

National  
**Family Planning**  
& Reproductive Health Association

February 14, 2011

The Honorable Mike Pence  
U.S. House of Representatives  
Washington, DC 20515

Dear Rep. Pence:

On behalf of the National Family Planning & Reproductive Health Association (NFPRHA), I urge you to vote against the pending Continuing Resolution and any bill that defunds the Title X family planning program, which would do severe damage to America's safety net and lead to increased federal spending as a consequence.

Title X is the only federal program dedicated to providing family planning services to women and men across the country, and especially in the current economic climate, the program is essential. In 2009, Title X-funded providers served more than five million low-income men and women at more than 4,500 service delivery sites – an increase of more than 130,000 patients over 2008.

In a letter to the editor of the *Star Press* on January 16, 2011, you asserted powerful arguments for funding the program. You stated that you “applaud some of the important work that takes place under the banner of Title X, such as breast cancer screening, HIV prevention education, counseling and pregnancy diagnosis.”

That perspective is confirmed by a 2009 comprehensive review of the program, conducted by the Institute of Medicine (IOM). The IOM found:

- Family planning is a fundamental component of health care.
- The Title X family planning program provides essential services that affect the lives of millions of individuals, families, and communities.
- The Title X program has demonstrated its value to society over time and its success in providing critical services to those who have the most difficulty obtaining them.

In your home state of Indiana – specific information we have

Your January 16<sup>th</sup> letter stated, “And while I am an advocate for saving taxpayer dollars, I want to be clear about my bill: It would not cut one penny of Title X funding, and it would not cut family planning services.” **In fact, Title X has saved taxpayers billions of dollars.**

- **Family planning services at Title X-funded health centers helped prevent 973,000 unintended pregnancies** in 2008, which would likely have resulted in 432,600 unintended births and 406,200 abortions.<sup>i</sup>
- The direct medical costs associated with unintended pregnancies in 2002 were \$5 billion.<sup>ii</sup> Title X-funded services produce significant cost savings to the federal and state governments; **services provided at Title X-supported clinics accounted for \$3.4 billion in such savings in 2008 alone.**<sup>iii</sup>
- For every public dollar invested in family planning care, nearly \$4 in Medicaid expenditures are averted.<sup>iv</sup>

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 "[w]omen 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."

Now, the Republican draft of the FY 2011 continuing resolution seeks to zero out Title X, defunding the entire network of care and leading to **increased taxpayer costs**.

If you truly believe that Title X provides important services, and you want to support the counseling, screening and education that are an integral part of the program, I urge you to publicly oppose the drive to defund this essential, cost-effective program that improves public health.

Sincerely,



Clare Coleman  
President & CEO

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<sup>i</sup> Frost, J.J., Henshaw, S.K., & Sonfield, A. (2010, May). *Contraceptive Needs and Services: National and State Data, 2008 Update*. New York, NY: Guttmacher Institute.

<sup>ii</sup> *Healthy People 2020*.

<sup>iii</sup> Frost, J.J., Finer, L.B., & Tapales, A. (2008). The impact of publicly funded family planning clinic services on unintended pregnancies and government cost savings. *Journal of Health Care for the Poor and Underserved*, 19(3):778–796.

<sup>iv</sup> *Ibid.*