

September 29, 2022

Marc Garufi, Chief, Public Health Branch, Health Programs  
Hester Grippando, Program Examiner  
Office of Management and Budget  
725 17th St NW  
Washington, DC 20503

RE: Family Planning in the FY 2024 President's Budget

Dear Marc and Hester:

I am writing today on behalf of the National Family Planning & Reproductive Health Association (NFPRHA) to urge you to allocate at least \$737 million for the Title X family planning program in the president's fiscal year (FY) 2023 budget and take additional important steps to ensure the sustainability of the family planning safety net. These steps are particularly crucial as the nation continues to grapple with the devastating erosion of abortion access following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* at a time when the Title X provider network struggles to recover from the fall-out of the Trump administration's 2019 program rule and COVID-19.

NFPRHA is a non-partisan, non-profit membership association that supports the work of family planning providers and administrators, especially in the safety net. NFPRHA membership includes more than 900 entities 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. As a leading expert in publicly funded family planning, NFPRHA conducts and participates in research; provides subject matter expertise to policymakers, health care providers, and the public; and offers its members capacity-building support aimed at maximizing their effectiveness and financial sustainability as providers of essential health care.

### Title X

As you know, Title X is the nation's only dedicated federal family planning program, supporting a diverse group of providers across the country that offer crucial family planning and sexual health care. The network has received funding cuts or flat funding for more than a decade, and it suffered historic losses in 2019 and 2020 among patients and providers, due in large part to the Trump administration's 2019 program rule and COVID-19. Data released in September 2021 showed that only 1.5 million people received Title X-supported services in 2020, down 61% from 2018,<sup>1</sup> and six states had no Title X-funded providers for more than two years. Just this month, the Office of

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<sup>1</sup> Christina Fowler et al, "Family Planning Annual Report: 2020 National Summary," Office of Population Affairs (September 2021). <https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf>.

Population Affairs (OPA) released updated data that shows the network was only able to serve an additional 126,000 patients in 2021, due to the ongoing impacts of COVID-19 and the fact that the Trump rule remained in effect through October 2021.<sup>2</sup> Without a significant increase in funding, recovery will continue to be slow, especially as family planning providers face additional challenges due to the abortion access crisis. **As such, we urge you to allocate \$737 million for the program in FY 2024 and strongly advocate for that commitment with congressional leadership.**

The administration has consistently recognized the challenges facing Title X, from moving quickly to issue new rules for the program to putting emergency funding out into the field to recommending a record \$400 million for the program in the FY 2023 budget. In addition, Congress has demonstrated strong support for rebuilding the network, including a House proposal for FY 2023 for \$500 million<sup>3</sup> for the program and a Senate proposal for \$512 million.<sup>4</sup> Importantly, researchers from OPA, the Centers for Disease Control and Prevention (CDC), and the George Washington University found that \$737 million is the minimum amount needed to fully fund the program just for women in need of publicly funded contraception care.<sup>5</sup> Even that figure is likely a significant underestimation of the true need, as the data was published in 2016 and does not account for men or nonbinary individuals.

The need is perhaps best illustrated by the grant shortfalls earlier this year. In March 2022, OPA announced new grants to fund Title X-supported services across the country. Unfortunately, OPA was forced to classify dozens of qualified grant applications as approved and unfunded due to an insufficient appropriation, as Congress ultimately level-funded the program in FY 2022 at \$286.5 million. A significant increase for the program in the FY 2024 president's budget will reinforce to Congress the importance of prioritizing increases for Title X. In addition, given the Supreme Court's devastating decision in *Dobbs* and the ensuing total abortion bans in 14 states,<sup>6</sup> increasing access to contraception is more important than ever. While no amount of funding for family planning could ever obviate the need for abortion, providers are seeing growing demand for contraceptive methods and medically accurate, unbiased information as pregnant people face increasingly dire situations.

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<sup>2</sup> Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2021 National Summary," Office of Population Affairs (September 2022). <https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf>.

<sup>3</sup> U.S. Congress, House, Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2023, and for other purposes, HR 8295. 117<sup>th</sup> Congress, 2<sup>nd</sup> Session. <https://www.congress.gov/117/bills/hr8295/BILLS-117hr8295rh.pdf>.

<sup>4</sup> U.S. Congress, Senate, Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2023, and for other purposes, Committee Print. 117<sup>th</sup> Congress, 2<sup>nd</sup> Session. <https://www.appropriations.senate.gov/imo/media/doc/LHHSFY2023.PDF>.

<sup>5</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>6</sup> This number is accurate as of September 22, 2022. Please note that the total includes Guam.

The administration should also take this important step as part of its overarching plan to promote health equity and racial and economic justice. Equalizing access to high-quality, affordable health care, including family planning and sexual health services, is a key part of achieving those vital goals. In many communities, Title X providers are often the only source of health care for people with no or low incomes, and 60% of female patients seeking contraception at a Title X-funded health center say it is the only health care provider they see all year.<sup>7</sup> In addition, in 2021, 25% of people receiving Title X-supported services were Black, 38% were Latinx, and 65% had incomes at or below the federal poverty line, demonstrating that Title X-funded health centers play an essential role in the health care safety net in communities across the country.<sup>8</sup>

### Medicaid Free Choice of Provider

Another vital way for the administration to increase access to family planning services is to enforce Medicaid's free choice of provider requirement. This statutory requirement states that any willing and qualified provider must be allowed to serve people enrolled in Medicaid; however, currently six states are illegally refusing to reimburse eligible services that are provided by abortion providers, including Planned Parenthood health centers: Arkansas, Louisiana, Mississippi, Missouri, South Carolina, and Texas.<sup>9</sup> The administration must take bold steps to enforce these rules, both to protect Medicaid enrollees in these states and to send a clear message to other jurisdictions that violating Medicaid law will not be tolerated.<sup>10</sup> **In the FY 2024 budget, we urge you to make a clear commitment to enforcing the Free Choice of Provider requirement.**

People with Medicaid coverage who seek family planning and reproductive health services should not be denied access to the providers they trust. For many patients of reproductive age, qualified family planning providers are their only and preferred source of health care. These providers design their services around the reality that patients with low incomes face significant barriers to health care, such as childcare and work obligations, limited transportation, and inflexible work schedules, and strive to accommodate these restrictions by offering evening and weekend hours, walk-in appointments, short wait times, bilingual staff or translation services, telehealth services, and same-day contraceptive services. Patients, including many patients of color, choose these providers for their accessible, affordable, nonjudgmental, and high-quality care. The administration must take action now to ensure that these health centers can fully participate in the Medicaid program.

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<sup>7</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-insurance-among-clients-seekingcontraceptive-services-title-x>.

<sup>8</sup> Fowler (2022).

<sup>9</sup> Please note that Louisiana's and South Carolina's bans are currently on hold due to court decisions.

<sup>10</sup> US Senate Committee on Finance. "Wyden and Pallone Urge Medicaid to Protect Women and Families' Right to Choose their Doctor." (June 9, 2022). <https://www.finance.senate.gov/chairmans-news/wyden-and-pallone-urge-medicaid-to-protect-women-and-families-right-to-choose-their-doctor>.

### Increase Funding for Clinical STI Services

It is estimated that there are nearly 68 million sexually transmitted infections every year in the US, with a financial toll of \$16 billion in direct medical costs.<sup>11</sup> Unfortunately, rates of STIs are also increasing in the United States each year. It is urgent that the federal government allocate resources directly to the clinical services that can prevent and treat sexually transmitted infections, reducing their negative impact on individuals and communities. However, there is currently no federal program dedicated to clinical STI care. **As such, in the FY 2024 budget, we urge you to both lift the current cap on clinical spending for state and local health departments that receive CDC funds for STI prevention and to create a new \$200 million clinical care program focused on STIs within HRSA.**

This funding is particularly urgent as existing health department resources have been strained for more than two years by COVID-19 and are now also needed to address the monkeypox crisis. We cannot effectively address the STI epidemic in this country without having resources that can go directly to providers and patients in need of care and will not be redirected to other needs.

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We look forward to working with you to increase access to family planning and sexual health care. If you have any questions, please contact Lauren Weiss, Director, Policy & Communications at [lweiss@nfprha.org](mailto:lweiss@nfprha.org) or 202-417-4867.

Sincerely,



Santaisha Hicks, MPA  
Board Chair, NFPRHA

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<sup>11</sup> Centers for Disease Control and Prevention. "CDC estimates 1 in 5 people in the U.S. have a sexually transmitted infection." (January 25, 2021). <https://www.cdc.gov/media/releases/2021/p0125-sexually-transmitted-infection.html>.