

National  
**Family Planning**  
& Reproductive Health Association

March 5, 2019

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

Letter from: National Family Planning & Reproductive Health Association

Prepared for: House Appropriations 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 DeLauro, Ranking Member Cole, and Subcommittee Members:

As the chief executive officer of the National Family Planning & Reproductive Health Association (NFPRHA), I appreciate the opportunity to provide testimony in support of increased Title X funding in the fiscal year (FY) 2020 appropriations bill. I am deeply concerned by the administration's continued attacks on the integrity of the Title X program, as demonstrated by the devastating rule published by the administration on March 4,<sup>1</sup> and by the continued underfunding of the nation's only federal program dedicated to family planning and sexual health services for people who are low-income, uninsured, or underinsured.

**I urge Congress to use the FY 2020 Labor, Health and Human Services, Education, and Related Agencies appropriations bill to make a strong statement in support of Title X's high-quality, evidence-based, and patient-centered care by funding the program at \$400 million.**

NFPRHA is a non-partisan 501(c)3 membership association that advances and elevates the importance of family planning in the nation's health care system and promotes and supports the work of family planning providers and administrators, especially in the safety net. Representing more than 850 members that operate or fund more than 3,500 health centers in the United States, NFPRHA conducts and participates in research; provides educational subject matter expertise to policy makers, health care providers, and the public; and offers its members varying levels of capacity-building support aimed at maximizing their effectiveness and financial sustainability as providers of essential health care. As of February 2019, NFPRHA represents more than 70% of Title X grantees and more than 90% of Title X service sites.

Title X is a Critical Source of Care

Title X helps more than four million people access family planning and related health services at nearly 4,000 health centers around the country annually.<sup>2</sup> For many individuals, particularly

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

<sup>2</sup> 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>.

those who have low incomes, are under- or un-insured, or are adolescents, Title X is their main access point to affordably and confidentially obtain contraception, cancer screenings, sexually transmitted disease testing and treatment, complete and medically accurate information about their sexual health and 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.<sup>3</sup> These health centers include a diverse array of providers, such as freestanding family planning centers, Planned Parenthood affiliates, federally qualified health centers, hospitals, school- and university-based health centers, and other entities, a diversity that allows patients to seek care at the site that works best for them.

The data show that Title X makes a difference for patients. In 2015 alone, Title X-supported contraceptive services helped patients prevent an estimated 822,000 pregnancies.<sup>4</sup> In addition to that direct clinical care, Title X supports important health center efforts that are not reimbursable under Medicaid or private 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,<sup>5</sup> and 75% of American adults—including 66% of Republicans, 75% of Independents, and 84% of Democrats—support the program.<sup>6</sup>

### Title X is Severely Underfunded

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, low-income women in the United States.<sup>7</sup> 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 2017<sup>8</sup>) and the insured patients who rely on Title X's confidentiality protections. Despite this clear evidence of need, Title X remained flat-funded in FY 2019 at \$286.5 million.

The gap between the funds appropriated and the funds needed has only grown in recent years. From 2010 to 2014 the number of women who needed publicly funded family planning services increased by one million,<sup>9</sup> but Congress cut Title X's funding by \$31 million over that period. That decrease unfortunately corresponds to dramatic decreases in the number of patients

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<sup>3</sup> 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>.

<sup>4</sup> 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>.

<sup>5</sup> 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>.

<sup>6</sup> Survey Says: Birth Control Support, The National Campaign to Prevent Teen and Unplanned Pregnancy (2017). <https://thenationalcampaign.org/resource/survey-says-january-2017>.

<sup>7</sup> 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.

<sup>8</sup> 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>.

<sup>9</sup> Jennifer Frost, Lori Frohwirth and Mia Zolna, "Contraceptive Needs and Services, 2014 Update," Guttmacher Institute (September 2016). <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.

served at Title X-funded sites; the numbers dropped from 5.22 million in 2010<sup>10</sup> to just over four million in 2017.<sup>11</sup> **NFPRHA and its members are deeply concerned about diminishing access to high-quality family planning care and urge Congress to take an initial step to reverse this devastating trend by appropriating \$400 million for Title X in FY 2020.**

Title X Patients Face Diminished Access to Affordable, Quality Health Care Under New Rule  
This funding request comes in the wake of a final rule from the administration that is unlawful, coercive, and dangerous for patients' health. On March 4, the administration published a final rule<sup>12</sup> that disregards medical ethics and 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. Despite this roadblock, I urge Congress to provide enhanced funding in FY 2020 to support the providers currently offering high-quality care across the country. This funding will allow more patients to receive evidence-based care while efforts to prevent the rule's implementation are underway outside of Congress and will powerfully demonstrate Congress' support for the Title X program in its current form.

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Thousands of providers and millions of patients are counting on Congress to stand strong against attacks on family planning and support increased public funding for the Title X program. NFPRHA looks forward to working with committee members in those efforts.

If you have any questions or would like additional information, please contact my colleague Lauren Weiss at [lweiss@nfprha.org](mailto:lweiss@nfprha.org) or 202-293-3114 ext. 224.

Sincerely,



Clare M. Coleman  
President & CEO  
National Family Planning & Reproductive Health Association

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<sup>10</sup> 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>.

<sup>11</sup> Fowler et al, "Family Planning Annual Report: 2016 National Summary."

<sup>12</sup> Department of Health and Human Services. Final Rule. "Compliance with Statutory Program Integrity Requirements." *Federal Register* 84 (March 4, 2019): 7714-7791