

# Family Planning Special Projects Program

STATE FISCAL YEAR (SFY) 2023  
JULY 1, 2022 TO DECEMBER 31, 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 grant reporting period for this factsheet is the first six months of the 2023 grant period. The SFY 2023 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

Reached **34,235** individuals through outreach activities such as small groups and health fairs.

Counseled **11,220** individuals on reproductive life planning and contraceptive options. Provided **9,126** people with a range of family planning method services. **20.6%** chose the most effective method (Tier 1).

## Individuals Served

**42.9%** had incomes below 100 percent of the federal poverty guidelines, and **69.8%** were below 200 percent.

**89.1%** of individuals receiving method services were 18 or older, with **57.3%** between ages 18 and 29.

The FPSP Statistical Report for July 1-December 1, 2022 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 births, low birth weights, 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.<sup>2</sup>

## What is the need?

37% 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, data from PRAMS showed 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).

In 2022, cases of syphilis rose 25% despite a slight decrease in other STIs in Minnesota. 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, although persistent disparities exist.

When healthcare clinics close their doors or restrict services, people lose access to essential services like contraception Pap smears for cancer screening, and HIV/STI screening and treatment.

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

In addition to reports from physicians, initial data and studies have shown increased interest in sterilization procedures across the U.S.<sup>1</sup> 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.

The preventative health care provisions of the federal Affordable Care Act have recently been ruled against by a federal judge.<sup>5</sup> If this ruling is held by higher courts, 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.

Nationally, efforts have continued to increase access to sexual and reproductive healthcare. Advances in telehealth services have increased access for many patients across the state. In 2023, longtime efforts to provide an over-the-counter contraceptive pill has resulted in the approval of Opill, a progestin-only pill.

## References

1. Bole R, Lundy SD, Pei E, Bajic P, Parekh N, Vij SC. Rising vasectomy volume following reversal of federal protections for abortion rights in the United States. *Int J Impot Res.* 2023 Feb 14:1–4.
2. 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.
3. Ghomeshi A, Diaz P, Henry V, Ramasamy R, Masterson TA. The Interest in Permanent Contraception Peaked Following the Leaked Supreme Court Majority Opinion of Roe vs. Wade: A Cross-Sectional Google Trends Analysis (October 22, 2022)

4. Hodge, J.G., Piatt, J., White, E.N., Puchebner, M., & Ghaith, S. Curbing Reversals of Non-Textual Constitutional Rights (August 19, 2022).
5. Nawaz, A. & Norris, C. Federal judge rules against key preventative care requirements of Affordable Care Act (March 30, 2023). PBS NewsHour.

Minnesota Department of Health  
Family Planning Special Projects  
Maternal & Child Health Section  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-3650  
[health.mch@state.mn.us](mailto:health.mch@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

03/2024

*To obtain this information in a different format, call:  
651-201-3650.*