



May 18, 2011

To: Joint Finance Committee members
From: The Save BadgerCare Coalition
Re: State Family Planning Funding (Paper #366)

The Save BadgerCare Coalition urges the Joint Finance Committee to support **alternative 2** in LFB Paper #366, which would maintain full funding for family planning in the Division of Public Health (DPH) in the Department of Health Services (DHS). If the committee votes for **alternative 1**, which eliminates funding, or **alternative 3**, which reduces funding by 10%, we urge the committee to also pass **alternative 4**, which would require DHS to allocate at least the amount of Title V MCH block grant funding for community-based family planning and reproductive health clinics that it allocated in the 2010-11 grant period. This would act as a maintenance of effort requirement with respect to the Title V funding.

According to the LFB, the \$1.3 million GPR that supports local reproductive health clinics and early intervention services is provided in combination with approximately \$1.3 million in federal Maternal and Child Health (MCH) block grant funds, under Title V of the Social Security Act. Approximately 95% of GPR and Title V federal funds are allocated for community-based reproductive health services in a 50-county area, and in general, GPR funds constitute 45% of the allocation for most counties that receive funding for community-based clinic services.

The family planning network consists of over 50 women's health centers across the state that provide care to 33,000 patients, including cancer screenings, STD testing and treatment, patient education and counseling, pregnancy diagnosis, prenatal counseling and referrals, and birth control. This community-based infrastructure is critical for women's access to basic health care across the state, especially in rural areas, and this 45% reduction in funding allocation to counties for community-based services would force many clinics to close.

Under the MCH grant, the state must meet certain maintenance of effort requirements to qualify for federal dollars, including a state match of \$3 in state funding for every \$4 of federal funding the state receives.

According to a March 14, 2011 memo from the Legislative Fiscal Bureau, it is possible that the elimination of state family planning funds will compromise the matching federal dollars under this program. This could result in the loss of the federal portion of family planning funding under the grant (\$1.7 million) or it could risk the entire \$10 million federal portion of the MCH program. Therefore the importance of this funding cannot be understated.

The Save BadgerCare coalition consists of health care providers, public policy experts, disability rights advocates, consumers and the faith community working together to sustain BadgerCare and ensure health insurance for Wisconsin families. Members of the coalition know that when considering health care costs in this difficult budget, family planning is one of the most cost effective investments that a state can make—for every \$1 spent on family planning, \$4 are saved by reducing unintended pregnancies that are paid for through Medicaid funded prenatal, labor and delivery care. Family planning is so cost effective because to provide birth control services that help women avoid unintended pregnancies costs about \$350/year; however, covering the cost of Medicaid prenatal, labor and delivery care costs at least \$8,000. In fact, according to DHS, family planning programs saved taxpayers \$140 million and prevented 11,000 unintended pregnancies in 2008 alone. (*Page 25 of the Budget AB 40*)