

Family Planning Association of New Jersey

A Reproductive Health Organization

FY2011 State Budget Elimination of State Funding for Family Planning

Frequently Asked Questions

What services did state funding support?

Since the early 1970's, state funding has supported basic reproductive health care services at family planning health centers. In FY2009, the line item totaling \$7.5 million was granted to 16 agencies to support services at 58 health center sites. Last year, family planning providers supported by state funding saw over 136,000 women and men, provided over 70,000 screenings for breast cancer and over 65,000 pap tests. Our providers estimate that they will see almost 40,000 less patients as a direct result of the elimination of state funds.

Does this funding support abortion?

No. No funding from the family planning budget line supports termination of pregnancy. However, the State is obligated under a State Supreme Court decision to pay for medically necessary abortions under the State Medicaid program. Only three of the 58 family planning health centers offer abortion services and funding for these services is completely segregated from family planning.

The elimination of state funding for family planning will result in more unintended pregnancies and therefore more abortions. The state will continue to pay for abortion through Medicaid but it discontinued funding for family planning services that reduce abortions. This just does not make any sense.

Why can't patients just be transferred to the local community health center?

The FQHCs simply cannot take on a sudden influx of 40,000 new family planning patients. Additionally, family planning providers specialize in women's health care and offer some reproductive health care services not offered at community health centers. In some communities, the FQHC will refer patients to family planning providers for reproductive health care and the family planning providers refer patients to the FQHC for primary care. In fact, the evaluation data provided by the Department of Health and Senior Services concedes that no women of reproductive age will apply for or receive services whereas 133,300 women are expected to be served in FY2010.

Why can't family planning providers take advantage of federal health care reform to compensate for lost state funding?

The insurance reforms included in federal health care reform do not take effect until 2014. Although access to women's reproductive health care will be expanded in the future, it may be too late for some women in New Jersey. Some health centers will close as a result of the elimination of state funding and it will be very difficult to reopen services in those areas without significant investments.

Additionally, federal health care reform includes a 'state option' provision which allows states to expand Medicaid coverage for family planning services to individuals who would otherwise not be eligible. Since the Federal Government reimburses the state at the favorable rate of 90% for family planning services, the state option would move some patients previously paid for by 100% state dollars into a program where their services were paid for by 90% federal dollars.

The state option is similar to the Medicaid waiver project application that was submitted by New Jersey in October of 2009, although the state option streamlines the process and makes it much easier for states to qualify. Unfortunately, it is completely within the state's discretion as to whether they will seek the state option. Just a few weeks ago, the state of New Jersey withdrew its waiver application without explanation. There is no indication that they will seek a state plan amendment as permitted under federal health care reform although we will continue to urge that they do.