

Family Planning Special Projects Program

STATE FISCAL YEAR (SFY) 2022
JULY 1, 2021 TO JUNE 30, 2022

Background

Established by the Minnesota Legislature in 1978, the Family Planning Special Projects (FPSP) grant funds support essential pre-pregnancy family planning services for people with the least access, due to structural inequities. Funding is focused on people who would have difficulty accessing services because of barriers such as poverty, lack of insurance, or transportation. Grants are awarded to counties, cities, or non-profit organizations to provide family planning services in communities throughout the state.

FPSP is governed by [Minnesota Statute 145.925](#) and [Minnesota Rule 4700.1900—4700.2500](#). Funding is distributed through a regional formula with a separate competitive award process within each of the eight regions. The SFY 2022 appropriation is \$6.353 million per year; \$100,000 of that is awarded annually for a statewide family planning hotline. Individuals throughout the state can call the toll-free phone hotline (1-800-783-2287) or access information by web chat and text messaging at [MN Family Planning and STD Hotline \(www.sexualhealthmn.org\)](#). The hotline provides factual answers to people's questions and clinic referrals for services.

Grantees

Currently there are 24 grantees located throughout the state. Grantees include one county- and one university-operated clinic, five local public health agencies, and 17 non-profit organizations.

Services Provided by FPSP Grantees – SFY 2022

- Reached 69,261 individuals through outreach activities such as small groups and health fairs.
- Counseled 19,558 individuals on reproductive life planning and contraceptive options.
- Provided 15,485 people with a range of family planning method services, and 22% chose the most effective method (Tier 1).

Individuals Served – SFY2022

- 51% had incomes below 100% of the federal poverty guidelines, and 76% were below 200%.
- 86% of individuals receiving method services were 18 or older, with 58% between ages 18 and 29.

The [FPSP Statistical Report \(https://www.health.state.mn.us/people/womeninfants/familyplanning/fpsp2022\)](#) provides additional details.

Family Planning Saves Money

Services provided at publicly supported family planning visits in the U.S. reduced the incidence and impact of preterm and low birth rates, sexually transmitted infections (STI), infertility, and cervical cancer. This investment saves the government billions of public dollars, equivalent to an estimated taxpayer savings of \$7.09 for every public dollar spent (Frost, Sonfield, Zolna, & Finer, 2014).

What is the need?

- 51% of rural counties in Minnesota have no sexual health clinic location in the county itself, requiring residents to travel great distances to receive essential health care.
- For 2016-2020 combined, the percentage of unintended pregnancies for people less than 20 years of age in Minnesota was more than double that of people who were 20-34 years of age (44% versus 20% respectively) (Minnesota Department of Health, 2022).
- In 2021, cases of syphilis increased 33% compared to 2020. Syphilis is a serious STI that can lead to complications including pelvic inflammatory disease and infertility, as well as a higher risk of HIV infection. In pregnant people, it can also lead to low birth weight, preterm birth, stillbirth, baby's death shortly after birth, and/or lifelong health problems.

Minnesota protects access to critical health care

With the implementation of reproductive health restrictions in bordering states, Minnesota is currently considered a safe harbor for reproductive health care services.

When healthcare clinics close their doors or restrict services, people lose access to essential services like birth control, pap smears and mammograms for cancer screening, HIV and STI screening, and prenatal care.

Many family planning providers, including clinics supported by FPSP grants, expect an increase in demand for culturally appropriate, low-cost, and evidenced based family planning counseling and education, contraception services, and STI screening and treatment.

National landscape for family planning

- Physician reports and initial data suggest a trending increase in sterilization procedures across the U.S. Among the reasons are the ongoing legal threats to accessing reproductive services in many states, coupled with concerns that the Supreme Court may re-evaluate constitutional rights to contraception.
- If preventive health care provisions of the federal Affordable Care Act are overturned by judicial review, health insurers would no longer be required to provide free birth control methods and contraceptive counseling to insured individuals, which will result in new financial burdens for low-income individuals in Minnesota. The FPSP grantees would see an immediate increase of clients seeking assistance and financial support for their pre-pregnancy family planning needs.

References

Frost, J., Sonfield, A., Zolna, M., & Finer, L. (2014, October). Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program. *The Milbank quarterly*, 92(4), 696-749.

Minnesota Department of Health. (2022, October). PRAMS Data. Retrieved from <https://www.health.state.mn.us/people/womeninfants/prams/data.html>

Minnesota Department of Health. (2021, November). *STD Statistics - 2021*. Retrieved from <https://www.health.state.mn.us/diseases/syphilis/about.html>

Hodge, James G., Piatt, Jennifer, White, Erica N., Puchebner, Madisyn and Ghaith, Summer. Curbing Reversals of Non-Textual Constitutional Rights (August 19, 2022). <https://ssrn.com/abstract=4194928>

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