3,100	2,300	4,800	2,300	1,700
Maryland	17,900	8,700	6,500	15,000	7,300	5,400
Massachusetts	22,300	10,800	8,000	13,600	6,600	4,900
Michigan	25,100	12,200	9,100	18,700	9,100	6,700
Minnesota	20,800	10,100	7,500	11,900	5,800	4,300
Mississippi	14,500	7,000	5,200	11,500	5,600	4,100
Missouri	17,400	8,500	6,300	11,100	5,400	4,000
Montana	6,500	3,200	2,300	4,600	2,200	1,700
Nebraska	5,900	2,900	2,100	5,200	2,500	1,900
Nevada	4,700	2,300	1,700	3,100	1,500	1,100
New Hampshire	4,700	2,300	1,700	4,300	2,100	1,600
New Jersey	24,300	11,800	8,800	20,500	10,000	7,400
New Mexico	10,300	5,000	3,700	5,500	2,700	2,000
New York	94,500	45,900	34,100	69,100	33,600	24,900
North Carolina	32,300	15,700	11,600	26,100	12,700	9,400
North Dakota	2,800	1,400	1,000	2,000	1,000	700
Ohio	25,500	12,400	9,200	15,800	7,700	5,700
Oklahoma	19,400	9,400	7,000	12,800	6,200	4,600
Oregon	25,600	12,400	9,200	13,300	6,500	4,800
Pennsylvania	52,800	25,700	19,000	46,800	22,700	16,900
Rhode Island	6,000	2,900	2,200	5,500	2,700	2,000
South Carolina	24,300	11,800	8,800	20,200	9,800	7,300
South Dakota	3,400	1,700	1,200	1,500	700	500
Tennessee	27,100	13,200	9,800	22,500	10,900	8,100
Texas	44,700	21,700	16,100	26,000	12,600	9,400
Utah	10,900	5,300	3,900	7,300	3,500	2,600
Vermont	5,100	2,500	1,800	1,900	900	700
Virginia	18,800	9,100	6,800	15,000	7,300	5,400
Washington	27,300	13,300	9,800	18,100	8,800	6,500
West Virginia	12,600	6,100	4,500	12,200	5,900	4,400
Wisconsin	18,600	9,000	6,700	8,700	4,200	3,100
Wyoming	2,500	1,200	900	1,900	900	700

Note: na=not applicable.

TABLE 11

Number of teenage contraceptive clients; percentage of teens' need for services that is met; and number of unintended pregnancies, unplanned births and abortions among teenagers averted by all publicly funded clinics and by Title X-funded clinics, all by state—2014

State	No. of teens served at publicly funded clinics	% of teens' need met by publicly funded clinics	No. unintended events averted among teens by all clinics			No. of teens served at Title X-funded clinics	% of teens' need met by Title X-funded clinics	No. unintended events averted among teens by Title X-funded clinics		
			Pregnancies	Births	Abortions			Pregnancies	Births	Abortions
Total	959,930	20	232,300	117,900	75,500	687,120	15	166,300	84,400	54,000
Alabama	21,370	29	5,200	2,600	1,700	19,270	26	4,700	2,400	1,500
Alaska	4,280	39	1,000	500	300	1,250	11	300	200	100
Arizona	11,000	12	2,700	1,400	900	4,840	5	1,200	600	400
Arkansas	11,350	25	2,700	1,400	900	10,470	23	2,500	1,300	800
California	214,280	40	51,900	26,300	16,900	154,870	29	37,500	19,000	12,200
Colorado	19,190	27	4,600	2,300	1,500	7,430	11	1,800	900	600
Connecticut	12,620	25	3,100	1,600	1,000	6,520	13	1,600	800	500
Delaware	4,160	31	1,000	500	300	4,130	31	1,000	500	300
District of Columbia	6,850	68	1,700	900	600	5,980	60	1,400	700	500
Florida	39,010	16	9,400	4,800	3,100	30,360	12	7,300	3,700	2,400
Georgia	25,140	16	6,100	3,100	2,000	21,720	14	5,300	2,700	1,700
Hawaii	3,800	22	900	500	300	3,770	22	900	500	300
Idaho	4,610	18	1,100	600	400	3,230	13	800	400	300
Illinois	31,120	15	7,500	3,800	2,400	17,550	8	4,200	2,100	1,400
Indiana	17,000	15	4,100	2,100	1,300	6,160	5	1,500	800	500
Iowa	12,010	22	2,900	1,500	900	9,580	17	2,300	1,200	700
Kansas	5,040	10	1,200	600	400	3,990	8	1,000	500	300
Kentucky	10,590	16	2,600	1,300	800	9,870	15	2,400	1,200	800
Louisiana	10,490	15	2,500	1,300	800	7,580	11	1,800	900	600
Maine	5,520	31	1,300	700	400	4,230	23	1,000	500	300
Maryland	15,790	19	3,800	1,900	1,200	13,280	16	3,200	1,600	1,000
Massachusetts	20,150	21	4,900	2,500	1,600	12,330	13	3,000	1,500	1,000
Michigan	19,800	12	4,800	2,400	1,600	14,850	9	3,600	1,800	1,200
Minnesota	14,030	16	3,400	1,700	1,100	8,060	9	2,000	1,000	600
Mississippi	16,450	31	4,000	2,000	1,300	13,150	25	3,200	1,600	1,000
Missouri	13,490	13	3,300	1,700	1,100	8,620	9	2,100	1,100	700
Montana	5,410	38	1,300	700	400	3,800	27	900	500	300
Nebraska	3,880	12	900	500	300	3,480	11	800	400	300
Nevada	3,140	9	800	400	300	2,060	6	500	300	200
New Hampshire	3,550	19	900	500	300	3,270	17	800	400	300
New Jersey	16,170	14	3,900	2,000	1,300	13,670	12	3,300	1,700	1,100
New Mexico	8,220	27	2,000	1,000	600	4,410	15	1,100	600	400
New York	69,380	26	16,800	8,500	5,500	50,950	19	12,300	6,200	4,000

TABLE 11. (continued)

State	No. of teens served at publicly funded clinics	% of teens' need met by publicly funded clinics	No. unintended events averted among teens by all clinics			No. of teens served at Title X-funded clinics	% of teens' need met by Title X-funded clinics	No. unintended events averted among teens by Title X-funded clinics		
			Pregnancies	Births	Abortions			Pregnancies	Births	Abortions
North Carolina	20,870	14	5,100	2,600	1,700	16,970	11	4,100	2,100	1,300
North Dakota	2,120	17	500	300	200	1,550	12	400	200	100
Ohio	21,460	11	5,200	2,600	1,700	13,330	7	3,200	1,600	1,000
Oklahoma	15,400	26	3,700	1,900	1,200	10,190	17	2,500	1,300	800
Oregon	19,450	37	4,700	2,400	1,500	10,120	19	2,400	1,200	800
Pennsylvania	45,040	25	10,900	5,500	3,500	40,060	22	9,700	4,900	3,200
Rhode Island	4,180	26	1,000	500	300	3,880	24	900	500	300
South Carolina	17,330	24	4,200	2,100	1,400	14,450	20	3,500	1,800	1,100
South Dakota	2,570	17	600	300	200	1,140	8	300	200	100
Tennessee	24,640	26	6,000	3,000	1,900	20,540	21	5,000	2,500	1,600
Texas	31,030	8	7,500	3,800	2,400	18,170	5	4,400	2,200	1,400
Utah	6,840	14	1,700	900	600	4,590	10	1,100	600	400
Vermont	4,130	41	1,000	500	300	1,530	15	400	200	100
Virginia	14,630	12	3,500	1,800	1,100	11,740	10	2,800	1,400	900
Washington	21,430	24	5,200	2,600	1,700	14,280	16	3,500	1,800	1,100
West Virginia	10,320	42	2,500	1,300	800	10,040	41	2,400	1,200	800
Wisconsin	17,480	18	4,200	2,100	1,400	8,180	8	2,000	1,000	600
Wyoming	2,130	24	500	300	200	1,630	18	400	200	100



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