

June 23, 2021

Senator Patty Murray, Chairwoman  
Senator Roy Blunt, Ranking Member  
Subcommittee on Labor, Health and Human Services, Education and Related Agencies  
Committee on Appropriations  
United States Senate, SD-131  
Washington, DC 20510

Organization: National Family Planning & Reproductive Health Association  
Subcommittee: Labor, Health and Human Services, Education and Related Agencies  
Department: Health and Human Services

Dear Chairwoman Murray and Ranking Member Blunt:

As President & CEO of the National Family Planning & Reproductive Health Association (NFPRHA), I thank you for this opportunity to provide testimony in support of a fiscal year (FY) 2022 appropriation of \$737 million for the Title X family planning program (Office of Population Affairs, funded within the Health Resources and Services Administration account). We are grateful for Chairwoman Murray's longtime leadership in advocating for family planning and urge you to take this substantial step forward in this year's bill.

NFPRHA is a non-partisan, non-profit membership association whose mission is to advance and elevate the importance of family planning in the nation's health care system; NFPRHA membership includes close to 1,000 members that operate or fund more than 3,500 health centers that deliver high-quality family planning education and preventive care to millions of people every year in the United States. These members cover the broad spectrum of publicly funded family planning providers, including state and local health departments, hospitals, family planning councils, federally qualified health centers, Planned Parenthood affiliates, and other private non-profit agencies. NFPRHA represents three-quarters of all current Title X grantees as well as the majority of grantees that withdrew from the program in 2019 rather than comply with the Trump administration's program rule.

Title X is the nation's only federal program dedicated to providing family planning services for people with low incomes across the United States. In 2018, prior to the implementation of the Trump administration's devastating regulations, nearly 4,000 health centers in the network served nearly 4 million patients.<sup>1</sup> Title X-funded health centers are lifelines for their communities, providing high-quality reproductive and sexual health care, including cancer screenings, testing and treatment for sexually transmitted infections, HIV/AIDS education and testing, contraceptive services and supplies, pregnancy testing, and other vital health care services. These centers disproportionately serve people from communities that face systemic barriers to accessing quality health care, including people with low incomes, people who are

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<sup>1</sup> 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>.

uninsured or underinsured, people of color, people who live and work in rural areas, LGBTQ people, and young people. In fact, 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>2</sup> and almost two-thirds of patients at these sites have incomes at or below the federal poverty level.<sup>3</sup>

Unfortunately, the current funding level is woefully below what is required to meet the family planning and sexual health needs of people living with low incomes. Title X has been cut or flat-funded every year for the past decade, and the program's FY2021 allocation is just \$286.5 million, the same allocation the program has received for seven fiscal years, and significantly below the allocation from a decade ago. Other important public health programs, such as the Title V Maternal-Child Health Block Grant and the Ryan White HIV/AIDS Program, have seen significant increases in the same period, and people who rely on publicly funded family planning care deserve that same investment in their health care needs. Current Title X funding is well below the \$737 million estimate that researchers from the Centers for Disease Control and Prevention, the Office of Population Affairs, and the George Washington University determined in 2016 would be needed annually just to provide family planning care to low-income women without insurance.<sup>4</sup> We urge you to take a substantial step forward for family planning access and appropriate that \$737 million for the program in FY2022.

This funding increase is particularly vital given the harms the Trump administration inflicted on the program, the providers funded by it, and, most importantly, the people who seek family planning and sexual health care. On July 15, 2019, that administration's regulations for Title X went into effect, and the impact was felt almost immediately: by fall 2019, approximately 1,000 health centers across 33 states had withdrawn from the program. In 2018, those health centers had provided 1.6 million patients with high-quality Title X-supported family planning and sexual health services.<sup>5</sup> In September 2020, the Office of Population Affairs released the first federal data showing the impact of the rule, and the results were devastating: relative to 2018, Title X-funded health centers provided family planning services to 844,083 fewer patients in 2019, a staggering 21% decrease, and that was after just five months of having the rule in effect. In addition, fourteen states lost more than one-third of their patient volume. This drastic decrease translated to hundreds of thousands of fewer contraceptive services provided, more than 1 million fewer STD tests administered, and

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<sup>2</sup> 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-insuranceamong-clients-seeking-contraceptive-services-title-x>.

<sup>3</sup> Christina Fowler et al, "Family Planning Annual Report: 2019 National Summary," RTI International (September 2020). <https://opa.hhs.gov/sites/default/files/2020-09/title-x-fpar-2019-national-summary.pdf>.

<sup>4</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>5</sup> Mia Zolna Sean Finn, and Jennifer Frost, "Estimating the impact of changes in the Title X network on patient capacity," Guttmacher Institute (February 2020). <https://www.guttmacher.org/article/2020/02/estimating-impact-changes-title-x-network-patient-capacity>.

more than 250,000 fewer life-saving breast and cervical cancer screenings performed with Title X funds.<sup>6</sup> The numbers for 2020 – no doubt exacerbated by the impact of COVID-19 on health care access – are even worse, with preliminary data showing that only 1.5 million people were able to receive Title X-supported services in 2020, a drop of 60% from just two years earlier.<sup>7</sup> Six states – Hawaii, Maine, Oregon, Utah, Vermont, and the chairwoman’s home state of Washington – have now had no Title X-funded services for almost two years.

Compounding these harms, a 2020 study shows that COVID-19 has led many women to want to delay or prevent pregnancy while it has simultaneously made it more difficult for people to access family planning and sexual health care, including contraception. Women of color and women with low incomes are more likely to report both findings.<sup>8</sup> The confluence of the Trump administration’s rule and a global pandemic means that a significant influx of funds is desperately needed to begin to rebuild the network and restore Title X services to communities across the country as quickly as possible.

These funds will be particularly significant given the Biden administration’s commitment to restore the Title X program’s commitment to high-quality, client-centered, evidence-based care by fall 2021.<sup>9</sup> That process is moving quickly: on April 15, HHS published a notice of proposed rulemaking, and comments were due on May 17.<sup>10</sup> NFPRHA continues to urge HHS to complete the rulemaking process as quickly as possible and to subsequently make funds available to communities that have been without services as soon as the new rule is in effect.

We thank you for your consideration of this request.

Sincerely,

A handwritten signature in dark ink, appearing to read "Clare M. Coleman", with a long horizontal flourish extending to the right.

Clare Coleman  
President & CEO

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<sup>6</sup> Christina Fowler et al, “Family Planning Annual Report: 2019 National Summary,” RTI International (September 2020). <https://opa.hhs.gov/sites/default/files/2020-09/title-x-fpar-2019-national-summary.pdf>.

<sup>7</sup> Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services, 86 Federal Register 19812 (proposed April 15, 2021) (to be codified at 42 CFR 59).

<sup>8</sup> Lindberg LD et al, “Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences,” Guttmacher Institute (June 2020). <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>.

<sup>9</sup> Office of Population Affairs, “Title X Statutes, Regulations, and Legislative Mandates,” US Department of Health and Human Services (March 2021). <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>.

<sup>10</sup> Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services, 86 Federal Register 19812 (proposed April 15, 2021) (to be codified at 42 CFR 59).

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