

Facts On Publicly Funded Contraceptive Services In The United States

WHO NEEDS CONTRACEPTIVE SERVICES?

- The typical American woman, who wants two children, spends about five years pregnant, postpartum or trying to become pregnant, and three decades—more than three-quarters of her reproductive life—trying to avoid pregnancy.
- About half of all pregnancies in the United States each year—more than three million—are unintended. By age 45, more than half of all American women will have experienced an unintended pregnancy, and about one-third will have had an abortion.
- There were 66 million U.S. women of reproductive age (13–44) in 2008.
- More than half of these women (36 million) were in need of contraceptive services and supplies; that is, they were sexually active and able to become pregnant, but were not pregnant and did not wish to become pregnant. The number of women in need of contraceptive services and supplies increased 6% between 2000 and 2008.
- Of the 36 million women in need in 2008, approximately 22 million were non-Hispanic white, 5.1 million were non-Hispanic black and 6 million were Hispanic. (The remaining women were of other or mixed races and ethnicities.)
- Between 2000 and 2008, the number of women in need who were Hispanic increased by 27%, and the number who were black increased by 11.5%, while the number who were white decreased by less than 1%.

WHO NEEDS PUBLICLY FUNDED SERVICES?

- Of the 36 million women in need of contraceptive care in 2008, 17.4 million were in need of publicly funded services and supplies because they either had an income below 250% of the federal poverty level or were younger than 20.
- The number of women in need of publicly funded services increased by more than one million (6%) between 2000 and 2008.
- Among the 17.4 million women in need of publicly funded contraceptive care, 71% (12.4 million) were poor or low-income adults, and 29% (5 million) were younger than 20. Four in 10 poor women of reproductive age have no insurance coverage whatsoever.

IS PUBLIC FUNDING AVAILABLE?

- Public expenditures for family planning services totaled \$1.85 billion in FY 2006.
- Medicaid accounted for 71% of total expenditures, state appropriations for

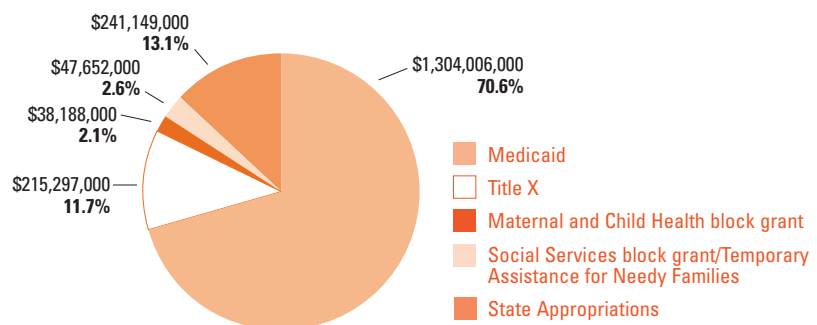
13% and Title X for 12%. Other sources, such as the maternal and child health block grant, the social services block grant and Temporary Assistance for Needy Families, together accounted for 5% of total funding.

- The joint federal-state Medicaid program spent \$1.3 billion for family planning services in FY 2006. The program reimburses providers for contraceptive and related services delivered to enrolled individuals. The federal government pays 90% of the cost of these services, and the states pay the remaining 10%.

- Title X of the Public Health Service Act, the only federal program devoted specifically to supporting family planning services, contributed \$215 million in FY 2006. It subsidizes services for women and men who do not meet the narrow eligibility requirements for Medicaid, maintains the national network of family planning centers and sets the standards for the provision of family planning services.

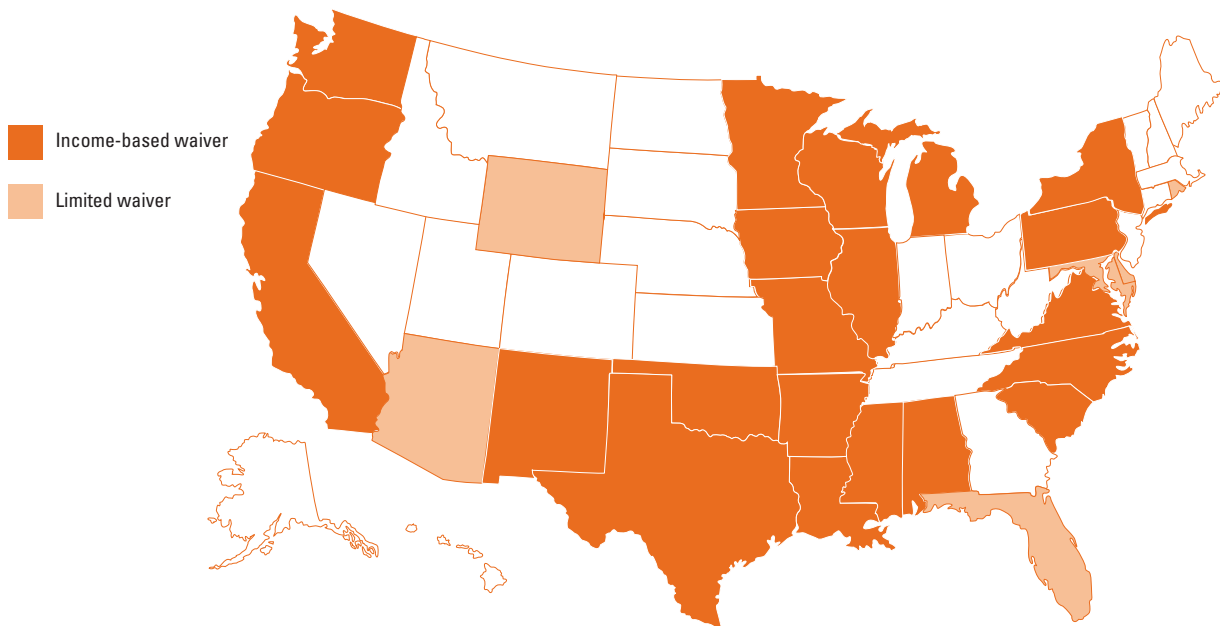
Public Funding Sources

Public expenditures on family planning client services, FY 2006



Medicaid Family Planning Expansions

Twenty-seven states have expanded Medicaid eligibility for family planning, with most basing eligibility solely on income.



- Even among Title X–supported centers, Medicaid was the largest national source of financial support in 2006. Medicaid contributed 30% of all revenue reported by these centers, and Title X provided 24%. (The remaining 46% came from state and local governments, other federal programs, private insurance and fees paid by clients.)

- States spent \$241 million of their own funds for family planning services in FY 2006 (in addition to the funding they contributed to Medicaid and block-grant programs through matching requirements).

- When inflation is taken into account, public funding for family planning client services increased 18% from FY 1980 to FY 2006.

WHO RECEIVES PUBLICLY FUNDED SERVICES?

- In 2006, more than nine million women—54% of all women in need of publicly subsidized care—received publicly funded contraceptive services.

- More than seven million women, representing 41% of women in need of publicly subsidized care, received

contraceptive services from more than 8,000 publicly funded family planning centers operating in 2006.

- More than two million women were Medicaid enrollees who received contraceptive services from private physicians in 2006.

- Teenagers represented one in four contraceptive clients served by publicly funded family planning centers in 2006; nearly two million women younger than 20 were served by publicly supported centers.

WHERE ARE PUBLICLY FUNDED SERVICES PROVIDED?

- In 2006, subsidized family planning services were provided at 8,199 family planning centers—2,741 (33%) were health department clinics, 2,215 (27%) were community or migrant health centers, 1,623 (20%) were other clinics, 868 (11%) were Planned

Parenthood centers and 752 (9%) were hospital clinics.

- More than one-third (36%) of women who obtained contraceptive care from family planning centers in 2006 received services from Planned Parenthood sites, 29% from health department clinics, 9% from hospital outpatient facilities and 26% from community or migrant health centers or other, independent clinics.

- Eighty-five percent of U.S. counties had at least one center that provided subsidized family planning services in 2001. In 73% of counties at least one provider of contraceptive services is funded by Title X; 94% of women in need of subsidized family planning services live in these counties.

- In 2006, there were more than 4,261 Title X-supported centers. Sixty-six percent of all women served by publicly

Definition

A family planning center is a site that offers contraceptive services to the general public and uses public funds, including Medicaid, 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, community health centers and other, independent organizations. In this fact sheet, “center” is used instead of the synonymous term “clinic.”

funded centers (4.7 million) were served by these Title X–supported centers.

MEDICAID FAMILY PLANNING EXPANSIONS

- The growth of Medicaid spending on family planning has been driven largely by state-initiated expansions specifically for family planning.
- Twenty-one states have broadened Medicaid eligibility requirements to provide coverage for family planning under the program to individuals based solely on their income; most of these states set the income ceiling at or near 200% of the federal poverty level in order to match the ceiling they use for pregnancy-related care. An additional six states have adopted much more limited expansions.
- Sixty-four percent of the U.S. women estimated to be in need of publicly subsidized contraceptive services live in one of the 21 states that have income-based Medicaid family planning eligibility expansions.

- Medicaid family planning expansions broaden private physician participation in the provider network; improve geographic availability of services; extend the interval between pregnancies; expand the number of family planning clients; help women avoid unplanned pregnancies, unplanned births and abortions; and reduce teen pregnancies, births and abortions—all while saving public dollars.

- Family planning centers in states with expansions are able to serve one-third more of the need for care, compared to centers in other states: In 2006, centers served 48% of women in need in states with income-based Medicaid family planning expansions, but only 36% of women in need in other states.

WHAT SERVICES DO PUBLICLY FUNDED CENTERS OFFER?

- The pill is the only contraceptive method provided by virtually all family planning centers;

more than nine in 10 centers offer the male condom and the injectable, and 80% offer emergency contraceptive pills.

- Tubal sterilization and vasectomy are provided by 30% and 25% of centers, respectively.

- Women routinely receive cervical cancer screening during their initial or annual family planning visit. Seventy-three percent of centers typically use a conventional Pap smear, while 27% generally use the more advanced liquid-based Pap test.

- Virtually all family planning centers screen at least some clients for chlamydia; 42% screen all female clients during the initial or annual visit, 43% screen all sexually active women aged 25 and younger, and the rest screen only women in groups determined by center protocols to be high-risk.

- Ninety-four percent of family planning centers offer HIV testing services.

- During an initial contraceptive visit, most centers provide routine counseling about abstinence to teens, particularly those who are aged 17 and younger and those who are not yet sexually active. Additionally, most centers routinely counsel teens about the importance of discussing sexuality-related issues with their parents.

- Most family planning centers have at least some male STI and contraceptive clients (74% and 68% of centers, respectively), but males make up a small proportion of their overall caseload (5% nationally).

- Ninety-five percent of centers have non-English-speaking

contraceptive clients. Most of these centers (88%) provide written materials in languages other than English, and many employ translators (81%) or administrative or clinical staff who speak other languages (59% and 57%, respectively).

PUBLICLY FUNDED CENTERS' ROLE AS SAFETY NET PROVIDERS

- More than six in 10 women who obtained care at a family planning center in 2006 considered the center their usual source of medical care. About three-quarters of poor women, women who are uninsured, African-American and Latina women and those who were born outside the United States who obtain care from a family planning center consider the center to be their usual source of medical care.

- One in four women who obtained contraceptive services in the United States in 2006—including 50% of poor women who did so—received care at publicly funded family planning centers.

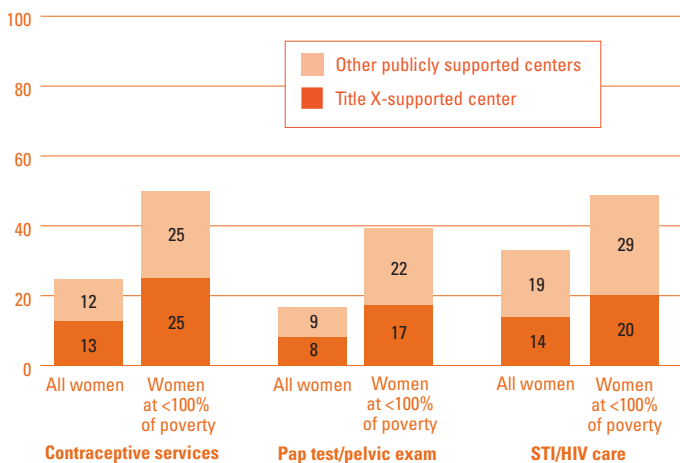
- Seventeen percent of all women who had a Pap test or pelvic exam in 2002—including 39% of poor women who obtained these services—did so at a publicly funded family planning center. Title X–supported clinics alone reported providing 2.5 million Pap tests to their clients in 2006.

- One in three women who received HIV testing or underwent testing, treatment or counseling for other STIs did so at a publicly funded family planning center, including half of poor women who got these services.

Importance of Publicly Supported Centers

One-quarter of U.S. women and half of poor women obtaining contraceptive services do so at a publicly funded family planning center.

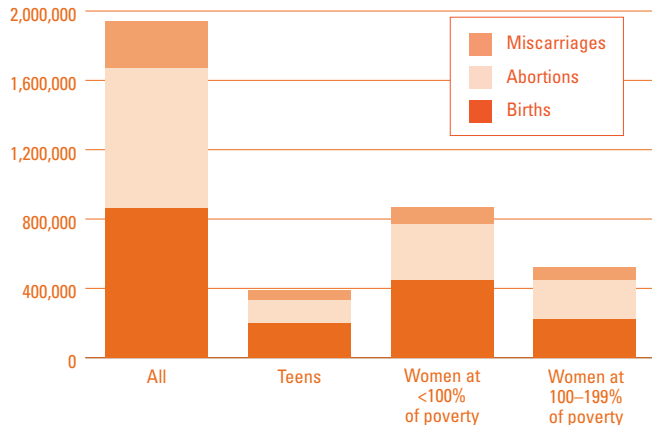
% of women receiving services, 2002



Unplanned Pregnancies Averted

The national publicly funded family planning effort helps women avoid 1.94 million unintended pregnancies each year.

Unplanned pregnancies averted



- The services provided at publicly funded clinics saved the federal and state governments an estimated \$5.1 billion in 2008; services provided at Title X-supported clinics accounted for nearly \$3.4 billion of that total.

- In other words, nationally, every \$1.00 invested in helping women avoid pregnancies they did not want to have saved \$3.74 in Medicaid expenditures that otherwise would have been needed.

SOURCES OF DATA

The data in this fact sheet are the most current available as of February 2009. Full citations are available online at guttmacher.org.

WHAT IMPACT DO FAMILY PLANNING SERVICES HAVE?

- Publicly funded family planning services help women to avoid pregnancies they do not want and to plan pregnancies they do. In 2006, these services helped women avoid 1.94 million unintended pregnancies, which would likely have resulted in about 860,000 unintended births and 810,000 abortions.

- Contraceptive services provided at publicly funded clinics helped prevent 1.48 million of these unintended pregnancies; the remaining 450,000 unintended pregnancies were prevented among Medicaid enrollees who received publicly funded contra-

ceptive services from private physicians.

- Without publicly funded family planning services, the number of unintended pregnancies and abortions occurring in the United States would be nearly two-thirds higher among women overall and among teens; the number of unintended pregnancies among poor women would nearly double.

- Contraceptive services provided at Title X-supported centers helped prevent 973,000 unintended pregnancies in 2008, which would likely have resulted in 432,600 unintended births and 406,200 abortions.



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