

April 14, 2011

The Honorable Daniel Inouye
Chairman
Senate Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member
Senate Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
House Appropriations Committee
United States House
Washington, DC 20515

The Honorable Norm Dicks
Ranking Member
House Appropriations Committee
United States House
Washington, DC 20515

Dear Senators Inouye and Cochran and Representatives Rogers and Dicks:

I am writing on behalf of the National Family Planning & Reproductive Health Association (NFPRHA), a membership organization representing the nation's family planning providers – nurse practitioners, nurses, physicians, and administrators. Many of our members receive federal funding from Medicaid and through Title X (ten) of the Federal Public Health Service Act, the only federally funded, dedicated family planning program for the low-income and uninsured. Public funds have created a network of diverse providers at the forefront of efforts to prevent unintended pregnancy and sexually transmitted infections, and support the health of women and men.

As you work on the Fiscal Year (FY) 2012 appropriations bill, **NFPRHA respectfully requests that you make a significant investment in Title X in FY 2012, with an increase of \$10 million over FY 2010 funding. Unfortunately, the final FY 2011 Continuing Resolution makes a \$17.5 million mid-year cut to the Title X program. The recession is driving patient demand higher than at any time in the last ten years. Title X cannot sustain any further cuts – its funding should be increased to \$327 million for FY 2012, as the President has requested.**

The Importance of Title X

Amidst significant funding cuts to numerous discretionary programs, including many public health programs, President Obama called for a \$9.9 million increase for the Title X program in FY 2012. The President's call for a funding increase shows the Administration's clear recognition of Title X's proven effectiveness in improving public health and saving money, and stands in stark contrast to the failed attempt by House leaders to defund the Title X program and dismantle the provider network.

Title X is an underpinning of the public health safety-net infrastructure that serves millions of low-income Americans. These funds are desperately needed, as the percentage of uninsured women and men of reproductive age continues to rise as a result of the recession, and more and more Americans

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become reliant on the Title X network for health care. Therefore NFPRHA urges you to make a significant investment in Title X, with an increase of \$10 million in FY 2012. The \$10 million request will be the down payment needed to help Title X providers prepare for participation as essential community providers as the Affordable Care Act (ACA) intends in 2014.

Today, Title X serves nearly 5.2 million low-income women and men at more than 4,500 health centers each year. Title X services help women and men plan the number and timing of pregnancies, thereby helping to prevent nearly one million unintended pregnancies each year. In addition to providing contraceptive services and supplies, Title X health centers provide preventive health services, education and counseling. In 2009, 2.2 million Pap tests, over 2.3 million breast exams, 5.9 million STD tests, and nearly 1 million confidential HIV tests were performed at Title X health centers.¹

These centers, like many in the safety net, are under extreme pressure. Title X sites saw an increase of more than 134,000 people in 2009 alone, the biggest single-year increase in a decade, a surge in demand that came after a 2008-2009 survey showed that nearly one out of four women report having put off a gynecological or birth control visit to save money.² The ACA will have a tremendous impact on the public programs that subsidize family planning services, such as Title X. However, because the ACA will not be fully in place until 2014, safety-net providers bear much of the burden of maintaining health care for the most vulnerable populations today.

NFPRHA urges you to make a significant investment in Title X, setting funding at \$327 million in FY 2012.

NFPRHA also requests increased funding for programs that help to improve the sexual and reproductive health of the low-income populations our members serve, as detailed below.

Comprehensive Sex Education

Recent data from the Centers for Disease Control and Prevention (CDC) suggests that we are making progress in our efforts to reduce teen pregnancy in the U.S.³ Unfortunately, the U.S. rates of teen pregnancy continue to surpass those of other Western industrialized nations. The President's FY 2012 budget level-funds the Teen Pregnancy Prevention Initiative at \$110 million at a time when it is imperative that we continue to expand resources for programs that have been shown to reduce teen pregnancy.

As you approach this FY 2012 appropriations bill, we ask that you provide additional funds for the Teen Pregnancy Prevention Initiative.

Centers for Disease Control and Prevention— Division of STD Prevention

¹ *Family Planning Annual Report 2008 National Summary* Office of Family Planning, Office of Population Affairs, Department of Health and Human Services, November 2009.

² *A Real-Time Look at the Impact of the Recession on Women's Family Planning and Pregnancy Decisions*, the Guttmacher Institute, September 2009.

³ Centers for Disease Control and Prevention, *Improving the Lives of Young People by Improving Communities and Reducing Teen Pregnancy*, March 2011. <http://www.cdc.gov/chronicdisease/resources/publications/aag/teen-preg.htm>.

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NFPRHA asks that the budget for the Division of STD Prevention within the CDC be significantly increased. NFPRHA appreciates the President's increase for the CDC Division of STD Prevention in his FY 2012 budget request. However, the CDC Division of STD Prevention has experienced significant underfunding in recent years. NFPRHA members have reported seeing an uptick of STDs in their communities. STD programs in health departments are responsible for the direct delivery of STD prevention and control services. These activities include providing clinical services, education and awareness efforts and monitoring disease trends through surveillance and epidemiology. Seventy-five percent of the Division of STD Prevention's annual funding is distributed in grants to 65 project areas. Many NFPRHA members work in or with these projects — one quarter of the NFPRHA membership is made up of state employees.

Of particular importance to NFPRHA is the Infertility Prevention Project (IPP). The most commonly reported infectious disease in the U.S. is the sexually transmitted disease Chlamydia.⁴ Infection is often without symptoms, but if left untreated, Chlamydia can cause severe health consequences for women, including pelvic inflammatory disease (PID), ectopic pregnancy and infertility. IPP provides funding to screen low-income women for Chlamydia in STD and family planning health centers and it has been highly successful. However, there are not enough funds allocated to screen eligible individuals, which dramatically increases the long-term costs associated with Chlamydia-related infertility. CDC estimates that the direct medical costs of Chlamydia are \$647 million each year,⁵ and direct and indirect costs are 1.7 billion.⁶ Testing, treatment, surveillance and other Chlamydia prevention efforts continue to be hampered by inadequate funding.

Rates of other STDs have continued to rise each year, but again the resources required to meet the challenges have been inadequate. Funding for the Division of STD Prevention has steadily declined since FY 2003, and the recession has led state and local governments to cut their public health resources. The National Coalition of STD Directors found in a study that in 2008-2009, between 30 and 40 percent of health departments were forced to reduce disease intervention services, laboratory testing, and clinical services for testing and care. At the same time, 39 clinics supported by state and local STD programs closed their doors due to inadequate funding. Increased federal investment in STD prevention and control is critically needed.

NFPRHA urges you to consider a significant increase to CDC's Division of STD Prevention and in particular to increasing funding for the Infertility Prevention Project (IPP) within the division, to provide much-needed attention to this nation's STD epidemic.

Title V Maternal and Child Health (MCH) Block Grant

⁴ Centers for Disease Control and Prevention, *STD Facts – Chlamydia*, updated March 2011, <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm> [access on March 12, 2011].

⁵ Chesson HW, Blandford JM, Gift TL, Tao G, Irwin KL. The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspect Sex Reprod Health*. 2004; 36(1):11-19 and Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health*. 2004;36:6-10, as referenced in *Moving Science Into Coverage: An Employer's Guide to Preventive Services* National Business Group on Health, December 2009 <http://www.businessgrouphealth.org/preventive/topics/chlamydia.cfm> [accessed on March 3, 2010].

⁶ *Take Action on HEDIS* Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/std/Chlamydia/hmoletter.pdf> [accessed March 3, 2010].

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The Maternal and Child Health (MCH) Block Grant authorized by Title V of the Social Security Act is the only federal program of its kind devoted solely to improving the health of all women and children. NFPRHA is disappointed to see a \$6 million cut to the Title V budget in the President's FY12 budget proposal, and requests an increase in funding above the FY 2011 level for the MCH Block Grant in FY 2012. In the years preceding FY 2011, funding for the MCH Block Grant was reduced significantly while the costs of providing services continued to increase. As noted above, the recession is affecting public health resources in states; neither publicly supported family planning nor maternal and child health programs are immune. In many settings, Title V and Title X are used in an integrated system to fully support the provision of reproductive health services. It is important that Title V funds be increased to sustain the coordinated care system between family planning and maternal and child health services.

NFPRHA supports increased funding for the Title V Maternal and Child Health (MCH) Block Grant.

Do Not Block Grant Medicaid

NFPRHA is deeply concerned by the proposal made by House Budget Chairman Paul Ryan (R-WI) to convert the Medicaid program into a block grant. Medicaid is the cornerstone of health care for the poor and low-income; more than 58 million Americans are enrolled in Medicaid.⁷ Medicaid is also a pivotal source of funding for family planning services and supplies. In 2006, 7.3 million women—12% of women of reproductive age—received care through the Medicaid program.⁸

Chairman Ryan states that turning Medicaid into a block grant will give states more “flexibility,” but the reality is that states already have significant flexibility in administering their Medicaid programs. Uncapped funding is essential to ensuring that all who are eligible can enroll in Medicaid and receive the care they need. Medicaid is explicitly designed to respond to a state's fluctuating needs; states can, consistent with federal standards, tighten eligibility criteria, but they cannot ration coverage on a first-come, first-serve basis. Converting Medicaid into a block grant would only serve to tie states' hands, capping needed funding and forcing many poor and low-income individuals to go without care or to seek uncompensated care in our nation's safety-net hospitals and clinics, a practice that contributes to skyrocketing health care costs.

NFPRHA opposes efforts to convert the Medicaid program into a block grant.

Repeal the Hyde Amendment

We also ask that you strike restrictions on funding for abortion services for Medicaid-eligible women in the FY 2012 appropriations bill. As an advocate for the poor and low-income, NFPRHA deplores the denial of access to these services for those who depend on the federal government for health care. Abortion care is an important and necessary aspect of reproductive health care. At least half of women will experience an unintended pregnancy by age 45, and, at current rates, about one-third will have had an abortion.⁹ Unfortunately, federal bans on public funding for abortion services have severely

⁷ Kaiser Family Foundation, “State Health Facts: Medicaid & CHIP.” Available online at: <http://www.statehealthfacts.org/comparecat.jsp?cat=4&rgn=6&rgn=1>. [accessed April 7, 2011]

⁸ Guttmacher Institute, “Medicaid's Role in Family Planning,” October 2007. Available online at: http://www.guttmacher.org/pubs/IB_medicaidFP.pdf.

⁹ Guttmacher Institute, “In Brief: Facts on Induced Abortion in the United States,” July, 2008 http://www.guttmacher.org/pubs/fb_induced_abortion.pdf [accessed September 9, 2008]

restricted access to safe abortion care for low-income women. In the last decade, unintended pregnancies decreased by 20% among higher-income women but increased by 29% among low-income women.¹⁰ In the United States, women at or below 200% of the federal poverty line (FPL) make up about 15% of the population but account for over 50% of abortions.¹¹ These policies create unjust and punitive obstacles to health care for women, many of whom are of color or immigrants. All women should have access to the full range of reproductive health services and should not be punished if they need government-supported health services.

NFPRHA urges you to remove restrictions on funding of abortion services for Medicaid-eligible women from the FY 2012 appropriations bill.

It is imperative that Congress continue its 40-year history of support for the Title X family planning program. A 2005 review of Title X by the White House Office of Management and Budget confirmed that the program's overall purpose, design and management are strong. The OMB review also concluded that "Women who utilize Title X . . . services as their primary source of health care have significantly greater odds of receiving contraceptive services and/or care for sexually transmitted diseases (STDs) than women who utilize private physicians or HMOs." Congress must protect funding for this essential, cost-effective program that improves public health.

NFPRHA looks forward to working with you to strengthen America's dedicated family planning program and to invest in the critical public health infrastructure that cares for millions of Americans in need.

Thank you.

Sincerely,



Clare Coleman
President & CEO

¹⁰Guttmacher Institute, An Overview of Abortion in the United States.

<http://www.guttmacher.org/media/presskits/2008/01/12/abortionoverview.html>

¹¹ Harper CC, Henderson JT and Darney PD. Abortion in the United States. *Annual Review of Public Health*, 2005; 26:501-12.