

November __, 2013

The Honorable Sylvia Mathews Burwell
Director
Office of Management and Budget
725 17th St., NW
Washington, DC 20503

Dear Director Burwell:

We the undersigned organizations are thankful for President Obama's ongoing leadership and commitment to women's health. This Administration's leadership has been vital to sustaining investments in women's health through the domestic Title X family planning program, the international family planning and reproductive health program at USAID, and the U.S. contribution to the United Nations Population Fund (UNFPA), which yields strong dividends for women's health and advances broader economic and global development goals. **We urge the President to continue making women's health a priority in his fiscal year (FY) 2015 budget request and respectfully request increased funding for family planning and reproductive health programs at home and abroad.**

Increasing support for Title X – America's Family Planning Program

Title X is a vital component of our nation's health care infrastructure, serving nearly five million low-income individuals annually at 4,189 health centers. In fact, six in ten women who receive care at a women's health center consider it to be their main source of health care, and four in ten women consider it their only source of care.^{1,2} Nationwide, women and men rely on Title X for basic preventive and primary care services, including cancer screenings, contraception, and testing for sexually transmitted infections (STIs). In 2010, Title X provided millions of women with access to birth control, averting 1.2 million unplanned pregnancies, which could have resulted in 590,000 unplanned births and 400,000 abortions. Data show that Title X not only meets the health care needs of millions, but it is also cost-effective. For \$1.00 invested in publicly funded family planning services, the Medicaid program saves nearly \$6.00.³

While the Affordable Care Act (ACA) has made great strides in improving access to health care for millions of uninsured people, it does not eliminate the need for publicly funded family planning services or providers. The reality is that the Title X program is fundamental to successful implementation of health care reform. For instance, after Massachusetts enacted health care reform, 30 percent of women still needed publicly-funded family planning services even though only two percent of the state's

¹ Guttmacher Institute. Frost, J. *Contraceptive Needs and Services: National and State Data, 2008*
Update. <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>

² Guttmacher Institute. Frost, J. *Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women's Health Care Needs. 2012.*
<http://www.guttmacher.org/pubs/journals/j.whi.2012.09.002.pdf>

³ Guttmacher Institute, *In Contraceptive Needs and Services, 2010* (July, 2013) accessed September 2013,
<http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf>

population remained uninsured.⁴ Title X providers helped meet this gap in Massachusetts and will do so nationwide, particularly in states that will not expand Medicaid coverage.

The current Title X program funding level of \$278 million is simply insufficient to meet the needs of the millions of women who will remain uninsured—even after full ACA implementation. ⁵ Data show that cuts to Title X funding correlate with increased health center closures and decreased numbers of patients served. For example, the \$24 million cuts between FY2011 and FY2012 resulted in approximately 193 Title X health centers being closed and 440,000 fewer patients served. These funding cuts further limit the ability of Title X to provide the health care services low-income and uninsured women and men need. Moreover, the nearly 12 million women of reproductive age who will become newly eligible for insurance under the ACA will still rely on Title X to help fill in gaps in coverage. **A commitment to increase Title X funding to \$337 million in the President’s FY2015 budget proposal—a \$10 million increase from the President’s FY2014 proposal—will help strengthen America’s family planning program and support successful implementation of the ACA.**

International Family Planning and Reproductive Health

Globally, 222 million women want to delay or prevent pregnancy but face barriers to using modern contraceptive methods.⁶ The U.S. has been the leading donor for international family planning and reproductive health programs, and our cost-effective investments have a critical impact on a broad range of health outcomes, including reducing unintended pregnancy, maternal deaths, infant and child mortality, and mother-to-child HIV transmission. In addition to providing contraceptive services, supplies, and information, the investments support training health care providers on cervical cancer prevention and screening practices and programs to reduce harmful practices such as female genital mutilation. They also promote the empowerment of women and girls and gender equality. According to research by the Guttmacher Institute, current U.S. investments have a profound impact: enacted FY 2012 funding of \$610 million, including \$35 million for UNFPA, supported 31.6 million women and couples in receiving contraceptive services and supplies; prevented 9.4 million unintended pregnancies which would result in 4 million abortions, of which 3 million would have been unsafe; and averted 22,000 maternal deaths.⁷ Every dollar invested in family planning has also been shown to save money in other development areas, ranging from \$2 in Ethiopia to more than \$6 in Guatemala and Bangladesh, and up to \$9 in Bolivia.⁸

The global community has recognized and prioritized family planning as well: from Family Planning 2020 (FP2020), which builds on a growing momentum to improve women’s health worldwide, to renewed

⁴ Ibis Reproductive Health and the Massachusetts Department of Public Health. “Low-income women’s access to contraception after Massachusetts health care reform” (2009). http://ibisreproductivehealth.org/work/contraception/documents/Ibis-MDPH_womencontracepMAHCR10-09.pdf.

⁵ Kaiser Family Foundation. *Focus on Health Reform: Access to Abortion Coverage and Health Reform*. November 2010. <http://www.kff.org/healthreform/upload/8021.pdf>

⁶ Singh, S. & Darroch, J.E. (2012). *Adding it up: The costs and benefits of contraceptive services –Estimates for 2012*. June 2012. <http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>

⁷ Guttmacher Institute. *Just the Numbers: The Impact of U.S. International Family Planning Assistance*. May 2012. <http://www.guttmacher.org/media/resources/FB-Family-Planning-Assistance.pdf>.

⁸ Population Reference Bureau. *Family Planning Saves Lives, 4th edition*. 2009. <http://www.prb.org/pdf09/familyplanningsaveslives.pdf>

efforts to achieve the Millennium Development Goals (MDG) by the 2015 target date, especially MDG 5 on reducing maternal mortality and achieving universal access to reproductive health. Furthermore, as the global community sets the post-2015 development agenda, U.S. leadership is vital in supporting this global momentum. The High Level Panel report released earlier this year identifies universal access to sexual and reproductive health and rights, as well as gender equality and empowerment, as pivotal to achieving our global development goals. A strong funding request from the Administration would be a strategic diplomatic signal of the ongoing commitment by the United States to these issues heading into international negotiations. **The U.S. should provide an annual investment of \$1 billion to international family planning and reproductive health, including \$65 million to UNFPA.**

In the last few years, politically-motivated cuts to funding have led to decreased and stagnated funding for both Title X and the international family planning and reproductive health programs—reducing women’s access to life-saving healthcare. In order to reverse this trend, we ask the President to redouble his vital support for women’s health by increasing investments in his FY15 budget proposal.

Sincerely,

AIDS Foundation of Chicago
American College of Nurse-Midwives
American Humanist Association
American Nurses Association
American Sexual Health Association
American Society for Reproductive Medicine
Association of Reproductive Health Professionals (ARHP)
AVAC: Global Advocacy for HIV Prevention
Believe Out Loud
CARE USA
Catholics for Choice
Center for Health and Gender Equity (CHANGE)
EngenderHealth
Family Equality Council
Friends of UNFPA
Hadassah, The Women's Zionist Organization of America, Inc.
HIV Medicine Association
HIV Prevention Justice Alliance
International Center for Research on Women
International Women's Health Coalition
Jewish Women International
Medical Students for Choice
NARAL Pro-Choice America
National Association of Nurse Practitioners in Women's Health (NPWH)
National Center for Transgender Equality
National Council of Jewish Women

National Family Planning & Reproductive Health Association
National Women's Health Network
PATH
Physicians for Reproductive Health
Plan International USA
Planned Parenthood Federation of America
Population Action International
Population Connection
Religious Coalition for Reproductive Choice
Reproductive Health Technologies Project
Sexuality Information and Education Council of the U.S. (SIECUS)
Sierra Club
The United Methodist Church, General Board of Church and Society
Union for Reform Judaism