

## FACT SHEET

**TITLE X****An Introduction to the Nation's Family Planning Program**

For nearly 50 years, the Title X (ten) family planning program, the nation's only dedicated source of federal funding for family planning, has provided high-quality, culturally sensitive family planning services and other preventive health care to predominantly poor and low-income people. President Richard Nixon signed the program into law on December 24, 1970, with broad bipartisan support. The program's current guidelines set the standard for high-quality family planning care across the nation's health care system.

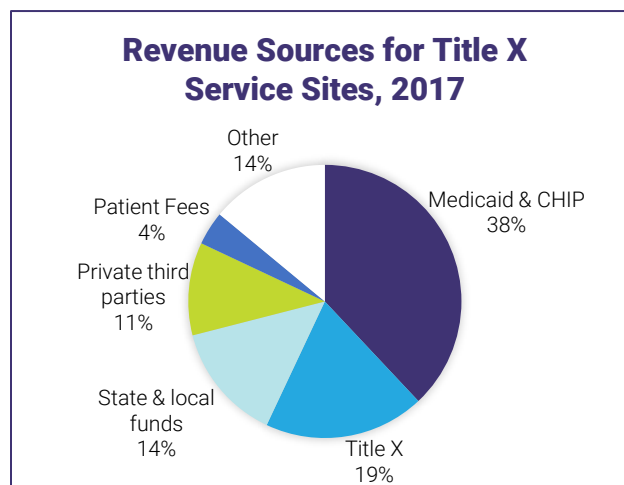
Title X service delivery funding is leveraged through its diverse network of safety-net providers to deliver high-quality, confidential services to more than four million people across the country each year.<sup>1</sup> In addition, Title X supports critical operations needs not paid for under Medicaid and private insurance, such as health information technology, patient education, and community education.<sup>2</sup>

**HOW IS THE PROGRAM ADMINISTERED?**

- Similar to other safety-net health care programs, the Title X grant program funds are appropriated to the Health Resources Services Administration (HRSA) through the annual discretionary appropriations process. However, the program is administered by the Office of Population Affairs (OPA) within the Department of Health and Human Services (HHS). In addition to service delivery grants, the program funds training, research, and technical assistance projects.
- In 2017, OPA provided Title X service delivery grants to 89 agencies, supporting 3,858 service delivery sites.<sup>3</sup> In August 2018, OPA announced that there would be awarding 96 grants for service delivery for September 1, 2018 – March 31, 2019.<sup>4</sup>
- State, county, and local health departments make up 52% of Title X service providers. Hospitals, family planning councils, Planned Parenthoods, federally qualified health centers, and other private non-profit organizations make up the rest of the Title X network.<sup>5</sup>

## WHAT DOES THE PROVIDER NETWORK LOOK LIKE?

→ In 2017, 3,525 full-time equivalent health care professionals provided Title X services, including nurse practitioners, physicians, physician assistants, registered nurses, counselors, and health educators. Clinical service providers participated in 78% of Title X family planning encounters in 2017.<sup>6</sup>



→ By law, Title X funds are not the sole source of revenue for providers.<sup>7</sup> In 2017, Title X grantees reported their major sources of revenue to include 38% Medicaid/CHIP, 19% Title X, 14% state and local funding, 11% private third-party payers, 4% patient fees, and 14% other funding streams.<sup>8</sup>

→ Relative to other publicly funded health centers that offer family planning services, sites that receive Title X funding are more likely to stock a wide range of contraceptive supplies and have protocols for quick starts of contraceptive methods.<sup>9</sup>

## 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 poor and low-income people.<sup>10</sup>

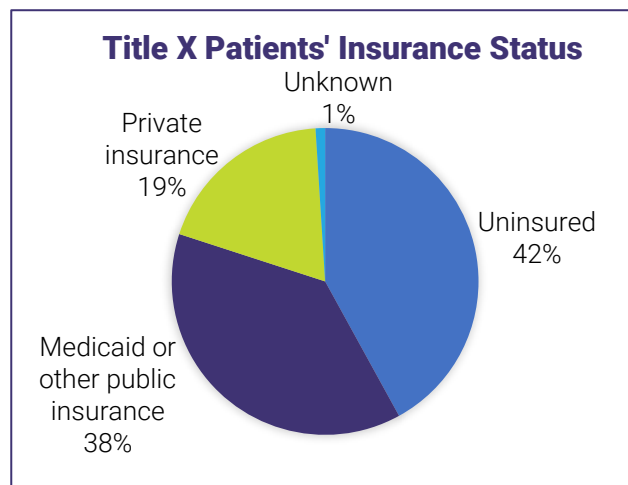
→ Under current regulations, Title X-funded centers adhere to a high standard of clinical care by adhering to the *Quality Family Planning* guidelines issued by the Centers for Disease Control and Prevention and OPA in 2014. Title X centers also abide by unparalleled patient confidentiality protocols.<sup>11</sup>

→ Title X services include pregnancy testing; contraceptive counseling and services; pelvic exams; screening for cervical and breast cancer, high blood pressure, anemia, diabetes, and sexually transmitted diseases (STDs) and HIV/AIDS; infertility services; health education; and referrals for health and social services.<sup>12</sup>

→ In 2017, Title X-funded centers provided 683,247 Pap tests, more than 878,491 breast exams, more than 5.3 million STD tests (excluding HIV tests), and 1.1 million HIV tests.<sup>13</sup>

## WHO RELIES ON TITLE X?

- In 2017, Title X-funded providers served 4,004,246 patients.<sup>14</sup>
- Sixty-seven percent of Title X patients have incomes at or below the federal poverty level—in 2017, the federal poverty level was \$12,060 for an individual and \$20,420 for a family of three.<sup>15,16</sup> These patients receive services at no cost to them.<sup>17</sup>
- Forty-two percent of Title X patients are uninsured, 38% have Medicaid or other public health insurance, and 19% have private insurance.<sup>18</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.<sup>19</sup>
- Title X patients are disproportionately Black and/or Hispanic or Latino/a, with 22% of Title X patients self-identifying as Black or African American and 33% as Hispanic or Latino/a,<sup>20</sup> as compared to 12% and 18% of the nation, respectively.<sup>21</sup> Eighty-eight percent of Title X patients are female and 12% are male; the number of male patients served by Title X has grown by 57% since 2007.<sup>22</sup>
- Six in ten women receiving contraceptive care at a Title X-supported health care center report that provider was their sole source of medical care in the previous year.<sup>23</sup>



## WHAT ARE THE PUBLIC HEALTH BENEFITS OF TITLE X?

- In 2015, Title X-funded health centers helped prevent approximately 822,300 unintended pregnancies.<sup>24</sup>
- Title X provides significant cost savings to the federal and state governments. The Guttmacher Institute estimates that for every dollar invested in family planning, the taxpayer saves \$7.09. Services provided in Title X-supported centers alone yielded \$7 billion of the \$13.6 billion in net government savings that resulted from publicly funded family planning services in 2010.<sup>25</sup>

1. 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>.
2. Ibid.
3. Ibid.
4. "Recent Grant Awards," Office of Population Affairs (August 2018). <https://www.hhs.gov/opa/grants-and-funding/recent-grant-awards/index.html>.
5. Ibid.
6. Fowler, 2018.
7. Projects grants and contracts for family planning services, 42 U.S.C. §300 (1970).
8. Fowler, 2018.
9. 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>.
10. 42 U.S.C. §300.
11. "Program Requirements for Title X Funded Family Planning Projects," Office of Population Affairs (April 2014). <https://www.hhs.gov/opa/sites/default/files/Title-X-2014-Program-Requirements.pdf>.
12. Fowler, 2018.
13. Ibid.
14. Ibid.
15. Ibid.
16. "2017 Poverty Guidelines," U.S. Department of Health and Human Services (2017). <https://aspe.hhs.gov/2017-poverty-guidelines>.
17. Fowler, 2018.
18. Ibid.
19. Christina Fowler et al., "Family Planning Annual Report: 2010 National Summary," RTI International (September 2011).
20. Fowler, 2018.
21. Population Distribution by Race/Ethnicity: 2016, Kaiser Family Foundation (2017).
22. Fowler, 2018.
23. 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>.
24. 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>.
25. Adam Sonfield, "Beyond Preventing Unplanned Pregnancy: The Broader Benefits of Publicly Funded Family Planning Services," Guttmacher Policy Review 17, issue 4 (2014).