



c/o National Family Planning & Reproductive Health Association
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February 28, 2020

House Appropriations Committee
H-307, The Capitol
Washington, DC 20510

Letter from: Family Planning Coalition, signed by 80 organizations (listed below)

Prepared for: House Appropriations Subcommittee on Labor, Health and Human Services, and
Education and Related Agencies

Concerning: Title X Family Planning Program (Office of Population Affairs)

Chairwoman DeLauro, Ranking Member Cole, and Subcommittee Members:

The undersigned organizations collectively represent millions of providers, patients, administrators, researchers, public health professionals, and advocates who support access to high-quality family planning services. Established 50 years ago, the Title X family planning program helps ensure that millions of individuals can obtain high-quality sexual and reproductive health care. We are deeply concerned by the administration's continued attacks on the integrity of the Title X program, including the devastating program rule that the Department of Health and Human Services finalized in 2019.¹ Today, more than 1.5 million Title X patients no longer have access to the Title X-funded services at the site they used in 2018 due to the rule.

We urge you to use the fiscal year 2021 (FY21) Labor, Health and Human Services, Education, and Related Agencies appropriations bill to make a strong statement in support of high-quality, evidence-based, and patient-centered family planning care and against the Title X program rule. We request that you include language to block the rule and to allow existing and former networks to rebuild and begin to reverse the damage caused by the rule. With that language in place, we urge you to appropriate \$400 million for the program.

¹ Department of Health and Human Services. Final Rule. "Compliance with Statutory Program Integrity Requirements." *Federal Register* 84 (March 4, 2019): 7714-7791.

Title X is a Critical Source of Care

In 2018, Title X helped close to 4 million people access family planning and related health services at nearly 4,000 health centers.² More than half of users identified as people of color.³ For many individuals, particularly those who have low incomes, are under- or uninsured, or are adolescents, Title X has been their main access point to obtain affordable and confidential contraception, cancer screenings, sexually transmitted disease testing and treatment, complete and medically accurate information about their family planning options, and other basic care. In fact, a study found that in 2016, six in ten women seeking contraceptive services at a Title X health center saw no other health care provider that year.⁴

The data show that Title X makes a difference for patients. In 2016, Title X–supported contraceptive services helped patients prevent an estimated 755,000 pregnancies.⁵ Title X also supports important health center efforts that are not reimbursable under insurance, including staff training and community-based sexual and reproductive health education programs. Moreover, research has shown that Title X-supported services saved the federal and state governments approximately \$4.4 billion in 2016,⁶ and 75% of American adults—including 66% of Republicans, 75% of Independents, and 84% of Democrats—support the program.⁷

Title X’s key role in the public health safety net has been threatened by the Trump administration’s 2019 program rule. Following rule implementation in July 2019, 18 grantees,

² Christina Fowler et al, “Family Planning Annual Report: 2018 National Summary,” RTI International (August 2019). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf>.

³ Id. This calculation includes persons who identify as non-white and persons who identify as white and Hispanic.

⁴ Megan Kavanaugh, Mia Zolna, and Kristen Burke, “Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016,” *Perspectives on Sexual and Reproductive Health* 50.3 (September 2018). <https://onlinelibrary.wiley.com/doi/full/10.1363/psrh.12061>.

⁵ Jennifer Frost et al, “Publicly Supported Family Planning in the United States: Likely Need, Availability and Impact, 2016,” Guttmacher Institute (October 2019). <https://www.guttmacher.org/report/publicly-funded-contraceptive-services-us-clinics-2015>.

⁶ Rachel Benson Gold, Adam Sonfield, “Title X Family Planning Services: Impactful but at Severe Risk,” *Guttmacher Institute* (October 2019). <https://www.guttmacher.org/article/2019/10/title-x-family-planning-services-impactful-severe-risk>.

⁷ Survey Says: Birth Control Support. The National Campaign to Prevent Teen and Unplanned Pregnancy (2017). <https://thenationalcampaign.org/resource/survey-says-january-2017>.

along with many subrecipients, left the program rather than comply with the onerous, medically unnecessary requirements. In 2018, the approximately 1,000 sites run by those entities served more than 1.5 million patients, including the many patients served by Planned Parenthood. Health centers that remained in the program face the challenge of implementing a misguided rule while attempting to keep their doors open and services available to, and affordable for, patients.

To rectify this situation, we urge Congress to include language in the FY21 Labor-HHS bill that blocks implementation of the rule and allows entities that left the program to rejoin it. It is crucial that remaining and previous grantees be able to rebuild their networks and trusted services once the rule is no longer in place. These steps are critical to ensure that people across the country regain access to affordable services at their preferred family planning provider.

Title X is Severely Underfunded

In addition to the challenges posed by the Title X rule, the program is unable to serve as many patients as need care due to woeful underfunding. In 2016, researchers from the Centers for Disease Control and Prevention, the Office of Population Affairs, and George Washington University estimated that Title X would need \$737 million annually to deliver family planning care to all uninsured women with low incomes in the United States.⁸ This estimate understates the true need for Title X, as it does not include an estimate of costs for men (who made up 13% of patients in the network in 2018⁹), gender non-binary persons, and the insured patients who rely on Title X's confidentiality protections.

The gap between the funds appropriated and the funds needed has only grown in recent years. From 2010 to 2016 the number of women in need of publicly funded family planning

⁸ Euna August, et al, "Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act," *American Journal of Public Health* (February 2016): 334-341.

⁹ Fowler, "FPAR 2018."

services increased by 1.5 million,¹⁰ but Congress cut Title X’s funding by \$31 million over that period. That decrease unfortunately corresponded to dramatic decreases in patients served at Title X–funded sites, from 5.22 million seen in 2010¹¹ to just under 4 million seen in 2018.¹²

We are deeply concerned about diminishing access to high-quality family planning services and urge Congress to take an initial step to reverse this devastating trend by appropriating \$400 million for Title X in FY21. **This funding increase, however, must be paired with the language referenced above, and we urge you to prioritize blocking the 2019 rule and creating the pathway for entities to reenter the program.**

During the FY 2021 appropriations process, Congress has the opportunity to stand against relentless attacks on family planning and support strong public funding for the Title X family planning network. The undersigned organizations urge you to begin the expansion of family planning and related health care services with this critical language and meaningful investment in Title X.

If you have any questions or would like additional information, please contact Lauren Weiss at the National Family Planning & Reproductive Health Association at lweiss@nfprha.org or 202-552-0151

Thank you for considering these requests.

Sincerely,

Abortion Care Network
AIDS Action Baltimore
AIDS Alabama

AIDS Alliance for Women, Infants,
Children, Youth & Families
AIDS Foundation of Chicago
AIDS United

¹⁰ Frost, “Publicly Supported Family Planning Services in the United States.”

¹¹ Christina Fowler et al, “Family Planning Annual Report: 2010 National Summary,” RTI International (September 2011). <https://www.hhs.gov/opa/sites/default/files/fpar-2010-national-summary.pdf>

¹² Fowler, “FPAR 2018.”

Alliance for Justice
American Academy of Pediatrics
American Atheists
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Medical Student Association
American Public Health Association
American Sexual Health Association
American Society for Reproductive Medicine
Association of Nurses in AIDS Care
Association of Schools and Programs of Public Health
Association of Women's Health, Obstetric and Neonatal Nurses
Black AIDS Institute
Black Women's Health Imperative
Cascade AIDS Project
Catholics for Choice
Center for American Progress
Center for Reproductive Rights
Endocrine Society
Equality California
Equality North Carolina
Equity Forward
Girls Inc.
Guttmacher Institute
Hadassah, The Women's Zionist Organization of America, Inc.
Healthy Teen Network
HIV Medicine Association
Human Rights Campaign
If/When/How: Lawyering for Reproductive Justice
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Ipas
Jacobs Institute of Women's Health
Jewish Women International
NARAL Pro-Choice America
NASTAD
National Abortion Federation
National Asian Pacific American Women's Forum (NAPAWF)

National Association of County and City Health Officials
National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Hispanic Medical Association
National Institute for Reproductive Health (NIRH)
National Latina Institute for Reproductive Health
National Medical Association
National Network of Abortion Funds
National Organization for Women
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
North Carolina AIDS Action Network
Nurses for Sexual and Reproductive Health
Ovarian Cancer Research Alliance
PAI
People For the American Way
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Power to Decide
Raising Women's Voices for the Health Care We Need
Religious Coalition for Reproductive Choice
Reproductive Health Access Project
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
SIECUS: Sex Ed for Social Change
Silver State Equality-Nevada
Society for Adolescent Health and Medicine
Southern AIDS Coalition
The AIDS Institute
The Well Project
Treatment Action Group
Union for Reform Judaism
Women of Reform Judaism