

Perspectives on Sexual and Reproductive Health
Volume 38, Number 1, March 2006

The Provision and Funding of Contraceptive Services at Publicly Funded Family Planning Agencies: 1995-2003

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CONTEXT: Publicly funded family planning agencies face significant challenges in delivering quality services to low-income women because of the higher costs of newer contraceptive methods, changes in health care financing and a growing uninsured population.

METHODS: In 2003, 627 of a nationally representative sample of 956 U.S. agencies receiving public funding for family planning services responded to an eight-page survey. Responses were compared with results from similar surveys in 1995 and 1999 to describe changes in the availability of contraceptive methods, policies on method provision and funding issues. Variation was examined by agency type and Title X funding status.

RESULTS: Between 1995 and 2003, the number of contraceptive methods available to women increased and agencies reduced barriers to oral and emergency contraceptives by liberalizing policies for their provision. By 2003, many agencies offered the newest contraceptive methods available—the progestin-only IUD (58%), the patch (76%) and the vaginal ring (39%). However, more than half of agencies did not stock certain methods because of their cost, and some key funding sources had declined. Between 1995 and 2003, the proportion of agencies receiving Medicaid funding fell from 91% to 80%, and the proportion of clients paying full fee for their contraceptive services fell from 19% to 14%. The share of agencies waiving fees for adolescents fell from 66% in 1999 to 44% in 2003.

CONCLUSIONS: Continued funding challenges limit the ability of publicly funded providers to offer all available methods to all women.

Perspectives on Sexual and Reproductive Health, 2006, 38(1):37–45

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DOI:10.1363/3803706

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