

HIGHLIGHTS:

- Since 1997, Family PACT has provided family planning and reproductive health services at no cost to California's low-income women and men.
- In 1999, California applied for and received a federal Medicaid 1115 Waiver to obtain reimbursement for Family PACT services. This allowed for significant program expansion.
- Family PACT has increasingly met the need for publicly funded family planning services in California. The program now serves about 1.6 million clients annually.
- The Program includes providers from both the public and private sector. There are approximately 2,800 providers within Family PACT's network.
- The Family PACT Program includes a number of model features intended to increase access to and quality of comprehensive reproductive health services.



Bixby Center
for Global
Reproductive
Health



University of California San Francisco

<http://bixbycenter.ucsf.edu>

Fact Sheet On Family PACT: An Overview

Background

California is the most populous state in the nation with 37.6 million residents in FY 2006-07.¹ Over the past three decades, the population of women in their reproductive years has grown more rapidly than the total population of the state. From 1970 to 2000, the number of women in their prime reproductive years (ages 15-44) increased from 4.3 million to 7.6 million – a 77% increase over thirty years compared to 70% for the total population.² An increase of seven percent in the number of women ages 15-44 is expected between 2000 and 2010. Furthermore, a shift in the composition of women ages 15-44 is projected; 15-24 year olds will increase by 24% and 25-44 year olds will decrease by 1% between 2000 and 2010.³ This means that by the end of the decade, there will be more women with more years of childbearing ahead of them in California. With nearly one-third of low income women at or below 200% of the Federal Poverty Level (FPL) and of reproductive age uninsured,⁴ the need for publicly funded family planning services is great. Low income, working poor, and under-insured individuals are particularly unlikely to have the out-of-pocket resources to pay for family planning services and supplies and therefore are at a higher risk for experiencing or causing unintended pregnancy. More than half (58%) of all births to women below poverty and half of births to those above poverty but below the 200% FPL were unintended.⁵ California provides its residents the unique opportunity to easily qualify and enroll in the Family PACT Program and promptly access confidential family planning services.

Family PACT Program

Women and men are eligible for the Family PACT (Planning, Access, Care and Treatment) Program, regardless of immigration status, if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the FPL,⁶ and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the California Department of Public Health, Office of Family Planning.

Family PACT was established by the California legislature in 1996 and implementation began in January 1997. The program includes five key objectives:

1. To reduce the rate of unintended pregnancies
2. To increase access to publicly funded family planning for low-income Californians
3. To increase the use of effective contraceptive methods by clients
4. To promote improved reproductive health
5. To reduce the overall number and cost of unintended pregnancies

Initially funded only by the state, California received a Centers for Medicare and Medicaid Services federal Medicaid Section 1115 Waiver in 1999, enabling the program to receive federal matching funds. Program expenditures were \$432 million during FY 2006/07.⁷ California is currently negotiating a renewal of the waiver and the final terms and conditions may result in changes to program features.

Special Features

Family PACT represents an innovative approach to expanding access to family planning services, and includes a number of model features:

- **Broad client eligibility criteria:** Eligibility is based on income (at or below 200% of the FPL) for California residents at risk of pregnancy or of causing pregnancy, who lack other health care coverage.
- **Immediate on-site enrollment:** Eligibility determination and enrollment in the Family PACT Program occur on-site during a client's first clinical visit, eliminating the need for multiple visits to different locations to enroll and enabling immediate access to services.
- **Public-private partnership:** The Family PACT provider network includes both public/non-profit and private sector providers, thereby maximizing the number and type of providers from which clients can choose.
- **Pharmacy distribution sites:** Drugs and supplies are available with prescription at both clinics and pharmacies, increasing the accessibility of contraceptive supplies for clients.
- **Fee-for-service reimbursement:** Family PACT is a fee-for-service program that directly reimburses participating providers for all covered family planning services rendered to enrolled clients.
- **Comprehensive family planning services:** Family PACT offers a three-part package of benefits for reproductive health care that includes:
 1. Initiation and management of all FDA-approved methods of contraception, including emergency contraception and male/female sterilization;
 2. Clinical and preventive services to maintain reproductive health, such as testing and treatment for STIs, HIV-testing, breast and cervical cancer screening, and periodic physical exams;
 3. Individual reproductive health education and counseling.
- **Services for males:** Family PACT eligibility criteria and services for men are comparable to those for women except for appropriate gender differences.
- **Services for adolescents:** Eligibility for adolescents is not based on parental income and parental consent is not required. Nearly all adolescents are eligible for free services.
- **Program standards:** Clinical care standards have been established to address informed consent, confidentiality, availability of options, linguistic and cultural competence, access to care, clinical and preventive services, and education and counseling to ensure high quality of care.

Program Statistics

- **Family PACT is cost effective.** A 2005 cost-benefit analysis indicated that in 2002 every dollar spent on Family PACT services saved taxpayers an estimated \$2.76 in medical and social services costs up to 2 years after birth (and \$5.33 up to 5 years after birth).⁸
- **The number of clients served by Family PACT has increased substantially and its provider base continues to expand.** From FY 97/98 to 06/07, the number of women and men receiving Family PACT services more than doubled (from 0.75 million to 1.65 million annually); the number of rendering clinician providers increased by nearly 50% (from 1,945 to 2,878).⁷
- **Clients receive a diverse array of reproductive health services.** In FY 06/07, 69% of Family PACT clients received a contraceptive method, and 62% received tests for one or more sexually transmitted infections (STIs). Among female clients, 41% were tested for pregnancy and 49% were screened for cervical cancer.⁷
- **Special populations, such as adolescents and men, are increasingly receiving Family PACT services.** The number of adolescents served annually by Family PACT has more than doubled (from 150,000 in FY 97/98 to 305,000 in FY 06/07) and male participation in the program has increased seven-fold (from 28,000 in FY 97/98 to 196,000 in FY 06/07).⁷
- **Family PACT has increasingly met the need for family planning services in the state.** Access to Family PACT among women of reproductive aged 15-44 significantly improved from FY 1999-00 to FY 2003-04. The proportion of women in need of publicly funded contraceptive services who accessed the program increased from 47% in FY 1999-00 to 60% in FY 2003-04.²

CONCLUSION

Since 1997, Family PACT has provided family planning services in the state using a comprehensive and innovative approach. Special features of the program, such as broad client eligibility criteria, on-site enrollment, and inclusion of private providers and pharmacies have improved access to and quality of services. As a result, Family PACT has achieved a reduction in unintended pregnancy and saved millions of dollars in public expenses.

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1 UCSF analysis using Department of Finance Race/Ethnic Population with Age and Sex Detail, 2000-2050. FY 2006-07 population is an average of calendar year 2006 and 2007.

2 Chabot, et al. Access to Publicly Funded Contraceptive Services, FY 1999/00-FY 2003/04. UCSF report to the CDPH Office of Family Planning, 2008.

3 UCSF calculations using State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050; Sacramento, CA, July 2007.

4 UCSF analysis of Combined California Women's Health Survey, 2006-2007 for women ages 18-44.

5 California Department of Public Health, Maternal, Child and Adolescent Health/Office of Family Planning Branch (2006) ; Maternal and Infant Health Assessment (MIHA), 2006.

6 For a family unit of one, 200% of the Federal Poverty Level is \$20,800 annually, increasing by about \$7,200 for each additional person (effective as of May 1, 2008).

7 Family PACT Annual Program Report, Fiscal Year 2006/2007.

8 Brindis, C.D.; Amaral, G.; Foster, D.G.; and Biggs, M.A. Cost-benefit Analysis of the California Family PACT Program for Calendar Year 2002; A UCSF Report to the State of California Department of Health Services, Office of Family Planning: January 2006.