

## FACT SHEET

**TITLE X****The Nation's Family Planning Program**

For more than 50 years, the Title X (ten) family planning program, the nation's only dedicated source of federal funding for family planning services, has provided high-quality, expert family planning services and other preventive health care to people with limited resources. This factsheet provides an overview of the service delivery portion of the program, which predominantly serves people with low or no incomes.

**WHAT IS TITLE X?**

- The Title X family planning program, often referred to simply as Title X, is a federal grant program under the Public Health Service Act that supports clinical family planning services, research, and training for family planning providers across the country.<sup>1</sup>
- The program became law under President Richard Nixon with broad bipartisan support in 1970 and has been funded by Congress every year since.<sup>2</sup> Congress appropriated \$286.5 million for Title X in fiscal year (FY) 2021.<sup>3</sup>

**WHY IS TITLE X IMPORTANT?**

- Title X is the only dedicated source of federal funding for domestic family planning. This funding is critical to maintaining access to services for people with low and no incomes and people who are un- or under-insured. In 2019, the health centers that received Title X funding relied on those grants for, on average, almost a quarter of the revenue needed for their family planning projects.<sup>4</sup> Prior to the implementation of the 2019 rule, at least four million people relied on Title X-supported services each year.<sup>5</sup>
- People who rely on Title X-funded health centers for family planning and sexual health services may otherwise lack access to care. A 2018 study found that 60% of women who received contraceptive services from a Title X-funded health center in 2016 had no other source of medical care in the prior year.<sup>6</sup> In addition, Title X-funded health centers may be among the few access points for people without insurance or with Medicaid to receive affordable care, as all Title X services are available at no cost to people living below the federal poverty line (\$12,880 for an individual in 2021).<sup>7</sup>

- Relative to other publicly funded health centers that offer family planning services, Title X-funded providers are more likely to stock a wide range of contraceptive supplies and allow same-day starts of contraceptive methods, critical factors to ensuring that patients can receive the method they want, when they want it.<sup>8</sup>
- Unlike insurance reimbursements, Title X funds can be used for vital operational needs, such as patient education and community outreach.<sup>9</sup>

## HOW IS THE PROGRAM ADMINISTERED?

- As with many safety-net health care programs, Title X funds are allocated to the Health Resources Services Administration through the discretionary appropriations process. However, the program is administered by the Office of Population Affairs (OPA) within the US Department of Health and Human Services (HHS). In addition to service delivery grants, the program funds training, research, and technical assistance projects.
- Any public or nonprofit entity is eligible to apply for a Title X service grant. The 73 current grantees, which hold 77 grants nationwide, support a diverse network of providers, from local and state health departments to statewide family planning councils to federally qualified health centers. Grantees may provide clinical services themselves and/or support a network of subrecipient agencies that operate health centers across the grantee's service area.
- Title X grants are typically awarded as multi-year projects. Seventy-two of the current grants end on March 31, 2022,<sup>10</sup> while the remaining grants end on September 29, 2022.<sup>11</sup>
- Title X providers must operate within the Title X statute and regulations set out by HHS. The program is currently operating under an onerous set of regulations instituted in 2019 under the Trump administration,<sup>12</sup> though the Biden administration intends to finalize new regulations for the program in 2021.<sup>13</sup>

## WHO RELIES ON TITLE X?

- OPA reported that in 2019, 3.1 million patients received Title X-supported services.<sup>14</sup> Preliminary data from 2020 show that only 1.5 million patients received those services that year,<sup>15</sup> likely due to the twin impacts of the COVID-19 pandemic and the Trump administration's 2019 regulations.
- In 2019, 64% of patients at Title X-funded health centers had incomes at or below the federal poverty level (FPL);<sup>16</sup> that year, FPL was \$12,490 for an individual and \$21,330 for a family of three.<sup>17</sup> These patients receive services at no cost. Another 24% of patients lived between 101 and 250% FPL and therefore receive services at a discount.<sup>18</sup>

- In 2019, 41% of Title X patients were uninsured, 38% were enrolled in Medicaid or other public health insurance programs, and 20% had private insurance.<sup>19</sup> The number of uninsured patients has dropped dramatically since the passage of the Affordable Care Act and the resultant expansion of Medicaid eligibility in some states.
- Title X-funded health centers are key sources of care for people of color, with 24% of Title X patients identifying as Black or African American and 33% as Hispanic or Latino/a (with some individuals identifying as both). Eighty-seven percent of Title X patients are female and 13% are male.<sup>20</sup>
- Title X-funded health centers provide services to people of all ages. In 2019, 8% of patients were below age 18, 78% of patients were ages 18-39, and 14% of patients were 40 or older.<sup>21</sup> Title X is particularly important for young people, as they may choose to access services without parental involvement and can use their own income, rather than their family income, to qualify for low- or no-cost care.

## WHAT SERVICES DO HEALTH CENTERS PROVIDE?

- Title X health centers provide access to contraceptive services, supplies, and information to all who need them. By law, however, priority is given to people with low or no incomes.<sup>22</sup>
- Title X-supported services include pregnancy testing; contraceptive counseling and services; testing and treatment for sexually transmitted infections (STIs); pelvic exams; screening for cervical cancer, breast cancer, high blood pressure, anemia, diabetes, and HIV/AIDS; basic infertility services; health education; and referrals for health and social services.<sup>23</sup> This array of services falls within guidelines published in 2014 by the Centers for Disease Control and OPA (*Providing Quality Family Planning Recommendations*), which set the national standard for family planning services.<sup>24</sup>
- In 2019, 85% of female patients exited their appointment at a Title X-funded health center with an existing or new contraceptive method or were pregnant or seeking pregnancy.<sup>25</sup> In addition, these centers administered 541,661 Pap tests, 627,282 clinical breast exams, more than 4 million STD tests, and an additional 961,859 HIV tests.<sup>26</sup>

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1. *Family Planning Services and Population Research Act of 1970*, Public Law 91-572 (1970).
  2. *Ibid.*
  3. *Consolidated Appropriations Act, 2021*. Public Law 116-260, *U.S. Statutes at Large 134* (2020).
  4. Christina Fowler et al, "Family Planning Annual Report: 2019 National Summary," Office of Population Affairs (September 2020). <https://opa.hhs.gov/sites/default/files/2020-09/title-x-fpar-2019-national-summary.pdf>.
  5. *Ibid.*
  6. Meghan Kavanaugh, "Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016," Guttmacher Institute (June 2018).

- <https://www.guttmacher.org/journals/psrh/2018/06/use-health-insurance-among-clients-seeking-contraceptive-services-title-x>.
7. Office of the Assistant Secretary for Planning and Evaluation, "HHS Poverty Guidelines for 2021," US Department of Health and Human Services (January 13, 2021). [aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines).
  8. Mia Zolna and Jennifer Frost, "Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols," Guttmacher Institute (November 2016).  
<https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015>.
  9. Butler Stith and Clayton Wright, eds, *A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results*, Institute of Medicine Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program, Washington, DC: National Academies Press (2009).
  10. "HHS Awards Title X Family Planning Services Grants," Office of Population Affairs (March 29, 2019).  
<https://opa.hhs.gov/about/news/grant-award-announcements/hhs-awards-title-x-family-planning-service-grants>.
  11. "OPA Awards \$8.5 Million in Grants to Family Planning Services in Unserved and Underserved Areas," Office of Population Affairs (September 18, 2020). <https://opa.hhs.gov/about/news/grant-award-announcements/opa-awards-85-million-grants-family-planning-services-unserved>.
  12. Office of the Assistant Secretary for Health, Office of Secretary, US Department of Health and Human Services, "Compliance with Statutory Program Integrity Requirements," *Federal Register* 84 (March 4, 2019): 7714-7791.
  13. "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services," *86 Federal Register* 19812, 19817 (April 15, 2021).
  14. Fowler, 2020.
  15. "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services," (April 15, 2021).
  16. Fowler, 2020.
  17. Office of the Assistant Secretary for Planning and Evaluation, "2019 Poverty Guidelines." US Department of Health and Human Services (2019). <https://aspe.hhs.gov/2019-poverty-guidelines>.
  18. Fowler, 2020.
  19. Ibid.
  20. Ibid.
  21. Ibid.
  22. *Family Planning Services and Population Research Act of 1970*, Public Law 91-572 (1970).
  23. Fowler, 2020.
  24. Loretta Gavin et al, "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs," *Morbidity and Mortality Weekly Report* 63 (April 25, 2014).  
[https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s\\_cid=rr6304a1\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w).
  25. Fowler, 2020.
  26. Ibid.