



c/o National Family Planning & Reproductive Health Association
1025 Vermont Avenue NW, Suite 800, Washington, DC 20005 Phone: 202-293-3114

May 28, 2019

Testimony of: Family Planning Coalition, signed by 76 organizations (listed below), for the Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies

Concerning: Title X Family Planning Program (Department of Health and Human Services/Office of Population Affairs)

Chairman Blunt, Ranking Member Murray, and Subcommittee Members:

The undersigned organizations collectively represent millions of providers, patients, administrators, researchers, public health professionals, and advocates who support robust federal funding of the Title X family planning program, which helps ensure that millions of individuals can obtain high-quality sexual and reproductive health services. We are deeply concerned by the administration's continued attacks on the integrity of the Title X program, as demonstrated by the devastating rule that the Department of Health and Human Services published March 4.¹ **We urge the Senate to provide strong support for Title X's high-quality, evidence-based, and patient-centered care by adopting the House's appropriation of \$400 million and language protecting the program's integrity in the FY 2020 Labor, Health and Human Services, Education, and Related Agencies appropriations bill.**

Title X helps more than 4 million people access family planning and related health services at nearly 4,000 health centers around the country annually.² More than 1.7 million of the people served are women of color.³ For many individuals, particularly those who have low incomes, are under- or uninsured, or are adolescents, Title X-supported sites are 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 2017 study found six in ten women seeking contraceptive services at a Title X health center saw no other health care providers that year.⁴

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

² Christina Fowler et al, "Family Planning Annual Report: 2017 National Summary," RTI International (August 2018). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf>.

³ Ibid. Calculations include the 642,470 white women who are Hispanic or Latina, 32,139 American Indian or Alaska Native women, 130,398 Asian women, 743,731 Black or African women, 28,652 Native Hawaiian or Pacific Islander women, and 127,378 multi-racial women.

⁴ Mia Zolna, Megan Kavanaugh, and Kinsey Hasstedt. "Insurance-Related Practices at Title X-Funded Family Planning Centers under the Affordable Care Act: Survey and Interview Findings." Guttmacher Institute (November 2017). <https://www.guttmacher.org/article/2017/11/insurance-related-practices-title-x-funded-family-planning-centers-under-affordable>.

The data shows that Title X makes a difference for patients. In 2015 alone, Title X–supported contraceptive services helped patients prevent an estimated 822,000 pregnancies.⁵ In addition to clinical care, Title X 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 save the federal and state governments approximately \$7 billion a year,⁶ and 76% of American adults, including 92% of Democrats, 52% of Republicans, and 80% of independents said in 2019 poll that it is important for the federal government to fund reproductive health services for women with lower incomes.⁷

In spite of the critical importance of equitable access to family planning services for all people, regardless of their income or insurance status, Title X remains woefully underfunded. 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 12% of patients in the network in 2017⁹), 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 2014 the number of women estimated to be in need of publicly funded family planning services increased by one million,¹⁰ but Congress cut Title X’s funding by \$31 million over that period. That decrease unfortunately corresponded to dramatic decreases in the number of patients served at Title X–funded sites; the numbers dropped from 5.22 million in 2010¹¹ to just over 4 million in 2017.¹²

This funding request comes in the wake of a final rule from the Trump-Pence administration that is unlawful, coercive, and dangerous for patients’ health, including persons with low

⁵ Jennifer Frost et al, “Publicly Funded Contraceptive Services at U.S. Clinics, 2015,” Guttmacher Institute (April 2017). <https://www.guttmacher.org/report/publicly-funded-contraceptive-services-us-clinics-2015>.

⁶ Adam Sonfield, “Beyond Preventing Unplanned Pregnancy: The Broader Benefits of Publicly Funded Family Planning Services,” *Guttmacher Policy Review* (December 2014). <https://www.guttmacher.org/gpr/2014/12/beyond-preventing-unplanned-pregnancy-broader-benefits-publicly-funded-family-planning>.

⁷ Ashley Kirzinger et al. KFF Poll: Public Opinion and Knowledge on Reproductive Health Policy. Kaiser Family Foundation (May 3, 2019). <https://www.kff.org/womens-health-policy/poll-finding/kff-poll-public-opinion-and-knowledge-on-reproductive-health-policy/>.

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 Christina Fowler et al, “Family Planning Annual Report: 2017 National Summary,” RTI International (August 2018). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf>.

¹⁰ Jennifer Frost, Lori Frohworth and Mia Zolna, “Contraceptive Needs and Services, 2014 Update,” Guttmacher Institute (September 2016). <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.

¹¹ Christina Fowler et al, “Family Planning Annual Report: 2017 National Summary,” RTI International (August 2018). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf>.

¹² Fowler et al, “Family Planning Annual Report: 2016 National Summary.”

incomes, young people, people of color, LGBTQ people, and people experiencing intimate partner violence. On March 4, the administration published a final rule¹³ that disregards medical ethics and evidence-based federal guidelines in order to severely restrict the providers in the Title X network and the care that patients can receive from those remaining in the program. Federal judges in Washington, Oregon, and California swiftly issued preliminary injunctions against the rule in April 2019.¹⁴ The undersigned organizations are firmly opposed to the illegal rule and urge Congress to protect the integrity of the program so that individuals can continue receive evidence-based care and Congress can powerfully demonstrate its support for the Title X program in its current form.

In April, the House Appropriations Committee recognized these challenges and acted to strengthen the Title X program by including an appropriation of \$400 million and language to block the harmful Title X rule finalized in March and restore the full regulatory framework for Title X to its 2016 status. We urge you to adopt these critical provisions in your bill and maintain existing requirements that support the program’s ability to fulfill Congress’ vision for this essential public health program.

During the FY 2020 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 meaningful investment in, and protection for, 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.

¹³ Department of Health and Human Services. Final Rule. “Compliance with Statutory Program Integrity Requirements.” *Federal Register* 84 (March 4, 2019): 7714-7791

¹⁴ See *State of Washington v. Alex M. Azar II.*, No. 1:19-cv-03040-SAB (E.D. Wash. Apr. 25, 2019), *American Medical Ass’n et al. v. Alex M. Azar II, et al.*, No. 6:19-cv-00317-MC (D. Or. Apr. 29, 2019), *Essential Access Health, Inc. et al. v. Alex M. Azar, et al.*, No. 19-cv-01195-EMC (N.D. Cal. Apr. 26, 2019).



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ACOG
Advocates for Youth
AIDS Action Baltimore
AIDS Alabama
AIDS Foundation of Chicago
Alliance for Justice
American Academy of Pediatrics
American Atheists
American Civil Liberties Union
American College of Nurse-Midwives
American Medical Student Association
American Psychological Association
American Public Health Association
American Sexual Health Association
American Society for Reproductive Medicine
Asian & Pacific Islander American Health Forum
Association of Maternal & Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
Black Women's Health Imperative
Cascade AIDS Project
Catholics for Choice
Center for Reproductive Rights
Endocrine Society
Equality California
Equality North Carolina
Equity Forward
Girls Inc.
Global Justice Center
Guttmacher Institute
Healthy Teen Network
HIV Medicine Association
Howard Brown Health
Human Rights Campaign
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Jewish Women International
Medical Students for Choice
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 Association of Nurse Practitioners in Women's Health
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 LGBTQ Taskforce Action Fund
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
NCSD
Nurses for Sexual and Reproductive Health
PAI
People For the American Way
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Positive Women's Network - USA
Power to Decide
Reproductive Health Access Project
Ryan White Medical Providers Coalition
Sexuality Information and Education Council of the United States (SIECUS)
Silver State Equality
Society for Adolescent Health and Medicine
Society for Maternal-Fetal Medicine

The AIDS Institute
Treatment Action Group (TAG)
Union for Reform Judaism
URGE: Unite for Reproductive & Gender
Equity
Women of Reform Judaism
YWCA USA