

**REPORT TO THE BOARDS OF HEALTH**  
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Mid-Michigan District Health Department, Wednesday March 16, 2016  
District Health Department 10, Friday, March 18, 2016  
Central Michigan District Health Department, Wednesday March 23, 2016

**Family Planning**

Faced with expanding population growth and growing poverty rates, President Lyndon Johnson, followed by President Richard Nixon, introduced Federal family planning programs between 1965 and 1974. This culminated with Title X of the Public Health Services Act, which was passed during Richard Nixon's administration. This authorized grants to establish voluntary family planning projects. It was believed that family planning programs, by providing contraception, would promote greater economic opportunities for disadvantaged women. It was also felt that reducing undesired or poorly-timed childbirth was a way to promote opportunities for children and would promote economic prosperity.<sup>1,2</sup> These were amazing accomplishments, considering birth control was still illegal in some parts of the United States as late as 1965.

Today, at least one in four poor women in the United States receiving contraceptive services do so at a Title X-funded program. These services do have an impact. In 2009, because of Title X service, it was estimated that 973,000 unintended pregnancies were prevented. This likely prevented 433,000 unplanned births and 406,000 abortions. Stated another way, without these services, the levels of unintended pregnancy and abortion in the United States would have been one-third higher that year than they actually were.<sup>3</sup> In that year, the Federal government and the states saved at least \$3.4 billion in Medicaid costs that would have gone to prenatal care, delivery costs, and infant care. That was a savings of \$3.74 for each \$1 invested in Title X.<sup>3</sup> Better access to birth control in general, particularly longer-acting and highly-effective forms, has been credited in large part for the 40-year low in teenage pregnancy rates we see today.<sup>4</sup> Title X funded programs do more than provide family planning services. They provide screening and treatment of Sexually-Transmitted Diseases (STDs), screening for cervical and breast cancer, and providing other preventative health services.

One of the largest single providers of family planning in the country is Planned Parenthood. In 2010, 50% of Michigan women that got contraception from a Title X-funded program got it from Planned Parenthood. Health Departments in Michigan provided 47% of contraception services delivered by Title X-funded programs.<sup>5</sup> Michigan House Bill 4145 was introduced in February 2016. This bill states that the Department of Community Health and all other state departments and agencies shall not allocate state funds through grants or contracts to any entity that performs abortion. This bill is currently in the Committee on Appropriations. If passed, this bill would end Title X funding to Planned Parenthood. Act 360 of 2002, Allocation of Funds to Family Planning Services, already states that grant money be preferentially given to organizations that do not offer elective abortion services.

Since Title X began, using these or any other governmental funds to cover the costs of pregnancy termination has been forbidden and closely regulated. Only 3% of Planned Parenthood's services are related to elective pregnancy termination (abortion), none of which is paid for by government funding.<sup>2</sup>

The other 97% percent of their services are vital and important services in pregnancy prevention and women's health care, often in areas and to populations that are badly underserved.

On January 1, 2013, the Texas government stopped providing public funds to their Planned Parenthood affiliates; much like House Bill 4145 proposes to do in Michigan. A recently published article in the New England Journal of Medicine reviewed the effects this change in funding has had on their state.<sup>6</sup> The authors reviewed how the billing claims for contraception injections (Depo-Provera) and long-acting reversible contraception (LARC), which includes IUDs and medication-releasing implants) changed. Billing claims are an accurate indicator of the number

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<sup>1</sup>Bailey, M. J. (2012). Reexamining the impact of family planning programs on US fertility: evidence from the War on Poverty and the early years of Title X. *American economic journal. Applied economics*, 4(2), 62.

<sup>2</sup>Primrose, S. (2012). Attack on Planned Parenthood: A Historical Analysis, *The. UCLA Women's LJ*, 19, 165.

<sup>3</sup>Cohen, S. A. (2011). The numbers tell the story: the reach and impact of Title X. *Guttmacher Policy Review*, 14(2), 20-23.

<sup>4</sup>Richards, C. (2016). Protecting and Expanding Access to Birth Control. *New England Journal of Medicine*, 374: 801-803.

<sup>5</sup>Frost, J. J., Zolna, M. R., & Frohwirth, L. (2013). Contraceptive needs and services, 2010.

<sup>6</sup>Stevenson, A. J., Flores-Vazquez, I. M., Allgeyer, R. L., Schenkkan, P., & Potter, J. E. (2016). Effect of Removal of Planned Parenthood from the Texas Women's Health Program. *New England Journal of Medicine*.

of patients receiving these services and are used by all clinics, including Planned Parenthood. In the counties that previously had a Planned Parenthood affiliate, there was a sharp decrease in the number of claims for LARC methods as well as contraceptive injections after January 2013. After this initial drop, the claims stayed relatively stable, however at a lower level. There was also a disproportionate increase in the rate of childbirth covered by Medicaid compared to births covered by other insurances after January 1, 2013. It was not known if these were unintended pregnancies, but since the rates of childbirth increased in the counties that lost Planned Parenthood affiliates while it decreased in the rest of the state, it was felt by the authors that these were most likely unintended.

Losing Planned Parenthood in Michigan would cause approximately 58,000 women to lose access to contraception.<sup>5</sup> It is unlikely that other providers, including health departments, would be able to absorb this demand, at least not quickly enough to prevent unwanted pregnancies and the costs that would follow.

**Board of Health Monthly Healthy Living Recommendation:**

1. *Continue to support access to effective, safe, and reliable contraceptive methods. Family Planning is one of the Ten Great Public Health Achievements in the 20<sup>th</sup> Century.*<sup>7</sup>

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<sup>7</sup>Centers for Disease Control. (1999). Achievements in Public Health, 1900-1999: Family Planning. *Morbidity and Mortality Weekly Report*, 48(47); 1073-1080.