

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 three in 10 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 \$2.37 billion in FY 2010.
- Medicaid accounted for 75% of total expenditures, state appropriations for

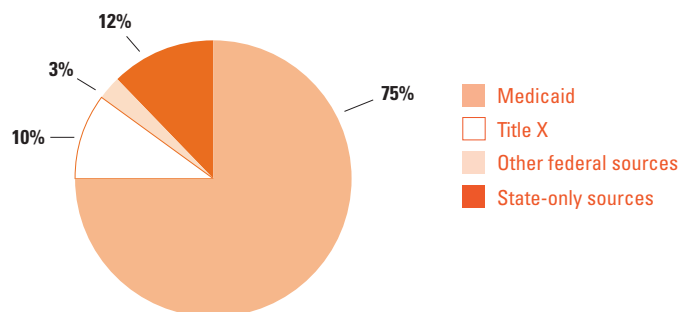
12% and Title X for 10%. Other sources, such as the maternal and child health block grant, the social services block grant and Temporary Assistance for Needy Families, together accounted for 3% of total funding.

- The joint federal-state Medicaid program spent \$1.8 billion for family planning services in FY 2010. 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 \$228 million in FY 2010. 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.

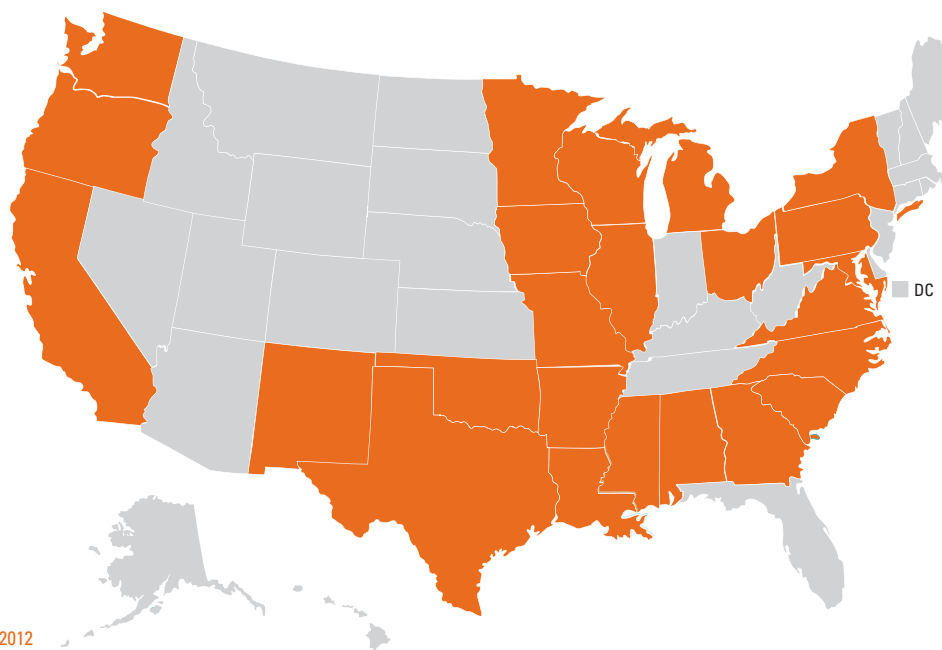
Public Funding Sources

Public expenditures on family planning client services, FY 2010



Medicaid Family Planning Expansions

Twenty-four states have implemented broad-based Medicaid family planning expansions for individuals who are not eligible for full-benefit Medicaid coverage.



- Even among Title X–supported centers, Medicaid was the largest national source of financial support in 2010. Medicaid contributed 37% of all revenue reported by these centers, and Title X provided 22%. (The remaining 41% came from state and local governments, other federal programs, private insurance and fees paid by clients.)

- States spent \$294 million of their own funds for family planning services in FY 2010 (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 31% from FY 1980 to FY 2010.

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

- Much of the growth in Medicaid spending on family planning is related to state-initiated expansions specifically for family planning.

- Twenty-four 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 five states have adopted much more limited expansions.

- Seventy-one percent of U.S. women of reproductive age live in one of the 24 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.

- Clinics in states with Medicaid expansions are more likely than clinics in other states to provide clients with a broad range of contraceptive options and to have extended service

hours, and they are less likely to report difficulty stocking certain methods due to cost.

WHAT SERVICES DO PUBLICLY FUNDED CENTERS OFFER?

- More than half of clinics (54%) reported offering clients at least 10 of 13 possible reversible contraceptive methods in 2010, an increase from 35% of clinics in 2003.

- Oral contraceptives, injectables (e.g., Depo Provera) and condoms are provided by more than nine in 10 publicly funded family planning centers; 80% offer emergency contraceptive pills.

- More than half of clinics (57%) report that they are unable to stock certain contraceptive methods due to cost.

- The availability of long-acting reversible contraceptive methods increased significantly between 2003 and 2010. IUD provision increased from 57% to 63%, and the implant, which was unavailable in 2003, was offered by 39% of clinics in 2010.

- Clinics with a reproductive health focus offer a greater range of contraceptive methods on site and are more likely to have protocols that help clients initiate and continue using methods, compared with clinics that focus on primary care.

- Similarly, clinics that receive support through Title X provide a higher average number of contraceptive methods and are more likely to have protocols that enable easy initiation and continuation of methods, compared with clinics that do not receive Title X funding.

- In 2010, four in 10 clinics (39%) offered same-day appointments to new contraceptive clients. Among all clinics, the average wait for an appointment was just over five days. Additionally, 39% of clinics offered extended hours in evenings or on weekends.

- Virtually all publicly funded family planning clinics provide pregnancy testing, and the vast majority offer STI testing (97%) and treatment (95%), HIV testing (92%) and HPV vaccinations (87%).

- Although most publicly funded family planning clinics focus on serving women, most also offer services to men. Overall, 8% of clients served by publicly funded family planning clinics in 2010 were male. Some 63% of clinics provide STI treatment to male partners when female clients test positive, and 57% provide STI services to men on their own. Additionally, half of all clinics reported that men receive contraceptive services directly.

PUBLICLY FUNDED CENTERS' ROLE AS SAFETY NET PROVIDERS

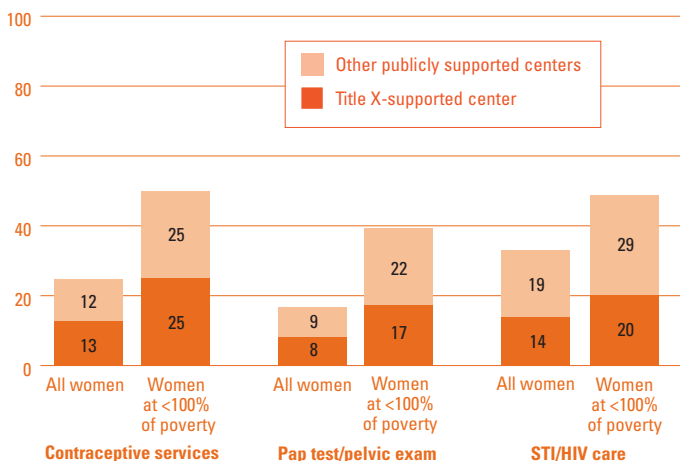
- More than six in 10 women who obtained care at a family planning center in 2006 considered the center their usual source of medical care. About three-quarters of poor women, women who are uninsured, African-American and Latina women and those who were born outside the United States who obtain care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

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.

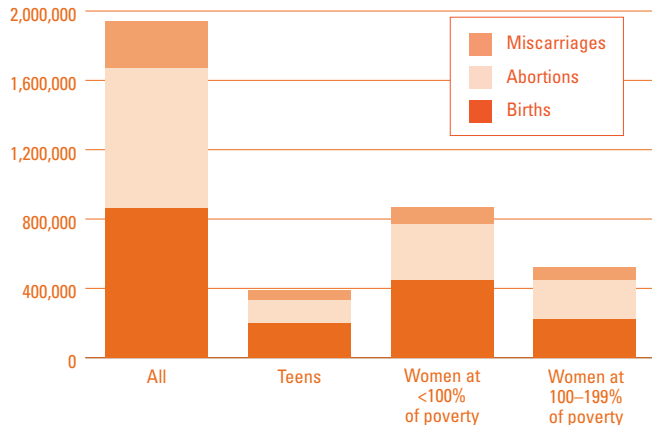
% of women receiving services, 2002



Unplanned Pregnancies Averted

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

Unplanned pregnancies averted



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 1.8 million Pap tests to their clients in 2010.
- 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.

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 contraceptive 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.

- 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 March 2012. Full citations are available in the HTML version: http://www.guttmacher.org/pubs/fb_contraceptive_serv.html



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