

Facts on Publicly Funded Contraceptive Services in the United States

WHO NEEDS CONTRACEPTIVE SERVICES?

- There were 66.4 million U.S. women of reproductive age (13–44) in 2006.
- More than half of these women (36.2 million) were in need of contraceptive services and supplies; that is, they were sexually active and able to become pregnant, but did not wish to become pregnant. The number in need increased 7% since 2000.

WHO NEEDS PUBLICLY FUNDED SERVICES?

- Of the 36.2 million women in need in 2006, 17.5 million were in need of publicly funded contraceptive services and supplies because they were either younger than 20 or had an income below 250% of the federal poverty level.
- The number of women in need of subsidized services increased by more than one million (7%) since 2000.

Among the 17.5 million women in need of publicly funded contraceptive care, 29% (5.1 million) were younger than 20 and 71% (12.4 million) were poor or low-income adult women.

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 accounted 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 women enrolled in the program. The federal government pays 90% of the cost of these services and the states pay the remaining 10%. In the past decade, 26 states have implemented programs expanding the eligibility criteria for Medicaid-funded family planning care.
- 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 clinics and sets the standards for the provision of family planning services.

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

- When accounting for inflation, public funding for family planning client services increased 18% from FY 1980 to FY 2006. Funding dropped in the early 1980s and only surpassed FY 1980 levels by FY 2006.

WHO RECEIVES PUBLICLY FUNDED SERVICES?

Most women who receive publicly funded family planning services obtain their care from an extensive network of clinics. In

addition, some women receive such care from private physicians who accept Medicaid clients.

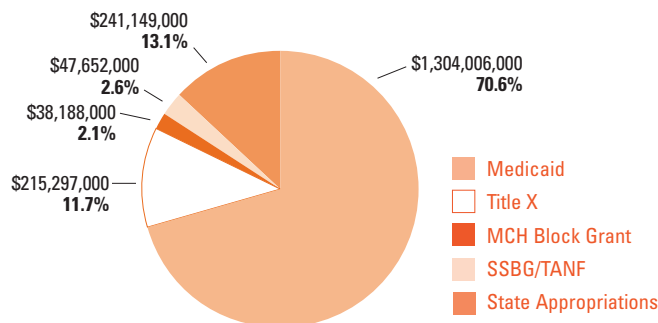
- Each year, approximately seven million women, representing 41% of all women in need of subsidized services, receive contraceptive services from the network of publicly funded family planning clinics.
- One-third (31%) of women served by family planning clinics are currently married, 15% are formerly married and 54% have never married.
- Teenagers represent about one in four (28%) contraceptive clients served by clinics; nearly two million women under age 20 were served by publicly supported clinics in 2001.
- Most women who receive care from clinics are low-income; 67% have incomes below the federal poverty level, and an additional 23% have incomes of 100–200% of the poverty level.
- Only 16% of women receiving care from publicly supported family planning clinics report having private insurance that paid for all or some of their visit; one-third (31%) report that care was paid for by Medicaid.

WHERE ARE PUBLICLY FUNDED SERVICES PROVIDED?

- In 2001, subsidized family planning services were provided by 2,953 agencies. Together, these agencies operated 7,683 clinic sites—state health departments ran 37%, Planned Parenthood affiliates 12%, hospitals 11% and other agencies 40%. Among all women who made a reproductive health visit in the prior year, 30%

Public Funding Sources

Public expenditures on family planning client services, FY 2006



went to a publicly funded clinic.

- One-third of women served by clinics receive services from health departments, 33% at Planned Parenthood sites, 10% at hospital outpatient facilities and 23% at independent clinics or community or migrant health centers.

- Eighty-five percent of U.S. counties have at least one clinic that provides subsidized family planning services; in nearly three out of four counties (73%), at least one provider of contraceptive services is funded by Title X, and 94% of women in need of subsidized family planning services live in these counties.

- Sixty-nine percent of all women served by publicly funded clinics in 2001 were served by Title X-funded clinics.

WHAT PUBLICLY FUNDED SERVICES ARE OFFERED?

- The pill is the only contraceptive method provided by virtually all family planning agencies; more than nine in 10 agencies offer the male condom and the injectable.

- About 80% of agencies offered emergency contraceptive pills in 2003, compared with 38% in 1995. Nearly half (47%) reported dispensing or prescribing emergency contra-

ception ahead of time for women to use at some later date, if needed.

- Tubal sterilization and vasectomy are provided by 39% and 31% of agencies, respectively.

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

- Virtually all family planning clinics screen at least some clients for chlamydia; 42% screen all female clients during the initial or annual visit, 43% screen sexually active women aged 25 and younger, and the rest screen only women in perceived high-risk groups. Ninety-four percent of clinics offer HIV testing services.

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

- Most clinics have at least some male STD or contraceptive clients (74% and 68% of clinics, respectively), but males remain a small proportion (5%) of the overall caseload for most publicly funded family planning clinics.

- Ninety-five percent of clinics have non-English speaking contraceptive clients. Most of these clinics (88%) provide written materials in languages other than English, and many employ translators (81%), administrative or clinical staff (59% and 57%, respectively) who speak other languages.

WHAT IMPACT DO CLINIC SERVICES HAVE?

- Publicly funded family planning services help women avoid the pregnancies they do not want and to plan the pregnancies they do. In 2004, the contraceptive services provided at publicly funded clinics helped women avoid 1.4 million unintended pregnancies, which would likely have resulted in about 640,000 unintended births and 600,000 abortions. Just over one million pregnancies would have been to unmarried women or to women under 200% of the federal poverty level.

- Without the contraceptive services provided at publicly funded clinics, there would be 46% more unintended pregnancies (1.4 million more) and 49% more abortions (600,000) annually in the United States than currently occur.

- In the absence of publicly funded clinic services, there would be 45% more teen unintended pregnancies (290,000), 45% more births (150,000) and 48% more abortions (100,000) annually in the United States than currently occur.

- Absent these services, there would be 640,000 more unintended pregnancies, 330,000 more births and 240,000 more abortions to women below the poverty line, and there would be 380,000 more unintended pregnancies, 170,000 more births and 170,000 more abortions to women between 100% and 200% of poverty. The number of unintended pregnancies to the poorest women would be 68% higher.

- Nationally, for every \$1.00 spent to provide services in the nationwide network of publicly funded family planning clinics, \$4.02 is saved in Medicaid birth costs that are averted.

The data in this fact sheet are the most current available. All of the data are from research conducted by the Guttmacher Institute and/or published in its peer-reviewed journal, Perspectives on Sexual and Reproductive Health. Full citations are available online at guttmacher.org



Advancing sexual and reproductive health worldwide through research, policy analysis and public education

New York
125 Maiden Lane
New York, NY 10038
Tel: 212.248.1111
info@guttmacher.org

Washington DC
1301 Connecticut Ave NW, Suite 700
Washington, DC 20036
Tel: 202.296.4012,
policyinfo@guttmacher.org

www.guttmacher.org

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