

FACT SHEET

FY 2019 Funding for Family Planning: House Proposal

Devastating Cuts to the Family Planning Safety Net

On June 14, 2018, the House Appropriations Committee released its draft appropriations bill for the Departments of Labor, Health and Human Services, Education, and Related Agencies for fiscal year (FY) 2019. The bill proposes eliminating the Title X family planning program.

On July 11, 2018, the committee held a hearing on bill. Members rejected an amendment to restore funds to Title X (22-29) and voted to approve the full measure 30-22.

BASICS OF THE FY 2019 APPROPRIATIONS PROCESS

- Congress must pass, and the president must sign, a complete appropriations package or a continuing resolution by September 30 to avoid a government shutdown. For FY 2019, Congress is grouping many of the twelve appropriations bills into two- or three-bill packages, known as “minibuses,” to facilitate passage. Given that 2018 is an election year, many expect Congress to pass a continuing resolution for any remaining bills in September and put off a final decision until after the election.
- The Departments of Labor, Health and Human Services, and Education are considered under one appropriations bill, known as “Labor-HHS.” This measure is typically the most controversial and very rarely passes both the House and Senate as a stand-alone bill. This year House appropriators have committed \$177.1 billion to these departments, the same amount as FY 2018; the Senate has committed \$179.3 billion.

FAMILY PLANNING IN THE HOUSE PROPOSAL

- The proposal eliminates the Title X family planning program. While this is not surprising - the House did so every time it considered a Labor-HHS bill between FY 2010 and FY 2019 - it represents a very real threat to the program. It is also particularly troubling given that the president’s budget request proposed level funding for the program and that the administration promised that no funds would be taken

away from family planning when it released the new proposed regulation for the program.

- The proposal includes a rider that would bar discretionary federal funds from the three impacted departments from going to Planned Parenthood. This ban would devastate the ability of Planned Parenthood to offer health services and create additional strains on an already over-taxed family planning safety net. This ban does not impact Planned Parenthood's eligibility for Medicaid reimbursement.
- Funding for other key programs:
 - The inclusion of a rider to ban all research on fetal tissue collected from an abortion.
 - The inclusion of a rider to create a private right of action to enforce, and dramatically expand, the Weldon Amendment, which allows health care providers to opt-out of providing abortion care. This rider would diminish access to important reproductive health services by impacting both insurance policies and health care staffing.
 - Decreases funds for federally qualified health centers' Section 330 grants to \$1.5 billion, a \$100 million cut.
 - Increases the Maternal and Child Health Block Grant to \$655 million, a \$3 million increase.
 - Increases funds the CDC's National Center for HIV/AIDS, Viral Hepatitis, STIs, and TB prevention to \$1.15 billion, a \$20 million increase.
 - Level funds the Ryan White HIV/AIDS program at \$2.3 billion.
 - Level funds the Social Services Block Grant at \$1.7 billion.
 - Eliminates the evidence-based Teen Pregnancy Prevention Program.
 - Increases funds for the abstinence-only sexual risk avoidance program to \$30 million, a \$5 million increase.

RECOMMENDED TALKING POINTS

- The House appropriations bill would decimate access to family planning services by eliminating Title X, a bedrock public health program that provides high-quality preventive health care to millions of low-income people and cutting off appropriated funds to Planned Parenthood.
- The bill being advanced comes with enormous risk and sacrifice to the public's health.
- Congress needs to stop its ideological attack on the program that only compromises the health of the vulnerable populations that Title X-funded providers serve.