

December 5, 2013

Chairman Patty Murray  
U.S. Senate  
Committee on the Budget  
624 Dirksen Senate Office Building  
Washington, DC 20510

Chairman Paul Ryan  
U.S. House of Representatives  
Committee on the Budget  
207 Cannon House Office Building  
Washington, D.C. 20515

Ranking Member Jeff Sessions  
U.S. Senate  
Committee on the Budget  
326 Russell Senate Office Building  
Washington, DC 20510

Ranking Member Chris Van Hollen  
U.S. House of Representatives  
Committee on the Budget  
1707 Longworth House Office Building  
Washington, DC 20515

Dear Chairmen Murray and Ryan and Ranking Members Sessions and Van Hollen:

As the national, non-profit membership organization representing the broad spectrum of family planning administrators and providers who serve the nation's low-income, under-insured, and uninsured women and men, the National Family Planning & Reproductive Health Association (NFPRHA) respectfully requests that any proposal advanced by the budget conference committee includes a balanced approach to deficit reduction. Specifically, any such proposal should revitalize the nation's fiscal framework by eliminating sequestration and excluding any recommendations to mandatory or discretionary spending that could harm safety-net programs.

The effects of the Budget Control Act deficit reduction measures – particularly the non-defense discretionary (NDD) spending caps and sequestration – have been very detrimental to the safety-net health infrastructure, including the publicly funded family planning network that NFPRHA represents. A majority of NFPRHA's members are recipients of Title X funding, the only dedicated federal grant funding stream for family planning services. While the NDD programs within the Department of Health and Human Services including Title X represent less than 1.7% of the federal budget<sup>i</sup>, nearly 100% of the spending reductions have been targeted at NDD programs – some as much as 50% since fiscal year (FY) 2010.<sup>ii</sup> Coupled with previous budget reductions, in 2014, NDD funding is projected to be nearly 18% below 2010 levels. **As a result, since FY2010, the Title X program alone has been cut by \$39.2 million—a 12.3% loss of funding—over three fiscal years.**

Recent data from the Office of Population Affairs shows a strong correlation between the timing of these cuts being implemented and the largest decrease in number of Title X sites. Between 2010–2012, the total number of Title X users shrunk from 5.22 million users to 4.76 million, a decrease of 440,000.<sup>iii</sup> There is no indication that a majority of those patients are being absorbed and cared for by other health care settings. The recession has resulted in millions of women choosing to delay childbearing, limit the number of children they have, and/or have lost their employer insurance coverage – these individuals need to be able to turn to Title X–funded health centers for care.<sup>iv</sup> Even as patient numbers fell, more than four in five centers saw an increase in those who qualified for free or reduced cost care. But because of budget cuts, Title X–funded systems have cut hours, frozen hiring, furloughed staff, or reduced staff through attrition or layoffs to cope with falling revenue in the recession.<sup>v</sup> Put simply, the sequester has triggered a downward spiral with significant consequences.

In addition to protecting and restoring Title X funding as part of a broader NDD restoration effort, the committee should consider that Medicaid remains the cornerstone of health care access for the poor and low income. Medicaid is the largest source of public funding for family planning services and supplies, helping to pay for contraceptive services and supplies, annual exams, breast and cervical cancer screenings, and STD/HIV screening. More than 66 million Americans are currently enrolled in the program, and millions more will be enrolled in the coming months under the Affordable Care Act (ACA). In fact, the Medicaid expansion has been an early success story in the current ACA outreach and enrollment efforts. During the first month of open enrollment, nearly 400,000 individuals enrolled in Medicaid—nearly four times the number who enrolled in commercial insurance plans offered through the health insurance marketplaces, and a clear demonstration of the demand for and interest in Medicaid coverage.

While Medicaid was specifically exempted from sequestration, a number of proposals currently being discussed could ultimately cut hundreds of billions in funding. Proposals to cut or change the structure of the program—including through block granting the program, enacting per capita caps or other spending caps, or reducing funding for administrative costs—would shift risks and costs to states and could force many poor and low–income individuals to go without care or to seek uncompensated care in our nation's emergency rooms, resulting in increased health care costs.

Together, Title X and Medicaid family planning have time and again proven to save taxpayer funding. In fact, according to the Guttmacher Institute, publicly funded family planning services, such as those provided through Title X and Medicaid, helped women avoid 2.2 million unintended pregnancies in 2010, which would likely have resulted in 1.1 million unintended births and 760,000 abortions.<sup>vi</sup> By helping women avoid unintended pregnancies, publicly funded contraceptive services saved \$10.5 billion in 2010.<sup>vii</sup> Without these services, the rate of unintended pregnancies, unplanned births, and abortions would all be 66% higher.<sup>viii</sup> Government should invest in, rather than cut, programs like Title X that save taxpayer funds. **Every \$1 invested in publicly funded family planning services saves \$5.68 in Medicaid costs**

associated with unplanned births. Services provided in Title X-supported centers alone yielded \$5.3 billion of the \$10.5 billion in total savings by publicly funded family planning in 2010.

Supporting a balanced approach to deficit reduction that helps rather than harms safety-net programs has the two-fold benefit of improving the nation's fiscal sustainability while also continuing to protect the most vulnerable women and men in the United States.

Sincerely,



Clare Coleman  
President & CEO

CC: Members of the Conference Committee

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<sup>i</sup> Coalition for Health Funding, *Do the Math: Avert Sequestration with Balanced Approach*, accessed November 2012, <http://publichealthfunding.org/uploads/NDD-flyer.Final.pdf>.

<sup>ii</sup> Ibid.

<sup>iii</sup> Preliminary Data from the Office of Population Affairs, *Family Planning Annual Report (2012)*, as reported during the Title X Grantee Meeting, Seattle, WA July 2013.

<sup>iv</sup> Guttmacher Institute, *A Real-Time Look at the Impact of the Recession on Publicly Funded Family Planning Centers* (2009), accessed March 2012, [www.guttmacher.org/pubs/RecessionFPC.pdf](http://www.guttmacher.org/pubs/RecessionFPC.pdf).

<sup>v</sup> Ibid.

<sup>vi</sup> Jennifer J. Frost, Mia R. Zolna and Lori Frohwirth, *Contraceptive Needs and Services, 2010*, (New York: Guttmacher Institute, July 2013), <http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf>.

<sup>vii</sup> Ibid.

<sup>viii</sup> Ibid.