

Testimony of

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Washington, DC**

**Before the
House Labor, Health and Human Services, and Education Subcommittee on
Appropriations**

April 20, 2004

Summary: Requesting \$350 million in funding for FY 2005 for the national family planning program (Title X of the Public Health Service Act).

Members of the House Appropriations Subcommittee for Labor, Health and Human Services, and Education: My name is Judith DeSarno, President and CEO of the National Family Planning and Reproductive Health Association (NFPRHA). For more than 30 years, NFPRHA has worked to ensure access to voluntary family planning and reproductive health care services for all women. A national non-profit membership organization, NFPRHA members include private non-profit clinics; state, county and local health departments; Planned Parenthood affiliates; family planning councils and hospital-based clinics. We receive no federal funds.

I appreciate the opportunity to testify before you today in support of the national family planning program, Title X of the Public Health Service Act. While we sincerely appreciate your past support, **I appear before you today with an urgent request for \$350 million in FY 2005 funding for the Title X** – a critical safety net program that has been systematically underfunded despite the fact that the primary health care services financed by Title X not only improve women’s health but save taxpayer money.

Title X was established in 1970 with broad bipartisan support – fulfilling President Nixon’s declaration that “no American woman should be denied access to family planning assistance because of her economic condition.” For more than three decades, Title X has been an integral component of our public health care system and a critical safety net program that provides high-quality family planning services and preventive health care to low income individuals who would otherwise lack access to health care.

Title X has been a public health success story that not only provides quality health care services but *saves* the government money. For every dollar spent on publicly funded family planning, \$3 is saved in pregnancy-related and newborn care Medicaid costs alone. And Title X clinic services provide vital support toward reaching our shared national public health goals of preventing unintended pregnancies, reducing the number of abortions, lowering rates of sexually transmitted diseases (STDs) and improving women’s health.

Each year, Title X services enable Americans to prevent approximately one million unintended pregnancies, nearly half of which would end in abortion. Title X-supported clinics also play a crucial role in providing cervical cancer screening and STD-related services. Each year one in seven women of reproductive age who obtains a Pap test does so at a Title X clinic and one in five women of reproductive age who obtains testing or treatment for STDs does so at a Title X-funded clinic. In 2002, Title X funded clinics provided three million Pap tests, 5.2 million STD tests, and 494,000 HIV tests.

However, the Title X program faces significant challenges for survival. The number of uninsured Americans continues to rise, leaving Title X clinics struggling to address the growing demand for subsidized family planning services without corresponding increases in funding. Health care inflation has far outstripped funding for Title X clinic services, which are further strapped as a result of new and expensive contraceptive technologies, improved and expensive screening and treatment for STDs and the expense of training and retaining qualified health care personnel in an era of nursing shortages. The program is in crisis and additional funding is needed to make up for the systematic underfunding of this precious American resource.

The financial pressures facing the Title X clinic system are overwhelming:

Title X funding has not kept up with inflation and rising health care costs. Had Title X funding kept up with inflation since FY 1980, it would now be funded at \$643 million instead of the FY 2004 level of \$278 million. In other words, taking inflation into account, funding for Title X in constant dollars is 57% lower today than it was in FY 1980.

Title X clinics are serving increasing numbers of patients without commensurate increases in funding. In just one year alone, Title X clinics experienced a 7% increase in the number of patients (2000-2001) -- a situation that has worsened as states have cut back on public health programs including Medicaid.

Title X clinics are not funded on a fee-for-service basis; rather, the program creates an open-ended entitlement with a small, finite budget. Unlike the Medicaid program in which providers are reimbursed for each service they provide, Title X clinics are required to provide every person that walks through the door with an array of services at no cost if their income falls below 100% of the federal poverty level. This is the major reason why the increasing client load and supply costs have a greater impact on Title X compared to other public health programs. Title X funded clinics primarily serve low-income and uninsured women who do not qualify for Medicaid but earn too little to afford private health insurance. Sixty-five percent of Title X clients have incomes below the federal poverty level and receive services at no cost and 92% of Title X clients have incomes below 250% of the federal poverty level and receive services at a discounted rate.

The cost of contraceptives has skyrocketed. A recent survey by The Alan Guttmacher Institute found that the per client cost of purchasing contraceptive supplies rose 58% over the past six years, a calculation that was done prior to the availability of the newest contraceptive methods and more accurate cervical cancer screening technologies.

Routine testing and screening is stretching clinic budgets because the cost of each test and the number of tests provided has increased. New and more accurate liquid-based Pap technology has become the standard of care for cervical cancer screening but is rarely used in the public sector because of its cost relative to the more traditional Pap test. In addition, using the liquid-based technology can make screening for STDs simpler and can reduce costly follow-up office visits.

In a nutshell, the program is in crisis. Title X received \$278 million for FY 2004. **For FY 2005, a minimum of \$350 million is needed to maintain the high-quality services provided in Title X clinics and to assist clinics in providing the new technologies available to women in cancer detection, contraceptive options, and sexually transmitted disease detection and treatment.** Thank you for this opportunity to testify and I would be happy to answer any questions.