New Possibilities
Family Planning Moving Forward

IOWA FAMILY PLANNING UPDATE

September 18 – 19, 2012
Urbandale, IA

Susan B. Moskosky MS, RNC,
Deputy Director
Office of Population Affairs
Greetings from Senegal

“Family Planning is like oxygen” -- Abdoulaye Wade, President of Senegal, Dec. 2011

2011 International Conference on Family Planning – Dakar, Senegal
Family Planning Services and Population Research Act of 1970

PUBLIC LAW 91-572-DEC. 24, 1970

AN ACT
To promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes,
U.S. Department of Health & Human Services

Assistant Secretary for Health
Howard Koh, MD, MPH

Secretary
Kathleen Sebelius

Office of the Assistant Secretary for Health

Office of Population Affairs
Office of the Regional Health Administrators
Office of Minority Health
Office of HIV/AIDS and Infectious Disease Policy
Office on Women’s Health
Office of the Surgeon General
Office of Human Research Integrity

Office of Disease Prevention & Health Promotion
Office of Health Care Quality
National Vaccine Program Office
Pres. Council on Physical Fitness
Pres. Council on Bioethics
Advisory Committee on Blood Safety
Office of Adolescent Health
Office of Population Affairs (OPA)

Purpose

Focal point for the Department of Health & Human Services (HHS) on family planning and reproductive health issues
Office of Population Affairs (OPA)

Deputy Assistant Secretary for Population Affairs
Marilyn J. Keefe, MPH

Deputy Director, OPA
Susan Moskosky MS, RNC

Office of Research & Evaluation

OFP HQ and 10 Regional Program Offices
Title X was enacted in 1970 and first funded in 1971

Amended the Public Health Service Act to provide grants for family planning services and related research, training, and informational and educational materials

Context was concern over population issues and access to family planning for all

Mission is to provide the necessary educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of children

Title X is 40 years old and in 2011* provided family planning and related preventive health services to more than 5 million individuals, almost 90% of whom had family incomes at or below 200% of the Federal Poverty Level

□ 2011 FPAR Preliminary Report
## Funding History - Key Years

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1971</td>
<td>$6,000,000</td>
</tr>
<tr>
<td>1981</td>
<td>$161,671,000</td>
</tr>
<tr>
<td>1983</td>
<td>$124,088,000</td>
</tr>
<tr>
<td>1991</td>
<td>$144,311,000</td>
</tr>
<tr>
<td>2001</td>
<td>$253,932,000</td>
</tr>
<tr>
<td>2002</td>
<td>$265,000,000</td>
</tr>
<tr>
<td>2003</td>
<td>$273,000,000</td>
</tr>
<tr>
<td>2004</td>
<td>$280,000,000</td>
</tr>
<tr>
<td>2005</td>
<td>$285,963,000</td>
</tr>
<tr>
<td>2008</td>
<td>$283,103,000</td>
</tr>
<tr>
<td>2009</td>
<td>$307,491,000</td>
</tr>
<tr>
<td>2010</td>
<td>$317,491,000</td>
</tr>
<tr>
<td>2011</td>
<td>$299,400,000</td>
</tr>
<tr>
<td>2012</td>
<td>$296,838,000 (minus $2,968,000)</td>
</tr>
</tbody>
</table>
Public Funding for Family Planning

Public Funding Sources

Public expenditures on family planning client services, FY 2010

Title X is a critical source of public funding for services, infrastructure and policy-setting, while Medicaid is the largest public payer.

SOURCE: Guttmacher, Facts on Publicly Funded Contraceptive Services in the U.S., May 2012
Need for Family Planning

- One-half of pregnancies are unintended

- Women who are young and poor have rates that are 2-3 times the national average

- Recent data reflect teen birth rates at their lowest level for all age and ethnic groups (CDC April 2012)

However

- U.S. has highest teen pregnancy rate in the developed world; > 700,000 teens 15-19 years get pregnant each year

SOURCE: Frost JJ, Henshaw SK and Sonfield A, Contraceptive needs and services: national and state data, 2008 update, New York: Guttmacher Institute, 2010
Need for Family Planning

There were 66 million U.S. women of reproductive age (13–44) in 2008; 36 million of them were in need of contraceptive care.

- that is, they were sexually active and able to become pregnant, but were not pregnant and did not wish to become pregnant.

Of the 36 million women in need of contraceptive care in 2008:

- 71% (12.4 million) were poor or low-income adults
- 29% (5 million) were younger than 20 years
- 4 in 10 poor women of reproductive age have no insurance coverage

SOURCE: Facts on Publicly Funded Contraceptive Services in the United States, Guttmacher Institute, 2012
Publicly funded FP helps women each year avoid 1.94 million unintended pregnancies

6 in 10 women who go to a FP center consider it their usual source of medical care

1 in 3 women who have an HIV test or receive STI testing or treatment do so at a FP center

Overview of Title X Family Planning Program

Total Clients Served: 2006-2011

2006 2007 2008 2009 2010 2011
Title X clients are disproportionately young

In 2011: 21% (1,043,637) of all Title X clients were teens; 49% (2,566,066) were 20-29
Title X User Characteristics*

- 19% under age 20 (26% in IA**)
- 51% age 20 – 29 (53% in IA)
- 29% Hispanic or Latino (all races) (8% in IA)
- 20% Black or African American (7% in IA)
- 3% other minority or more than one race
- 69% ≤ 100% of Federal Poverty Level (62% in IA)
- 91% ≤ 250% of FPL (79% in IA)
- 64% uninsured (52% in IA)

*2011 FPAR Preliminary Report
** 2010 FPAR
Primary Contraceptive Method Use (Females)*

- 2 % Sterilization (3% **)
- 6 % IUD/IUS (8%)
- 1 % Hormonal implant (5%)
- 14 % Hormonal injection (14%)
- 33 % Oral contraceptive (44%)
- 2 % Contraceptive patch (3%)
- 4 % Vaginal ring (8%)
- 18 % Male condom (11%)
- 2 % Abstinence (1%)
- 2 % Withdrawal or other method (2%)
- 15 % No method (8% seeking pregnancy; 5% “other reason,” 2% method unknown) – (16% no method or method unknown)

*2011 FPAR Preliminary Report
** 2010 FPAR Iowa %
1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to train staff throughout their Title X projects, and that project staff have received training on Title X program requirements;

2. Expanding access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with Title X program requirements and nationally recognized standards of care. These services include, but are not limited to, natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention education, testing, and referral. The broad range of services does not include abortion as a method of family planning;
3. **Emphasizing the importance of discussing a reproductive life plan** with all family planning clients, and providing preconception health services as a part of family planning services, as appropriate;

4. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and

5. Identifying specific strategies for adapting delivery of family planning and reproductive health services to a changing health care environment including addressing provisions of the Affordable Care Act (ACA). **This includes, but is not limited to, increasing the capacity of Title X service sites to utilize health information technologies that will enhance their ability to bill third party payers.**
A key role for the Title X Family Planning Program has been to set the standard of care for family planning service delivery.

More than 40 years of expertise in the delivery of family planning and related preventive health services to millions of individuals.
Brief Guidelines Background

Original guidelines established in 1970 following the enactment of Public Health Service Act 42 U.S.C. 300 authorizing the establishment of the Title X program.

Current guidelines were updated in 1980 and in 2001.

Address largely legal and regulatory requirements of Title X program.
Why Revise the Title X Guidelines?

Guidance on clinical practices
- do not meet current nationally recognized standards of care
- in some instances are too prescriptive or restrictive
- do not incorporate evidence-based standards of care and best practices

Current structure organizes all content--legal, administrative, and clinical expectations into one comprehensive document

Do not allow for timely updates and revisions based on medical, technological, and other advancements
Scope of Revision

Disseminate four products:

1. Program requirements (Title X statute and regulations)
2. Guidance for providing quality family planning services
3. Journal supplement
4. Resource toolkit

Work with key federal agencies and professional medical organizations to support adoption of the guidelines.
Guidelines Under Development

1) Program Requirements:
   Defines program requirements for grantees funded under the Title X program – primarily statutory and regulatory.

2) Guidance for Providing Quality Family Planning Services:
   Recommends how to provide family planning services in an evidence-based manner
DRAFT: Title X Deliverables

Program Requirements
- Introduction
- The Law, Regulations and Guidelines
- Application Process
- Project Management
- Client Services
- Required Services

Program Guidance
- Introduction
- Title X Clinical Requirements
- Service Delivery and Infrastructure Building
- Client Encounters
In March 2010, President Obama signed into law the Affordable Care Act.
BEFORE, insurance companies could raise premiums by double digits without justification.

TODAY, insurance companies must publicly justify their actions if they want to raise premiums by 10 percent or more. And states have more power to block them.
The Law Increases Access to Affordable Care

Young adults under the age of 26 can now stay on their parents’ health plans

“I honestly don’t know what we would have done…. There was no way we could have afforded it. I might not be here right now.”

--Kylie L., 23, in Illinois, who credits the health care law for enabling a life-saving heart transplant
The Law Increases Access to Affordable Care

In many cases, preventive services are available for free:

☑️ Cancer screenings such as mammograms & colonoscopies
☑️ Vaccinations such as flu, mumps & measles
☑️ Blood pressure screening
☑️ Cholesterol screening
☑️ Tobacco cessation counseling and interventions
☑️ Birth control
☑️ Depression screening
☑️ And more...

Visit www.healthcare.gov/prevention for a full list.
In 2 years:

- Discriminating against anyone with a pre-existing condition will be illegal.
- Insurance companies won't be able to charge women more than men.
- Tax credits will make buying insurance more affordable.
- There will be new State-based marketplaces – called Affordable Insurance Exchanges – where private insurers will compete for your business. Members of Congress will have to buy insurance there, too.
Opportunities for Title X Providers

- ACA Provisions regarding preventive health services, including birth control and related preventive health services
- Title X funded agencies designated as Essential Community Providers
- Title X network assures access to millions of individuals (primarily women)
- Increased opportunities for linkages with FQHCs and MCH Home Visitation Program
- Increased HHS focus on reducing infant mortality and health disparities
- Increased focus on important role of family planning in preconception health
Challenges for Title X

- Increased linkages with other provider networks – both public and private -- are critical

- Title X agencies must have the ability to determine the cost of services, negotiate payment rates with Medicaid and commercial insurers, and efficiently bill 3rd party payers

- Health IT
Some Musings on Change

- “Man cannot discover new oceans unless he has the courage to lose sight of the shore” – Andre Gide
- “All great changes are preceded by chaos” – Deepak Chopra
- “The best thing you can do is the right thing; the next best thing you can do is the wrong thing; the worst thing you can do is nothing” – Theodore Roosevelt
- “There is nothing permanent except change” – Heraclitus
- “Never, never, never, never give up” – Winston Churchill
Act as if what you do makes a difference. It does.

~William James