



2020 Supplemental Budget Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: A2 - Preserve Title X Program
Budget Session: 2020 Supp
Budget Level: Maintenance Level
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Agency Recommendation Summary

The federal Department of Health and Human Services published a new rule that changed federal Title X regulations. This rule, which conflicts with state law, no longer allows the state to use Title X funds to support its Family Planning Program. The Washington State Department of Health requests an appropriation from the state's general fund to replace the lost federal funding to maintain current levels of family planning services across the state. This support includes clinic infrastructure, pharmaceutical drugs, supplies, health education, training for providers and staff to maintain quality of services, and reimbursement to providers.

Fiscal Summary

Dollars in Thousands

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001 - 1	\$4,200	\$4,200	\$4,200	\$4,200
Total Expenditures	\$4,200	\$4,200	\$4,200	\$4,200
Biennial Totals		\$8,400		\$8,400
Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$499	\$510	\$510	\$510
Obj. B	\$193	\$195	\$195	\$195
Obj. E	\$44	\$41	\$41	\$41
Obj. G	\$15	\$5	\$5	\$5
Obj. N	\$3,400	\$3,400	\$3,400	\$3,400
Obj. T	\$49	\$49	\$49	\$49

Package Description

The Department of Health (DOH) administers a Family Planning Program which spends \$13 million in combined state and federal funds annually, which includes around \$4.2 million from the federal Title X program and \$9 million in General Fund-State to provide clinical infrastructure across the state, pharmaceuticals, supplies, health education, training for providers and staff to maintain quality of services, and reimburse providers for discounted services for qualifying clients.

On March 4, 2019, the federal Department of Health and Human Services published a new rule which changed federal Title X regulations. The rule:

- Prevents providers and facilities which receive Title X funds from providing complete, accurate counseling and medical information on all available pregnancy options; and
- Requires subrecipients of Title X funds that offer abortion services to perform those services in separate buildings and with entirely different staff than those in facilities that do not perform abortions.

The rule is being legally challenged by numerous states.

The new federal rule attempts to impose two changes to the state's Family Planning Program. First, it imposes a "gag" on Title X providers that prohibits them from referring their patients to abortion providers, regardless of the patient's wishes or medical needs. Second, the rule requires clinics providing abortions to create a physical wall between their family planning functions and their abortion care services, requiring separate entrances and exits, treatment facilities, personnel, and electronic health records.

Washington State's Reproductive Privacy Act, chapter 9.02 Revised Code of Washington (RCW), guarantees certain legal rights to Washingtonians.

The Act ensures every individual has the fundamental right of privacy regarding reproductive decisions. Specifically, RCW 9.02.100 states:

- Every individual has the fundamental right to choose or refuse birth control;
- Every woman has the fundamental right to choose or refuse to have an abortion, except as specifically limited;
- The state shall not deny or interfere with a woman's fundamental right to choose or refuse to have an abortion, except as specifically permitted; and
- The state shall not discriminate against the exercise of these rights in the regulation or provision of benefits, facilities, services, or information.

The federal rule changes conflict with state health care privacy laws. This conflict requires Washington State to refuse federal funds in order to adhere to state law.

The Washington Family Planning Program served over 93,000 clients in 2018. Of these, 11,994 were uninsured, low-income clients and 47,971 had incomes at or below 100 percent of the federal poverty level (FPL).

Estimate of unwanted outcomes and health expenditures prevented by Washington State Title X services, 2018^[1] ^[2]

Unintended pregnancies	18,390
Unplanned births	8,660
Abortions	6,210
Unplanned preterm/low-birth-weight births	1,110
Maternal & birth-related gross costs saved from contraceptive services	\$132,840,990
Miscarriage & ectopic pregnancy gross costs saved	\$5,024,160
Averted abortions gross costs saved	\$1,562,800
Chlamydia infections	1,040
Gonorrhea infections	60
HIV infections	20
Gross costs saved from STI testing	\$4,256,540
Gross costs saved from Pap and HPV testing & vaccinations	\$88,490
Total gross savings	\$143,773,000
Total family planning costs	\$28,665,260
Total net savings	\$115,107,740

In order to continue providing high quality, comprehensive family planning services and comply with state law in Washington, the department is requesting \$4.2 million in General Fund-State annually. This will allow DOH to continue funding and operating the state Family Planning Program without reducing services for Washington's most vulnerable citizens. This funding will also enable the department to maintain current levels of support for clinic infrastructure, pharmaceutical drugs, supplies, health education, training for providers and staff to maintain quality of services, and reimbursement to providers for discounted services for qualifying clients in the absence of federal funds.

Without additional funding, Washington is likely to see an increase in teen and unintended pregnancy, sexually transmitted diseases, and the occurrence of certain types of cancer. This would result in substantial increased costs to the state Medicaid program and other societal costs. In the last five years, Washington has made great strides in reducing unintended and teen pregnancies. State funding will ensure this progress is not lost.

^[1]Estimates are based on Washington State Family Planning Title X clinic visit record data and formulas from Guttmacher Institute (Frost JJ et al., Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program, The Milbank Quarterly, 2014, <<http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1468-0009.12080>>.)

^[2]**Data sources:** (1) Washington State Clinic Visit Record data 2017 & 2018; (2) Guttmacher Institute Data Center. Estimates retrieved from <https://data.guttmacher.org/calculator> on 03/05/2019

Assumptions and Calculations

Expansion or alteration of a current program or service:

This proposal does not expand or alter the current Family Planning Program. This proposal only changes the funding source for this program, allowing the department to continue operating the program at the current level of service while maintain the integrity of state law.

Detailed assumptions and calculations:

Historically, the state received between \$3.9 million to \$4.2 million a year in Title X federal funding to support the DOH Family Planning Program.

Workforce Assumptions:

See attached financial calculator (FNCAL)

Strategic and Performance Outcomes

Strategic framework:

The Family Planning Program has long been a priority in Washington State. This request supports the healthy and safe communities priority in the Governor's Results Washington framework.

The Family Planning Program supports many components of the agency's strategic plan, including:

- Implement plans to achieve End AIDS Washington goals;
- Give all babies a planned, healthy start in life; and
- Ensure health equity and improve population health.

Performance outcomes:

The Family Planning Program has been successfully implementing strategies to achieve the agency's Strategic Plan and the Governor's Results Washington goals. With continued funding, the department expects these performance outcomes to continue. Without continued funding at the current level, the department expects those performance outcomes to regress, potentially harming the agency's and state's abilities to reach their stated goals.

Other Collateral Connections

Intergovernmental:

Implementation of this proposal will maintain the current status of the Family Planning Program.

Considering that approximately half of the births in Washington State are billed to the state's Medicaid program, DOH's Family Planning Program has historically dampened the state's cost burden to the support subsidized medical assistance to Washington's low income residents. If the funding requested in this request is not provided, it is anticipated the costs to the state's Apple Health Program will increase.

Without additional funding, Local Health Jurisdictions that are Family Planning Program contractors may decide that they can't continue in the program - potentially reducing access in rural areas.

Stakeholder response:

Without additional funding, all Family Planning Program contractors will be severely impacted and some may not be able to serve as many low income clients.

Family planning advocate groups, including Planned Parenthood, the National Family Planning and Reproductive Health Association (NFPRHA), Surge, Northwest Law Advocates, the NARAL Pro Choice America, and others will support this proposal.

Family planning opponents may challenge aspects of this proposal. These groups include the National Right to Life organization, Catholic Conference of Bishops, Archdiocese of Seattle, and others.

Legal or administrative mandates:

This request is not driven by a legal or administrative mandate against the state.

Changes from current law:

This request does not require any changes to statutes or rules. In fact, it is the result of adhering to existing state statutes.

State workforce impacts:

This request does not impact existing collective bargaining. This request will maintain existing Family Planning staffing at DOH.

State facilities impacts:

This request does not impact facilities and workplace needs.

Puget Sound recovery:

This request is not related to Puget Sound recovery efforts.

Reference Documents

- ML A2 Preserve Title X Program-FNCAL.xlsm

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No