



## **Title X: The Nation's Cornerstone Family-Planning Program**

Every year, women in the United States experience almost three million unintended pregnancies, many of which lead to hardship for women and their families, tough choices, and, for some, abortion.<sup>1</sup> The use of effective contraception reduces the number of unintended pregnancies and, thus, the need for abortion. As a matter of public health, it is essential to ensure contraception availability to women who need it.

Enacted in 1970 with broad bipartisan support, Title X of the Public Health Service Act is the only federal program exclusively dedicated to family-planning and reproductive-health services. Title X has been a pivotal part of the nation's family-planning program for more than 30 years, providing millions of women with services ranging from contraception to pap smears and breast cancer screening. Many women rely solely on Title X clinics for their basic health care. In 2000, the Centers for Disease Control and Prevention (CDC) listed family planning as one of the ten great public-health achievements of the last century and recognized Title X as having contributed significantly to the advancements made in this area of public health.<sup>2</sup>

Nine in ten Americans support subsidized family planning.<sup>3</sup> Yet, despite widespread public support and the importance of these services to American women and the nation as a whole, anti-choice lawmakers have consistently attacked the program. After gaining a majority in the 1994 elections, anti-choice lawmakers in Congress repeatedly attempted to defund the program and restrict minors' access.<sup>4</sup> They continue their attempts now that Congress is in pro-choice hands, but thankfully they have not succeeded. Unfortunately, the anti-choice Bush White House also tried to starve the program financially.<sup>5</sup> To enhance women's access to family-planning services and to give women real choices over their reproductive lives, Title X should be fully funded and its guarantee of confidentiality preserved.

### **Title X Funds Essential Services for a Large Number of Women**

The Title X program funds medical services crucial to good health, especially for women who have no other access to medical care. For many women,<sup>6</sup> Title X clinics may be their first point of entry into the health-care system, thereby serving as a bridge to other services.<sup>7</sup>

#### ***Title X Provides Essential Services***

The Title X statute and corresponding regulations ensure that clients receive a high

standard of reproductive-health care. Under the program's guidelines, Title X clinics must provide the following services: (1) pelvic exams and pap smear tests; (2) breast exams and education regarding self-examination; (3) screening and treatment for sexually transmitted diseases (STDs); (4) infertility screening; and (5) referrals to specialists. The guidelines also recommend that Title X-funded agencies should offer other health promotion/disease prevention services such as screening, immunization, nutrition services, and general health education and counseling.<sup>8</sup> The statute defines the types of family-planning projects that can be funded widely, as including "a broad range of acceptable and effective family planning methods and services (including natural family-planning methods, infertility services, and services for adolescents)."<sup>9</sup> The law explicitly prohibits Title X funds from being used for abortion services.<sup>10</sup> Finally, the law mandates that services must be accepted voluntarily and not coerced.<sup>11</sup>

Title X clinics also provide young people with educational services, giving them the tools they need to make responsible choices about their sexual and reproductive health. At Title X clinics, young people receive counseling and information concerning both abstinence and contraceptive methods.<sup>12</sup> Furthermore, fees for young people are based on their own income, not their families' income, making reproductive-health services more affordable for them.<sup>13</sup>

### *Title X Assists Millions of Women*

Each year, the Title X program provides millions of women – regardless of age, income, or marital status – with family-planning and other reproductive-health services. In fact, nearly 75 percent of all U.S. counties have at least one Title X-funded clinic.<sup>14</sup> Each year, more than five million women and men obtain services in almost 4,400 Title X-funded clinics.<sup>15</sup>

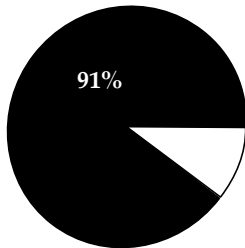
- One in five women obtaining family-planning services depends on a clinic funded at least partially by Title X; for more than eight in 10 of these women, a Title X clinic is their sole source of family-planning services.<sup>16</sup>
- Most of the women obtaining Title X services are young, poor, and have never given birth.<sup>17</sup>
- Forty percent of Title X clients are women of color.<sup>18</sup>
- Almost 80 percent of all Title X clients are under the age of 30.<sup>19</sup>

*Title X is particularly important to low-income women who do not qualify for Medicaid.* Medicaid is the nation's largest single funder of family-planning services. However, Medicaid generally limits eligibility to very poor women who are single, have a child (or are pregnant), and meet other stringent requirements.<sup>20</sup> Title X provides services to a broader array of women: women with income under 100 percent of the federal poverty

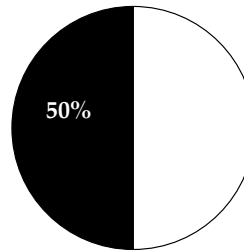
level must receive entirely subsidized services; women with income 101 to 250 percent of poverty must be charged on a sliding scale; and women with income over 250 percent of poverty must be charged full fees.<sup>21</sup>

### Title X Clients

Nine in 10 Title X clients have income below 200 percent of the federal poverty level



Half of Title X clients are between 20 and 29 years of age



*Title X also serves a significant number of women of color.* Because women of color in the United States are disproportionately represented in low-income communities and are less likely than white women to have private health insurance, Title X clinics are an important source of affordable health care for women of color.<sup>22</sup> African-American women are two to five times as likely as white women to suffer from fibrosis<sup>23</sup> and experience a disproportionately high percentage of infant mortality.<sup>24</sup> Of all women, Latinas are the most likely to get cervical cancer.<sup>25</sup> In addition, Title X has been able to provide contraception to women of color who have traditionally faced barriers to accessing the full range of reproductive-health services. As a result, between 1982 and 1995, the proportion of African-American women using contraception increased from 73 percent to 90 percent, and the proportion of Latinas using contraception increased from 78 percent to 91 percent.<sup>26</sup>

### **Title X Ensures Young Women Receive Confidential Family-Planning Services**

#### *Young People Need Access to Family-Planning Services*

The current adolescent reproductive-health crisis – with large numbers of teens facing unintended pregnancies and contracting sexually transmitted diseases (STDs) – demonstrates the need for young people’s access to family-planning and other health services.

- Every year approximately nine million new cases of STDs occur among teenagers.<sup>27</sup> At least half of sexually active individuals will contract a sexually transmitted disease by age 25.<sup>28</sup> Teens aged 15-19 account for 25

percent of all new STD and HIV infections annually.<sup>29</sup>

- Every year almost 750,000 teenagers aged 15-19 become pregnant,<sup>30</sup> and more than 82 percent of those pregnancies are unintended.<sup>31</sup> The Guttmacher Institute estimates that there would have been 20 percent more teen pregnancies during the 1980s and 1990s were it not for the services provided by Title X.<sup>32</sup>
- Teenage girls have a higher risk of pregnancy complications and are less likely to obtain prenatal care.<sup>33</sup> Statistically speaking, babies born to teen mothers are at greater risk of low birth weight, childhood health problems, and developmental delays.<sup>34</sup>
- The probability that a teen mother will graduate from high school by age 25 is less than 60 percent compared with 90 percent for those who postpone childbearing.<sup>35</sup> Twenty-eight percent of teen mothers are poor in their 20s and early 30s compared with seven percent of women who have their first child after adolescence.<sup>36</sup> Teen mothers are also more likely to have lower family incomes later in life.<sup>37</sup>

### **Title X Guarantees Confidentiality to All Patients Regardless of Age<sup>38</sup>**

Although the law requires Title X clinics to encourage family participation in teens' reproductive-health decisions,<sup>39</sup> family involvement is not mandated. In fact, in 1977, the Supreme Court ruled that minors have the right to access family-planning services without unjustified parental or governmental intervention.<sup>40</sup> Soon after, citing legislative intent and the clear statutory language encouraging – not mandating – parental involvement, two federal courts of appeal in 1983 prohibited enforcement of a regulatory attempt – dubbed the “squeal rule” – to require Title X clinics to notify parents when they prescribed contraceptives to minors.<sup>41</sup>

*Confidentiality is critical for young people.* Without question, most parents have a genuine and valued interest in participating in medical decisions with their children. Unfortunately, the reality is many young people are reluctant to approach their parents about sensitive health-care topics. Title X clinics have served as an invaluable source of confidential services for teens in the United States—most of whom have sex by the age of 17.<sup>42</sup> In fact, three in ten individuals receiving services from Title X clinics are under 20 years old.<sup>43</sup>

A bedrock principle of medical ethics, confidentiality is crucial to ensuring young women's reproductive health. Studies confirm that when parental consent or notice is mandated by law, thus breaching confidentiality, adolescents are likely to delay or avoid seeking needed care, particularly in the area of family planning. For example, 59

percent of sexually active girls surveyed in Wisconsin said they would stop, discontinue, or delay using certain reproductive-health services (including contraception and STD/HIV testing) if their parents were informed. Of the girls who reported that they would stop using such services, 99 percent said they would continue having sex even if they did not have access to effective contraception.<sup>44</sup> Another study of adolescents found that if confidential treatment for STDs were available, 50 percent of the adolescents would seek care. Only 15 percent said they would seek medical treatment if parental consent or notice were required.<sup>45</sup>

Recognizing this link between medical privacy and reproductive-health care, courts have acknowledged the importance of confidential services for teenagers. In two cases, *Planned Parenthood Affiliates of California v. Van De Kamp* and *Planned Parenthood Association of Utah v. Matheson*, the courts held that if minors were denied access to confidential reproductive-health care, they would be deterred from seeking care, including accessing contraceptives to protect them from unintended pregnancy and STDs.<sup>46</sup>

Medical experts agree: contraceptive services should be available to adolescents on a confidential basis. Among others, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Medical Women's Association, the American Society for Reproductive Medicine, and the Society for Adolescent Medicine oppose attempts by Congress to require parental notification or consent for adolescents to receive contraceptive services in clinics funded by Title X.<sup>47</sup>

In spite of all evidence indicating that confidentiality is necessary to protect teenagers' health, anti-choice lawmakers have pushed to eliminate Title X's guarantee of confidentiality. Not only would doing so contradict public-health research, it would trample on state-enacted confidentiality provisions. Every state in the United States has enacted legislation to permit teens to obtain care for STDs without parental consent, and many have legal provisions ensuring confidential access to contraceptives. All 50 states and the District of Columbia explicitly authorize minors to consent to the testing and treatment of STDs, and no state specifically requires a teen to obtain parental consent or to notify a parent prior to receiving contraceptives.<sup>48</sup> Any attempt to eradicate Title X's guarantee of confidentiality would interfere with these state laws that protect teenagers' health.

### **Title X Family-Planning Services Prevent Unintended Pregnancy**

Studies have shown that publicly funded family-planning services can reduce the number of unintended pregnancies and, thus, the need for abortions.

- Publicly funded contraceptive services annually prevent 1.3 million

unintended pregnancies, which would result statistically in 533,800 births, 632,300 abortions, and 165,000 miscarriages. Without such services, the number of abortions each year in the United States would be approximately 40 percent higher. In fact, over the past 20 years, Title X clinics have helped to avoid nearly 20 million pregnancies, nine million of which would have ended in abortion.<sup>49</sup>

- Publicly funded contraceptive services are especially crucial to reducing unintended pregnancy and abortion rates for low-income women. Although the overall abortion rate in the United States decreased by 11 percent between 1994 and 2000, abortion rates for low-income women increased during the same period. This increase coincided with a decline in the number of women covered by Medicaid – and therefore able to access Medicaid family-planning services – without a corresponding increase in Title X funding.<sup>50</sup>
- Publicly funded contraceptive services have a particularly profound impact on young people. Since 1981, Title X funded clinics have prevented more than 5.5 million teen pregnancies which would have resulted in two million births and two million abortions.<sup>51</sup>

### **Publicly Funded Family-Planning Services Improve Women’s Lives**

#### ***Access to Contraceptive Services Enhances Quality of Life for Women and Their Families***

Access to contraceptive services is central to improving women’s overall health and reducing unintended pregnancy. The ability to determine whether and when to have children is a key measure of women’s autonomy.<sup>52</sup> The U.S. Supreme Court recognized in *Planned Parenthood of Southeastern Pennsylvania v. Casey* that “[t]he ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.”<sup>53</sup> Reducing the rate of unintended pregnancy and enhancing reproductive health and rights therefore are essential to promoting women’s self-determination and ability to participate fully in society.

Nearly 50 percent of all pregnancies in the United States are unintended.<sup>54</sup> An estimated 34 million women, or one half of all U.S. women of reproductive age, are at risk for unintended pregnancy because of their unmet need for family planning.<sup>55</sup> By decreasing the unintended pregnancy rate, contraceptive services also improve the quality of life for both parents and their children.<sup>56</sup>

- Negative health outcomes are strongly associated with unintended pregnancy. These outcomes include delayed or inadequate prenatal care,

increased fetal exposure to tobacco and alcohol, increased likelihood of low birth weight and death in the first year of life, and higher risk of abuse and failure to receive sufficient resources for healthy development.<sup>57</sup>

- Unintended pregnancy is also linked to negative social outcomes for parents and families, such as increased risk of the mother being physically abused, the dissolution of the parents' relationship, economic hardship, and a reduced likelihood that parents will achieve their educational and career goals.<sup>58</sup>
- Title X funds are also vital to STD screening and treatment. Each year 15.3 million new cases of STDs occur in the United States, including approximately nine million new cases among teenagers.<sup>59</sup> In 1995, 31 percent of all visits to Title X clinics involved STD screening or treatment – compared with 10 percent of visits in 1980.<sup>60</sup>

### ***Participation in Publicly Funded Family-Planning Services Helps Ensure Healthier Child-Bearing and Healthier Babies***

- A national study found that family-planning funds for 1982-1988 were linked to 20,000 fewer low birth weight births, 6500 fewer infant deaths, and 5500 fewer neonatal deaths.<sup>61</sup>
- Receipt of publicly funded family-planning services increases the likelihood that a woman will receive adequate prenatal care if she does become pregnant. In one study, family-planning funding from 1982-1988 was associated with 106,900 fewer births that followed late or no prenatal care. Another study found that women were more likely to initiate prenatal care early, to receive sufficient care throughout pregnancy, and to participate in a food supplement program and other maternity-care services if they had used family-planning services in the two years prior to becoming pregnant.<sup>62</sup>

### **Publicly Funded Family Planning is Cost-Effective, Yet Current Funding Levels for Title X Are Inadequate**

#### ***Publicly Funded Contraceptive Services Are Cost-Effective***

Every government dollar spent on contraceptive services saves the public approximately \$3 in funds that otherwise would have been spent on pregnancy-related and newborn care through Medicaid. This is because of the approximately 534,000 women who would give birth in the absence of publicly funded contraceptive services; approximately 338,000 women would be eligible for pregnancy-related Medicaid coverage. About 80 percent of these women would be eligible solely because of their

pregnancy. Through state and federal expenditures, the nation would spend an additional \$1.2 billion for Medicaid each year.<sup>63</sup>

### ***Title X's Budget Has Decreased Over Time and Is Severely Under-Funded***

If Title X funding had increased at only the rate of inflation from its FY'80 funding level of \$162 million, it would now be funded at more than \$725 million. Title X's funding level is less than half that amount.<sup>64</sup> At a minimum, Title X needs to be funded at \$385 million to maintain the quality services. Notwithstanding, the Bush administration repeatedly recommended no funding increase for the program.<sup>65</sup>

### ***Title X Clinics Face Increasing Costs***

While funding for Title X has declined, the caseload has grown – severely overburdening the system.<sup>66</sup> Less than 30 percent of all women potentially eligible for services in 1994 were served by Title X clinics.<sup>67</sup> Moreover, new, more effective contraceptive drugs have recently come onto the market, which is good news for women but imposes even greater budgetary demands on an already-strained system.

## **Conclusion**

Title X funding for family-planning services has assisted millions of women in obtaining essential care. Research has proven Title X's effectiveness in reducing the number of unintended pregnancies and abortions. Only through full funding of Title X, without restrictions on minors' access to confidential services, can Title X's benefits to women's lives and health continue and expand.

January 1, 2009

### **Notes:**

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<sup>1</sup> The Kaiser Family Foundation (KFF), *Abortion in the U.S.* (Oct. 2002).

<sup>2</sup> Centers for Disease Control and Prevention, *Ten Great Health Achievements in the 20<sup>th</sup> Century 1900-1999*, 48 MMWR 1073-1080 (2002).

<sup>3</sup> Rachel Benson Gold, *Title X: Three Decades of Accomplishment*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 2001, at 8.

<sup>4</sup> NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, *Who Decides? A State-by-State Review of Abortion and Reproductive Rights* (5th ed. 1995); *see also, e.g.*, amendments to FY 1996, FY 1997, FY 1998, and FY 1999 Labor, Health and Human Services, and Education &

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Related Agencies Appropriations bills.

<sup>5</sup> See, e.g., Executive Office of the President of the United States, Office of Management and Budget, *Budget of the United States Government, Fiscal Year 2002*, 438 (2001); Executive Office of the President of the United States, Office of Management and Budget, *Budget of the United States Government, Fiscal Year 2003*, 430 (2003).

<sup>6</sup> Although Title X clinics primarily serve women, they provide services to male clients as well.

<sup>7</sup> Office of Population Affairs (OPA), U.S. Department of Health and Human Services (HHS), *Office of Family Planning*, at <http://opa.osophs.dhhs.gov/titlex/ofp.html> (last visited Nov. 17, 2006).

<sup>8</sup> Bureau of Community Health Services (BCHS), U.S. Department of Health and Human Services (HHS), *Program Guidelines for Project Grants for Family Planning Services 9-15* (1981).

<sup>9</sup> 42 U.S.C.A. § 300(a).

<sup>10</sup> 42 U.S.C.A. § 300a-6.

<sup>11</sup> 42 U.S.C.A. § 300a-5.

<sup>12</sup> Stanley Henshaw & Aida Torres, *Family Planning Agencies: Services, Policies and Funding*, 26 FAM. PLAN. PERSP. 52, 56 (1994).

<sup>13</sup> Rachel Benson Gold, *Title X: Three Decades of Accomplishment*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 2001, at 2.

<sup>14</sup> Office of Population Affairs (OPA), U.S. Department of Health and Human Services (HHS), *Office of Family Planning*, at <http://opa.osophs.dhhs.gov/titlex/ofp.html> (last visited Dec. 22, 2006).

<sup>15</sup> Office of Population Affairs (OPA), U.S. Department of Health and Human Services (HHS), *Office of Family Planning*, at <http://opa.osophs.dhhs.gov/titlex/ofp.html> (last visited Oct. 26, 2007).

<sup>16</sup> Lisa Kaeser et al., Alan Guttmacher Institute (AGI), *Title X at 25: Balancing National Family Planning Needs with State Flexibility*, at 7 (1996).

<sup>17</sup> Lisa Kaeser et al., AGI, *Title X at 25: Balancing National Family Planning Needs with State Flexibility*, at 6-9 (1996).

<sup>18</sup> AGI, *Fulfilling the Promise: Public Policy and the U.S. Family Planning Clinics*, at 17, chart 7 & 45, tbl. 7 (2000).

<sup>19</sup> AGI, *Family Planning Annual Report: 2004 Summary*, at 10 (2005).

<sup>20</sup> Lisa Kaeser et al., AGI, *Title X at 25: Balancing National Family Planning Needs with State Flexibility*, at 8 (1996).

<sup>21</sup> A minor seeking confidential services is eligible based on her income and not that of her parents. AGI, *Issues in Brief: Title X and the U.S. Family Planning Effort*, at 2 & 4; see also 45 Fed. Reg. 108 (1980) (codified at 42 C.F.R. § 59.5(7), (8), § 59.2).

<sup>22</sup> Jennifer J Frost, *Public or Private Providers? U.S. Women's Use of Reproductive Health Services*, 33 FAM. PLAN. PERSP. 1, (2001) at 4-12.

<sup>23</sup> National Institutes of Health, *Uterine Fibroids*, at [http://www.nichd.nih.gov/health/topics/uterine\\_fibroids.cfm](http://www.nichd.nih.gov/health/topics/uterine_fibroids.cfm) (last visited Oct. 31, 2008).

<sup>24</sup> National Institutes of Health, *The Women of Color Health Data Book*, at x (2006), at

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<http://orwh.od.nih.gov/pubs/WomenofColor2006.pdf>.

<sup>25</sup> Centers for Disease Control, *Invasive Cervical Cancer Among Hispanic and Non-Hispanic Women — United States, 1992-1999*, 51 MMWR 1067 (2002).

<sup>26</sup> AGI, *Fulfilling the Promise: Public Policy and the U.S. Family Planning Clinics*, at 30 (2000).

<sup>27</sup> GI, *In Brief: Facts on Sex Education in the United States* (2007) at [http://www.guttmacher.org/pubs/fb\\_sexEd2006.html](http://www.guttmacher.org/pubs/fb_sexEd2006.html) (last visited Oct. 26, 2007).

<sup>28</sup> Kaiser Family Foundation, *Sexual Health Statistics for Teenagers and Young Adults in the United States*, (Sept. 2006), at <http://www.kff.org/womenshealth/upload/3040-03.pdf> (last visited Oct. 26, 2007).

<sup>29</sup> KFF, *Sexually Transmitted Diseases in the U.S.* (2003).

<sup>30</sup> GI, *U.S. Teenage Pregnancy Statistics: National and State Trends, Trends by Race and Ethnicity*, at 2 (2006).

<sup>31</sup> GI, *In Brief: Facts on American Teens' Sexual and Reproductive Health* (2006) at [http://www.alanguttmacher.org/pubs/fb\\_ATSRH.pdf](http://www.alanguttmacher.org/pubs/fb_ATSRH.pdf) (last visited Oct. 26, 2007).

<sup>32</sup> Gold, R., Title X: Three decades of accomplishment, GUTTMACHER REP. ON PUB. POL'Y, 2001, at 4.

<sup>33</sup> Stephanie J. Ventura & Sally C. Curtin, *Recent trends in teen births in the United States*, STAT. BULL. — METROPOLITAN LIFE INS. COMPANY, Jan. 1, 1999, at 1.

<sup>34</sup> The Annie E. Casey Found., *Kids Count Indicator Brief: Preventing Teen Births*, at 2 (2003).

<sup>35</sup> Namkee Ahn, *Teenage Childbearing and High School Completion: Accounting for Individual Heterogeneity*, 26 FAM. PLAN. PERSP. 17, 18 (1994).

<sup>36</sup> AGI, *Facts in Brief: Teen Sex and Pregnancy* (1999).

<sup>37</sup> NAT'L RES. COUNCIL, RISKING THE FUTURE 130 (1987).

<sup>38</sup> 42 C.F.R. § 59.11.

<sup>39</sup> PL 97-35, Aug. 13, 1981, 95 Stat 357.

<sup>40</sup> *Carey v. Population Servs. Int'l*, 431 U.S. 678, 687, 694 (1977).

<sup>41</sup> *Planned Parenthood Federation of America, Inc. v. Heckler*, 712 F.2d 650 (D.C. Cir. 1983); *State of New York v. Heckler*, 719 F.2d 1191 (2d Cir. (N.Y.) 1983); AGI, *Fulfilling the Promise: Public Policy and the U.S. Family Planning Clinics*, at 26 (2000); Lisa Kaeser et al., AGI, *Title X at 25: Balancing National Family Planning Needs with State Flexibility*, at 9 (1996).

<sup>42</sup> AGI, *Facts in Brief: Teen Sex and Pregnancy* (1999).

<sup>43</sup> AGI, *Fulfilling the Promise: Public Policy and the U.S. Family Planning Clinics*, at 45 (2000).

<sup>44</sup> Diane M. Reddy et al., *Effect of Mandatory Parental Notification on Adolescent Girls' Use of Sexual Health Care Services*, 228 JAMA 710, 710-14 (2002).

<sup>45</sup> Andrea Marks et al., *Health Needs and Willingness to Utilize Health Resources By Adolescents*, 102 J. OF PEDIATRICS 456, 459 (1983).

<sup>46</sup> *Planned Parenthood Affiliates of California v. Van De Kamp*, 181 Cal. App. 3d 245, 268-69 (Ct. App. 1986) and *Planned Parenthood Association of Utah v. Matheson*, 582 F. Supp. 1001, 1009 (D. Utah 1983).

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<sup>47</sup> Letter from American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American Medical Women's Association (AMWA), American Society for Reproductive Medicine (ASRM), and Society for Adolescent Medicine to each member of the U.S. House of Representatives (July 31, 1998).

<sup>48</sup> Cynthia Dailard, *New Medical Records Privacy Rule: The Interface with Teen Access to Confidential Care*, GUTTMACHER REP. ON PUB. POL'Y, Mar. 2003, at 6.

<sup>49</sup> Heather E. Boonstra et al., *GI, Abortion in Women's Lives*, at 21 (2006) at <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf> (last visited Oct. 29, 2007); Jacqueline Darroch Forrest & Renee Samara, *Impact of Publicly Funded Contraceptive Services*, 28 FAM. PLAN. PERSP. 193-94 (1996); AGI, *Fulfilling the Promise: Public Policy and the U.S. Family Planning Clinics*, at 44 (2000).

<sup>50</sup> Rachel K. Jones et al., *Patterns in Socioeconomic Characteristics of Women Obtaining Abortions in 2000-2001*, 34 PERSP. ON SEXUAL & REPROD. HEALTH 1, 1-18 (2001).

<sup>51</sup> Rachel Benson Gold, *Title X: Three Decades of Accomplishment*, GUTTMACHER REP. ON PUBLIC POL'Y, Feb. 2001, at 7.

<sup>52</sup> COMMITTEE ON UNINTENDED PREGNANCY, INSTITUTE OF MEDICINE, *THE BEST INTENTIONS: UNINTENDED PREGNANCY AND THE WELL-BEING OF CHILDREN AND FAMILIES* (Sarah S. Brown & Leon Eisenberg, eds. 1995).

<sup>53</sup> *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 856 (1992).

<sup>54</sup> *GI, Facts on Induced Abortion in the United States* (May 2006), available at [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.pdf](http://www.guttmacher.org/pubs/fb_induced_abortion.pdf) (last visited Oct. 26, 2007).

<sup>55</sup> Adam Sonfield, *Preventing Unintended Pregnancy: The Need and the Means*, GUTTMACHER REP. ON PUBLIC POL'Y, Dec. 2003.

<sup>56</sup> Adam Sonfield, *Preventing Unintended Pregnancy: The Need and the Means*, GUTTMACHER REP. ON PUBLIC POL'Y, Dec. 2003.

<sup>57</sup> COMMITTEE ON UNINTENDED PREGNANCY, INSTITUTE OF MEDICINE, *THE BEST INTENTIONS: UNINTENDED PREGNANCY AND THE WELL-BEING OF CHILDREN AND FAMILIES* (Sarah S. Brown & Leon Eisenberg, eds. 1995).

<sup>58</sup> COMMITTEE ON UNINTENDED PREGNANCY, INSTITUTE OF MEDICINE, *THE BEST INTENTIONS: UNINTENDED PREGNANCY AND THE WELL-BEING OF CHILDREN AND FAMILIES* (Sarah S. Brown & Leon Eisenberg, eds. 1995).

<sup>59</sup> KFF & the American Social Health Association (ASHA), *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?*, at 4 & 8 (1998); Press Release, KFF, MTV & TEENPEOPLE, *What Teens Don't Know About STDs Puts Them at Risk: A National Survey Finds Few Sexually Experienced 15-17 Year Olds Get Tested for STDs, And Most Underestimate Their Risk* (1999); *GI, In Brief: Facts on Sex Education in the United States* (2007) at [http://www.guttmacher.org/pubs/fb\\_sexEd2006.html](http://www.guttmacher.org/pubs/fb_sexEd2006.html) (last visited Oct. 26, 2007).

<sup>60</sup> *GI, Issues in Brief: Title X and the U.S. Family Planning Effort*, at 2 & 4; *GI, Fulfilling the Promise: Public Policy and the U.S. Family Planning Clinics*, at 45, tbl. 10 (2000).

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<sup>61</sup> Kenneth Meier & Deborah McFarlane, *State Family Planning and Abortion Expenditures: Their Effect on Public Health*, 84 AM. J. OF PUBLIC HEALTH 1468, 1471 (1994).

<sup>62</sup> Kenneth Meier & Deborah McFarlane, *State Family Planning and Abortion Expenditures: Their Effect on Public Health*, 84 AM. J. OF PUBLIC HEALTH 1468, 1471 (1994); Denise Jamieson & Paul Buescher, *The Effect of Family Planning Participation on Prenatal Care Use and Low Birth Weight*, 24 FAM. PLAN. PERSP. 214, 214-16 (1992).

<sup>63</sup> Jacqueline Darroch Forrest & Renee Samara, *Impact of Publicly Funded Contraceptive Services*, 28 FAM. PLAN. PERSP., 193-94 (1996).

<sup>64</sup> National Family Planning & Reproductive Health Association (NFPRHA), *Title X National Family Planning Program: Critical Women's Health Program Struggles to Meet Increasing Demand*, at [http://www.nfprha.org/images/pdf/facts/Title\\_X.pdf](http://www.nfprha.org/images/pdf/facts/Title_X.pdf) (last visited Oct. 26, 2007).

<sup>65</sup> National Family Planning & Reproductive Health Association (NFPRHA), *Senate Appropriations Committee Level Funds Title X*, at <http://www.nfprha.org/site/apps/nl/content2.asp?c=ggLRIWODKtF&b=1849691&ct=2789981> (last visited on Nov. 17, 2006).

<sup>66</sup> National Family Planning & Reproductive Health Association (NFPRHA), *Title X National Family Planning Program: Critical Women's Health Program Struggles to Meet Increasing Demand*, at <http://www.nfprha.org/pac/factsheets/titlex.asp> (last visited Oct. 20, 2004).

<sup>67</sup> Jennifer Frost, *Family Planning Clinic Services in the United States, 1994*, 28 FAM. PLAN. PERSP. 98, 92-98 (1996).