



To the Last Hour of the Last Day:

Our Work to
Save Title X
during the Trump
Administration

National
Family Planning
& Reproductive Health Association

To the Last Hour of the Last Day: **Our Work to Save Title X** **during the Trump Administration**

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Introduction

Two years after the Trump administration finalized its ideologically driven Title X rule, the devastation to the program is in the numbers: six states are without a single Title X provider; 39 grantees across 33 states have lost providers; more than 1,000 health centers have had to survive without critical funding; and 1.5 million people have lost access to Title X-supported care from their trusted providers. And that's just the part that can be quantified—it does not speak to the countless stories of the people in our communities, many of whom are already struggling, who have borne the brunt of the harm. With the potential for a sea change in the executive branch's approach to family planning, President Joe Biden and Vice President Kamala Harris have much to do to restore and rebuild the Title X family planning program. This report details the path of the Trump rule, with the hope that policymakers and family planning leaders can protect the program against similar threats in the future.

WHAT IS TITLE X?

For 50 years, the [Title X](#) (“ten”) family planning program, the nation’s only program dedicated to providing family planning and sexual health care for all who need it, has expanded access to high-quality, confidential family planning services and other preventive health care to people with limited resources. These funds are distributed to a wide range of health care providers, from local health departments to free-standing health centers, to increase access to health services at low or no cost.ⁱ The Title X statute became law in 1970, with the support of President Richard Nixon and hundreds of members of Congress from both parties.ⁱⁱ The Office of Population Affairs [estimates](#) that more than 190 million people have received Title X-supported services and care since the program’s inception.ⁱⁱⁱ

The Title X Rule is Released

On February 22, 2019, the Trump administration released a [draft final rule](#) for the Title X family planning program that not only brought back the majority of a Reagan-era Title X rule known as the “domestic gag rule,” but also expanded those provisions and introduced numerous other harmful requirements and restrictions. In finalizing the rule, the administration overrode the serious concerns of many public health and medical organizations and providers, as well as tens of thousands of comments opposing the rule from people across the country.¹ The US Department of Health and Human Services (HHS) released the final version of the rule, “Compliance With Statutory Program Integrity Requirements,” on February 26, 2019. It was officially published in the March 4, 2019, issue of the *Federal Register* and scheduled to go into effect on May 3, 2019 (though some parts of the rule had later effective dates).^{iv}

“

“This rule will deny people who already face health disparities access to the best possible care through experienced providers and to all methods of contraception.”

—American Public Health Association^v

“We are very concerned that the proposed changes, if implemented, would undermine patients’ access to high-quality medical care and information, dangerously interfere with the patient-physician relationship and conflict with physicians’ ethical obligations, exclude qualified providers, and jeopardize public health.”

—American Medical Association^{vi}

”

Although the rule was designed to target abortion-related activities and agencies that provide abortion care, it advanced policies that would inevitably damage the entire network of family planning providers, block access to care for millions of people who had relied on Title X, and severely worsen public health outcomes. In direct conflict with the Title X program’s central mission of making modern methods of acceptable and effective contraception available to all who desire them,^{vii} the Trump administration’s policy took numerous steps to weaken access to high-quality family planning and sexual health care.

¹ The final rule was largely similar to the notice of proposed rulemaking (NPRM) published on June 1, 2018.

What the Title X Rule Does

- Patients were no longer guaranteed access to nondirective counseling on all pregnancy options. The rule also disregarded how care is delivered in safety-net health care settings, excluding registered nurses, social workers, behavioral counselors, and education staff from providing this essential information.
- Referral for abortion care was prohibited, even when a patient specifically asked for a referral. In those instances, providers had to instead deny transparent information and only offer a list of comprehensive primary care providers that might or might not offer abortion care. The list was not required to actually include providers of abortion care, and could not indicate which, or even if any, of the providers on it actually offered that service.
- Pregnant patients were forced to receive prenatal care referrals, regardless of their wishes, which directly conflicts with the hallmarks of Title X to uphold patient dignity and provide patient-led care.
- Providers with religious and moral objections to providing core Title X services were encouraged to participate in Title X, opening the door for agencies that refused to offer a broad range of FDA-approved contraceptive methods and siphoning off the already scarce funding dedicated to helping individuals with low or no incomes receive affordable contraceptive care.
- Title X providers were pressured to compel adolescent patients to share information about their sexual partners and to include their parents in their family planning care, potentially prompting inappropriate screening and reporting that would harm patients and undermine the provider-patient relationship.

In addition to undermining how care was delivered, the rule created onerous physical separation and enhanced financial separation requirements for Title X agencies designed to limit activities paid for with other funds, such as abortion care. The burden and expense of the separation requirements made it highly impractical, if not impossible, for providers that promoted, referred for, or supported abortion outside of Title X to maintain their longstanding participation in the program.

Congressional Champions Oppose the Rule

Immediately following the rule's release, family planning champions in both the House and Senate made floor statements, issued press statements, took to social media, and utilized other tools at their disposal to express their concerns with the rule.

- House Appropriations Chairwoman **Nita Lowey (D-NY)** and Labor, Health and Human Services, and Education Appropriations (Labor-HHS) subcommittee chairwoman **Rosa DeLauro (D-CT)** questioned Secretary Azar about the rule at a [hearing](#) about the department's fiscal year (FY) 2020 proposed budget.^{viii}
- Senator **Elizabeth Warren (D-MA)**, joined by all of her Democratic colleagues on the Senate Committee on Health, Education, Labor and Pensions, sent a [letter](#) to Chairman **Lamar Alexander (R-TN)** and ranking member **Patty Murray (D-WA)** requesting that the committee hold an oversight hearing to assess the impacts of the rule.^{ix}
- The House Energy & Commerce committee leadership—Chairman **Frank Pallone (D-NJ)**, Health subcommittee chairwoman **Anna Eshoo (D-CA)**, and Oversight and Investigations subcommittee chairwoman **Diana DeGette (D-CO)**—sent a joint [letter](#) to HHS Secretary Alex Azar expressing strong opposition to the rule and posing a series of questions about HHS' process in developing and writing the rule.^x
- Both senators from Nevada—**Catherine Cortez Masto (D-NV)** and **Jacky Rosen (D-NV)**—sent a [letter](#) to Secretary Azar requesting information from HHS about the evidence and justification of the rule, particularly with regard to the provision requiring that any pregnancy options counseling be done by a physician or advanced practice provider, a provision that is a significant challenge for providers in rural states like Nevada.^{xi}

The House Energy & Commerce Committee also opened an investigation into the rule and held a [hearing](#) on Title X a few months after the rule was released. The June 19 hearing, "Protecting Title X and Safeguarding Quality Family Planning Care," marked the first dedicated congressional consideration of Title X in decades and was another indication that the House would prioritize family planning in the 116th Congress. Witnesses at the hearing included Dr. Diane Foley, the Deputy Assistant Secretary for Population Affairs at the US Department of Health and Human Services; Clare Coleman, President & CEO of NFPRHA; Kami Geoffray, CEO of Women's Health and Family Planning Association of Texas;² Monica McLemore, PhD in Nursing and Assistant Professor of Family Health Care Nursing, University of California, San Francisco; Dr. Jamila Perritt, Ob-Gyn and Fellow at Physicians for Reproductive Health; and Catherine Glenn Foster, President & CEO of Americans United for Life.^{xii}

2 This agency relaunched as "Every Body Texas" in 2020.

Advocates Sue the Trump Administration

Following a careful review of the rule, it was clear that it was the most consequential policy change in the history of the Title X program and that NFPRHA had an imperative to fight the rule in court. On February 26, 2019, NFPRHA and Washington State Attorney General Bob Ferguson [announced](#) their intentions to file lawsuits to stop this Title X regulation from taking effect.^{xiii}

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On March 7, 2019, NFPRHA, represented by the American Civil Liberties Union (ACLU) and alongside Cedar River Clinics (one of its Washington-based members), filed a lawsuit in the US District Court for the Eastern District of Washington challenging the rule. NFPRHA's challenge was consolidated for scheduling with a March 5 lawsuit brought by Attorney General Ferguson.

In total, eight lawsuits were filed in five federal district courts seeking to stop the rule from going into effect:



Eastern District of Washington (US Court of Appeals for the Ninth Circuit): *National Family Planning & Reproductive Health Ass'n, et al. v. Azar, et al.*; and *State of Washington v. Azar, et al.*



District of Oregon (Ninth Circuit): *State of Oregon, et al. v. Azar, et al.*, representing 20 states and municipalities; and *American Medical Association, et al. v. Azar, et al.*, consisting of several nonprofit plaintiffs, including Planned Parenthood Federation of America (PPFA).



Northern District of California (Ninth Circuit): *State of California v. Azar, et al.*, and *Essential Access Health, Inc. v. Azar, et al.*



District of Maine (US Court of Appeals for the First Circuit): *Family Planning Association of Maine, et al. v. US Department of Health and Human Services, et al.*



District of Maryland (US Court of Appeals for the Fourth Circuit): *Mayor and City Council of Baltimore v. Azar, et al.*

On April 25, 2019, NFPRHA and the state of Washington secured the first nationwide injunction, blocking the entire Title X rule from going into effect. In a significant victory for the family planning safety net, Judge Stanley Bastian ruled from the bench immediately following oral argument that NFPRHA and the state had provided sufficient evidence to warrant blocking the rule for all parties until such time as the court could consider the legality of the rule.^{xiv}

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The preliminary injunction secured by NFPRHA and Washington was soon followed by three more injunctions. On April 26, Judge Edward Chen in the Northern District of California issued a preliminary injunction in favor of Essential Access Health and the state of California, limited to California.^{xv} On April 29, Judge Michael McShane in the District of Oregon issued a nationwide preliminary injunction in the two cases brought by Oregon and the American Medical Association (AMA).^{xvi} On May 30, Judge Richard Bennett in the District of Maryland issued a preliminary injunction in favor of the City of Baltimore, limited to Maryland.^{xvii}

In light of the nationwide injunction granted in Washington state, Maine Family Planning filed a notice to withdraw its motion for a preliminary injunction, although it continued with its legal effort to permanently invalidate the Title X rule.

Courts Allow the Rule to Go into Effect

Following NFPRHA's victory in the Eastern District of Washington, HHS filed motions seeking to stay (temporarily set aside) the preliminary injunction pending appeal, which Judge Bastian denied on June 3, 2019, and a stay of all proceedings pending appeal, which Judge Bastian denied on June 14.

HHS also filed a stay pending appeal with the US Court of Appeals for the Ninth Circuit. On June 20, a three-judge motions panel of the Ninth Circuit granted HHS' motion to stay the three preliminary injunctions granted by federal district courts in Washington, Oregon, and California.^{xviii} HHS secured a similar stay from the US Court of Appeals for the Fourth Circuit in the Baltimore case.

NFPRHA filed two emergency motions following that ruling: one asking to put the motions panel stay on hold and one asking for a rehearing en banc³ to reconsider the

³ An en banc hearing typically means the full court, rather than a small panel of judges. In the Ninth Circuit, which has more than two dozen judges, en banc means an eleven-judge panel.

motions panel's decision. The AMA and PPFA filed similar motions seeking to rescind the motions panel's stay and to receive an en banc rehearing, while the remaining plaintiffs filed motions seeking en banc rehearing.

On July 3, the full Ninth Circuit voted to grant a rehearing en banc of the stay order for the three preliminary injunctions. The July 3 order stated that the government's stay request would be reconsidered by the larger panel of judges and that the motions panel stay order shall "not be cited as precedent by or to any court of the Ninth Circuit."^{xix} Under Ninth Circuit case law, all the parties (including HHS) believed that the Ninth Circuit had vacated the motions panel's stay order and restored the preliminary injunctions.

However, on July 11, the en banc panel issued an order announcing that the July 3 order granting rehearing did not vacate the stay of the preliminary injunction. The panel, in a 7-4 vote, further denied NFPRHA's and AMA/PPFA's previously filed requests to set aside the stay while the rehearing process moved forward.^{xx} The July 11 Ninth Circuit ruling, combined with Fourth Circuit ruling, allowed the Title X rule to go into effect across the country as of July 15, 2019.

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Several of the Ninth Circuit plaintiffs filed additional motions to overturn the July 11 ruling and thus restore the preliminary injunctions blocking the rule until the en banc panel reheard the case, but none were successful. On August 16, the Ninth Circuit denied the emergency motions for full court reconsideration.^{xxi} On August 20, the en banc panel similarly denied the motions for reconsideration.

Initial Impact of the Rule

On the afternoon of July 15, Deputy Assistant Secretary for Population Affairs Dr. Diane Foley, the head of the Office of Population Affairs (OPA), sent all Title X grantees a brief message that informed them that the Title X rule was in effect as of that day and that written plans for compliance with the rule had to be submitted by August 19.^{xxii} This email went out as the vast majority of grantees were in transit to OPA's biannual Title X grantee meeting.

On and around that August deadline, some grantees made the decision to officially withdraw from the Title X program, rather than comply with the rule; the 18 withdrawn

grantees (which held 19 grants) included state governments, independent family planning providers, and Planned Parenthood affiliates.^{xxiii} [By the end of 2019, more than 1,000—one out of every four—health centers in the Title X network had withdrawn from the program either independently or as part of a grantee-level withdrawal.](#) In 2018, those health centers had served more than 1.5 million of the nearly 4 million patients who received Title X-supported services that year. These withdrawals left six states with no Title X-funded health centers (Hawaii, Maine, Oregon, Utah, Vermont, and Washington) and an additional 27 states with reduced capacity.^{xxiv}

Impacts of the rule:

- *More than 1,000 health centers withdrawn from Title X*
- *Six states with no Title X-funded health centers*
- *More than 1.5 million people without access to Title X-funded care*
- *Longer wait times for patients at Title X-funded providers*
- *Higher costs charged to patients*

Grantees that remained in the program also experienced myriad challenges after the rule went into effect. When health centers could no longer offer nondirective pregnancy options counseling, including referral, some clinicians resigned, citing that the rule compromised the oath they took. These provider departures further decreased the Title X network's capacity, contributing to longer wait times for appointments. Furthermore, as grantees worked to recruit new health centers to join their depleted networks, many federally qualified health centers and other entities declined to join because of concerns that adopting the rule's requirements could compromise their medical liability protection. Other grantees responded to the rule by removing pregnancy testing and counseling from the scope of their Title X projects, but in some cases that required passing costs along to patients (who may have had to pay out of pocket for those services).

On September 11, OPA notified the remaining 72 Title X grantees that it would be making the approximately \$52 million in funds ceded by grantees that left the program available to current grantees through a supplemental funding competition. On September 30, the final day of the federal fiscal year, OPA awarded \$33.6 million in supplemental awards to 50 grantees. OPA designated the funds as six-month awards, while noting that grantees could apply to maintain the additional funds in their April 2020 renewals.^{xxv}

On December 31, 2019, HHS posted a forecasted grant competition to distribute the rest of the funds (\$18 million) that had been surrendered by withdrawn grantees and not redistributed in the September 2019 supplementals. Although the forecast estimated that the grant announcement would post on January 15, it did not appear until May 29, 2020, more than nine months after the grantees had returned the money.^{xxvi}

By this time, the Baltimore Title X rule challenge had moved to its merits hearing. The district court judge vacated the Title X rule, but only as it applied to the state of Maryland, leaving the Title X rule in effect everywhere else. HHS acknowledged this disparity by creating two separate funding announcements: one for Maryland and one for the rest of the country. The funding announcements allowed any public or nonprofit entity to submit an application requesting between \$250,000 and \$4 million in Title X funding to support areas of high need.^{xxvii}

On September 18, 2020, OPA announced it had awarded grants under the May announcement to five projects for a total of \$8.6 million: additional funds for the Alabama Department of Public Health, which already held a state-wide grant; funds for two existing grantees to expand into neighboring states (Indiana Family Health Council to Illinois and Adagio Health to New York); re-funding the Maryland Department of Health, which had withdrawn due to the 2019 rule; and new funds for Family Planning Inc, a former subrecipient in Illinois. OPA used the remaining funds to provide every existing grantee with \$160,000 to improve data collection and technology.^{xxviii} Notably, although the grants were supposed to be used to fund areas that were currently underserved by the program, none of the funds went to projects in the six states that had no Title X-supported sites (Hawaii, Maine, Oregon, Utah, Vermont, and Washington).

Congress Uses the Appropriations Process to Try to Save Title X

Congress continued to respond to the Title X rule as the cases worked their way through the court system. The FY 2020 appropriations process marked the first time since 2010 that the Democrats held the majority in the House of Representatives, creating an opening for substantial progress on Title X. Indeed, the House Appropriations Committee quickly named Title X a priority program for the Labor-HHS bill.

First, the committee invited Clare Coleman, NFPRHA's President & CEO, to testify about the importance of the program at its [public witness hearing](#) on April 6, 2019. Coleman urged members to fund Title X at \$400 million in FY 2020, \$113.5 million above FY 2019 levels.^{xxix}



"As we continue to look for ways to maximize people's access to care and to meet all of their needs, Title X is a program now that is really well integrated with other forms of care."

**—Public witness testimony of Clare Coleman,
NFPRHA's President & CEO**

Then, on April 29, the House Appropriations Subcommittee on Labor-HHS released its [draft funding bill](#) for FY 2020, including \$400 million for the Title X family planning program and essential language to block the 2019 Title X rule and restore the regulations that were in place as of the end of the Obama administration. That bill passed out of committee (30-23) on May 8 with no changes to the Title X provisions. Family planning supporters on the committee defeated an amendment from Rep. Martha Roby (R-AL) that would have struck the language barring the implementation of the Title X final rule from the bill and reduced funding for the program to \$286.5 million. The committee also advanced a report that provided additional context for the bill, adopting NFPRHA-recommended language that directed the HHS secretary to require grantees to certify that they “(1) provide medically accurate and complete counseling, including referral as requested, on all matters; (2) shall not condition the receipt of Title X-supported services on patients remaining sexually abstinent until marriage; and (3) will not make any appointments or referrals for patients that are contrary to the patient’s wishes.”^{xxx} This new language reinforced the core values of the Title X program.

The bill passed the full House on June 19, 2019. Advocates again defeated (191-231) a floor amendment offered by Rep. Roby; this time the amendment would only have struck the language barring implementation of the rule.^{xxxi} The passage of the bill was a remarkable achievement for the program, as it included approval of the largest funding increase in the program’s history and Congressional recognition of the harms of the 2019 Title X rule.

Unfortunately, the Senate declined to take up the House-passed bill, instead opting to begin work on its own version. Senate appropriations leader Senator Roy Blunt (R-MO) was unwilling to consider a fix for the Title X rule in the Senate Labor-HHS bill and proposed only flat funding for the program. Given the raft of Title X withdrawals in August 2019, on September 10, 2019, Senator Patty Murray (D-WA), the ranking member of the Senate Labor-HHS appropriations subcommittee, informed her Republican colleagues on the full appropriations committee of her intention to offer an amendment similar to the language that the House had passed to block the Title X rule and restore the program. Shortly thereafter, Senator Blunt cancelled a planned subcommittee markup of the bill, with press reports citing leadership’s unwillingness to hold that vote.^{xxxii} Ultimately, the Senate never held a markup of its Labor-HHS bill for FY 2020.

On December 16, 2019, after two months of bipartisan negotiations, Congress released two bills to fund the entirety of the federal government for FY 2020. The bills did not include language to restore the integrity of Title X nor additional funding for the program, despite advocacy by many national and state organizations and the inclusion of both measures in the earlier bill passed by the House. The two bills passed the House on December 17 and the Senate on December 19, and they were signed into law by President Trump on December 20, 2019.^{xxxiii}

The Ninth Circuit Rules for the Administration, While the Fourth Circuit Blocks the Rule

On September 23, 2019, the en banc panel of the Ninth Circuit heard oral argument in the Washington, Oregon, and California cases. Although the purpose of the hearing, as originally requested by NFPRHA and the other plaintiffs, was to review the Ninth Circuit three-judge motions panel's June 20 stay order—which was the ruling that set aside the preliminary injunctions issued by the Washington, Oregon, and California district courts—the Ninth Circuit in an August 1 clarifying order stated that the parties should be prepared to discuss the district courts' preliminary injunction orders on the merits during the argument. During oral argument on September 23, it became clear that at least some members of the en banc panel intended to more broadly consider the government's actual appeal of the preliminary injunctions on the merits, and thus the eventual en banc ruling was expected to decide whether to uphold the injunctions granted by the district courts.^{xxxiv}

As the parties awaited the Ninth Circuit's ruling on the preliminary injunctions, NFPRHA and Washington State's merits cases challenging the rule began to move ahead in the district court. While the preliminary injunction phase of the case focused on whether NFPRHA had a likelihood of success on the merits, the merits phase was a determination of whether NFPRHA actually succeeded based on its substantive legal claims. Oral arguments were set for February 27, 2020.

HHS pressed to slow down the district court litigations in Washington, Oregon, and California, asking the courts to wait for "guidance" from the Ninth Circuit. The district court judge in Oregon agreed to stay all proceedings in the two merits cases there pending the outcome of the Ninth Circuit's ruling on the preliminary injunction. The district court judge in California also stayed proceedings on similar grounds, but on January 15, 2020, granted the California plaintiffs' request to move forward with scheduling briefing and oral argument in those cases, with oral argument set for February 20.

However, on February 24, the en banc panel of the Ninth Circuit vacated the preliminary injunctions in a 7-4 ruling. In addition, the panel, in an unprecedented move, went far outside the proper parameters of evaluating whether NFPRHA and its fellow litigants had a likelihood of success on the merits (the standard for a preliminary injunction) and instead ruled on the actual merits of plaintiffs' claims. The court held that the Title X rule was neither contrary to law nor arbitrary and capricious, deciding the merits of claims NFPRHA never had the opportunity to fully present.^{xxxv}

In addition, the panel, in an unprecedented move, went far outside the proper parameters of evaluating whether NFPRHA and its fellow litigants had a likelihood of success on the merits (the standard for a preliminary injunction) and instead ruled on the actual merits of plaintiffs' claims. The court held that the Title X rule was neither contrary to law nor arbitrary and capricious, deciding the merits of claims NFPRHA never had the opportunity to fully present.

As such, Judge Bastian cancelled the district oral arguments that had been scheduled for February 27 and requested the parties recommend how the court should proceed. Ultimately, the plaintiffs requested deferring district court action as they contemplated a Supreme Court challenge, and he granted that request.

The Public Health Damage Caused by the Rule

On August 19, 2020, one year after the largest wave of withdrawals from the program, NFPRHA published assessments of the impact of the rule in each state and the District of Columbia, showing the loss of more than 1,000 health centers across the country. In 2018, those health centers had provided Title X-supported services to more than 1.5 million patients.^{xxxvi}

Then, on September 18, OPA [released](#) *Family Planning Annual Report: 2019 National Summary* (FPAR). This report, released annually, offers an overview of the Title X network and the people it serves, and it was the first federal publication that detailed the impact of the Title X rule. Relative to 2018, Title X-funded health centers providing 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. 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 more than 250,000 fewer breast and cervical cancer screenings.^{xxxvii}

Taking Our Case to the Supreme Court

Given the enormous impact of the rule and the opposite conclusions reached by the Fourth and Ninth Circuit Courts of Appeal, NFPRHA—represented by the ACLU and standing alongside Cedar River Clinics, the AMA, PPFA, Essential Access Health, the Oregon Medical Association, and others—decided to seek review of the Ninth Circuit's

February 2020 decision upholding the rule. NFPRHA and other plaintiffs filed a [petition for certiorari](#) at the US Supreme Court on October 1, 2020, followed by a complementary petition from many state attorneys general on October 5. Then, on October 9, the government filed a similar petition regarding the Fourth Circuit's decision upholding a district court's permanent injunction of the rule.^{xxxviii}

In Maine, a district court ruled on June 9, 2020, against Maine Family Planning in its merits case. Maine Family Planning appealed to the First Circuit Court of Appeals in August 2020. That appeal was paused pending the Supreme Court's decision whether to grant review in the Ninth and Fourth Circuit cases.^{xxxix}

Where We Stand Now

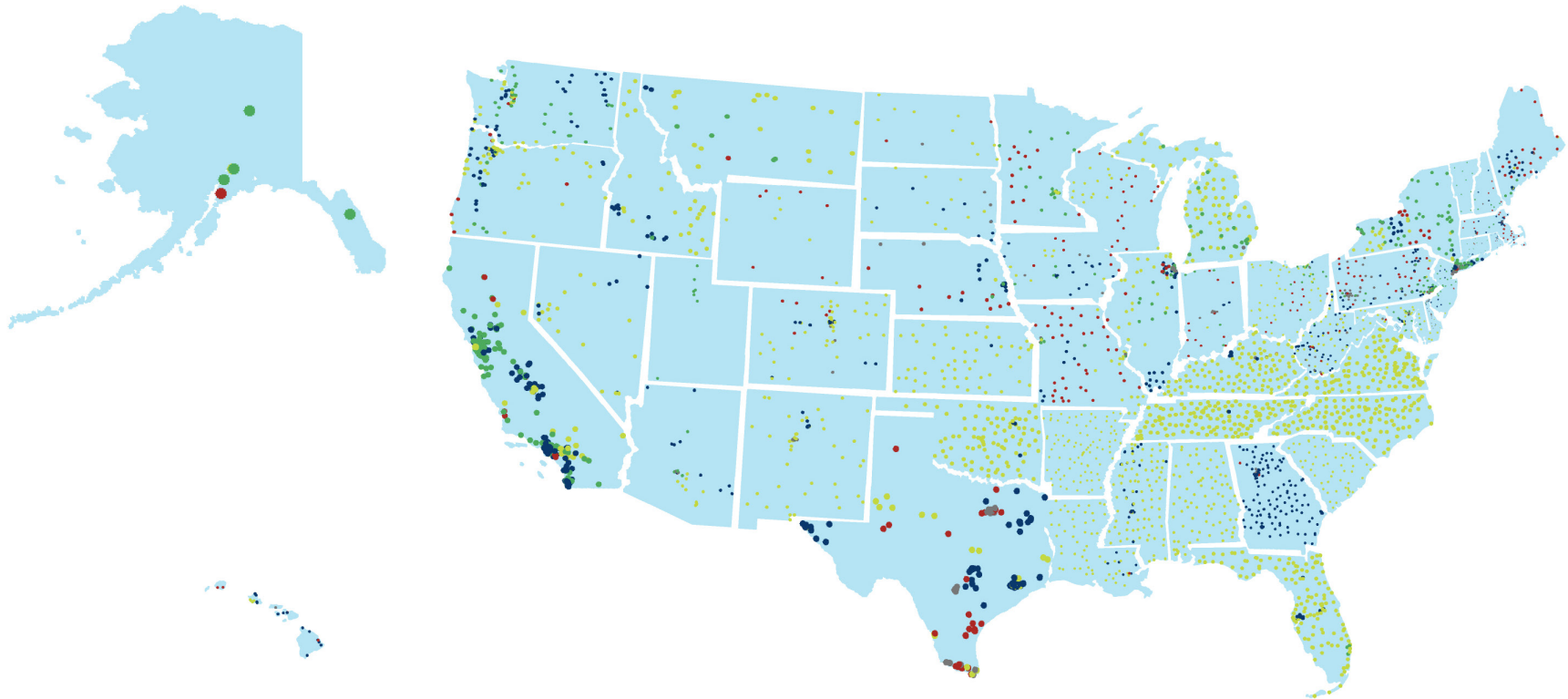
Joe Biden was elected president in the 2020 general election and inaugurated on January 20, 2021, as the 46th president of the United States, creating the opportunity to envision a new path forward for Title X under an administration with a demonstrated commitment to family planning and sexual health. Family planning providers continue to struggle daily with the impact of the Title X rule, which has been compounded by the devastating impact of COVID-19, and advocates have pushed the incoming administration to take action as soon as possible to rescind the rule, restore the evidence-based standards for the program, and allocate funding to allow providers to re-enter the program in 2021. NFPRHA and its partners will continue to uplift the needs of publicly funded family providers and the people across the country who rely on them as we enter this new era and fight for the future of family planning in this country.

Afterword

On January 28, eight days after his inauguration, President Biden signed a [presidential memorandum](#) calling on HHS to review the Title X rule “as soon as practicable” and to consider revising, suspending, or rescinding the rule.^{xi} Less than four weeks later, on February 22, the Supreme Court [granted certiorari](#) in all three Title X cases currently pending its review.^{xli} NFPRHA immediately [urged](#) the White House to take swift action on the Title X rule in light of the Supreme Court’s action and the ongoing harm caused by the rule.^{xlii}

APPENDIX

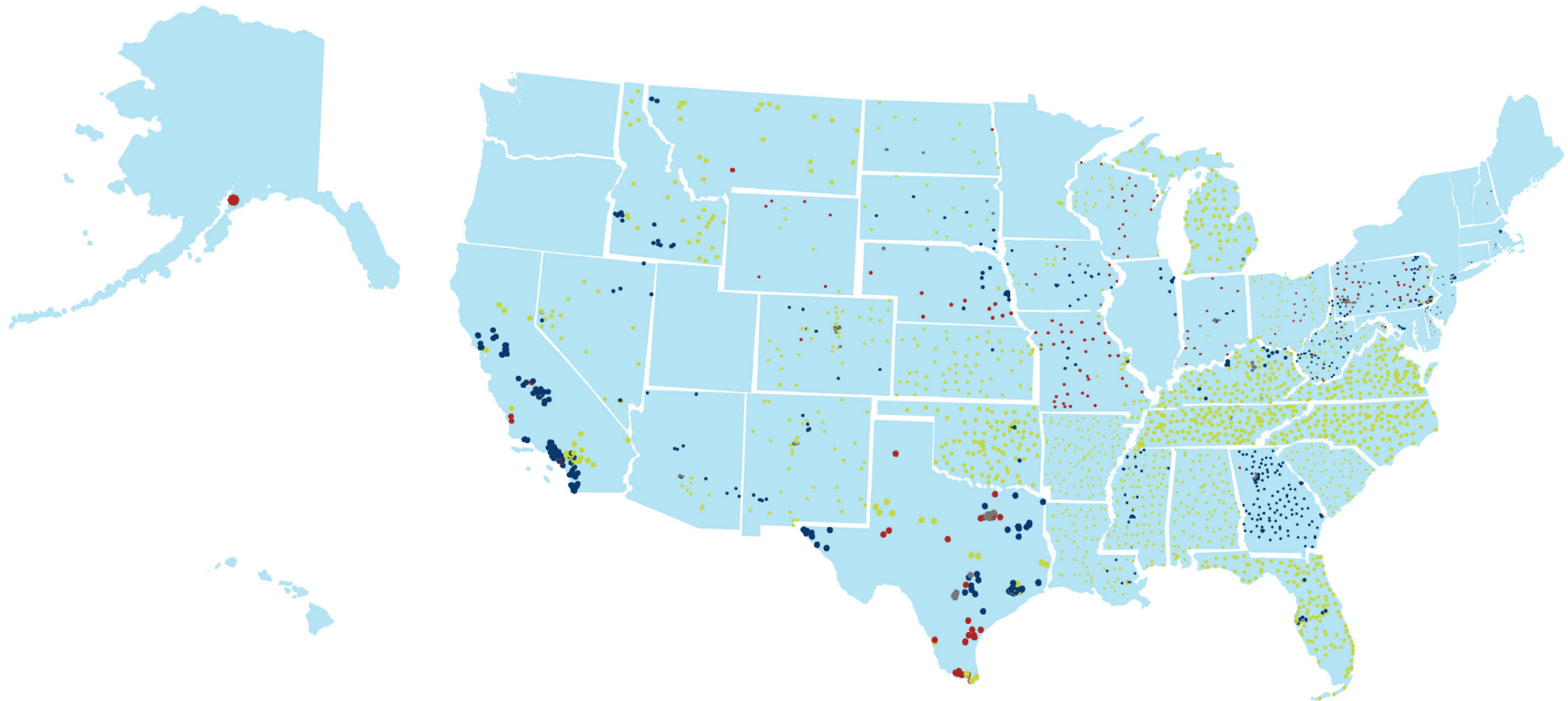
Title X Sites Nationwide Before the Rule (Spring 2019)



Legend:

- Family Planning Health Center
- Federally Qualified Health Center (FQHC)
- Health Department
- Planned Parenthood
- Hospital

Title X Sites Nationwide After the Rule (Fall 2019)

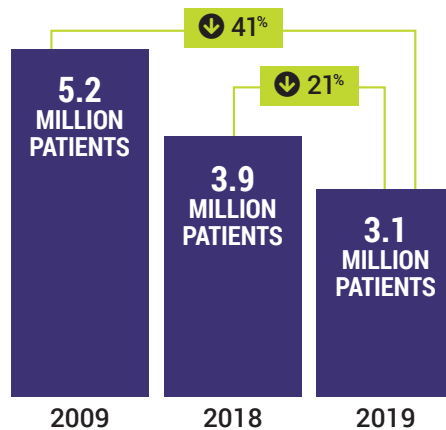


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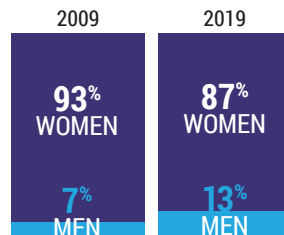
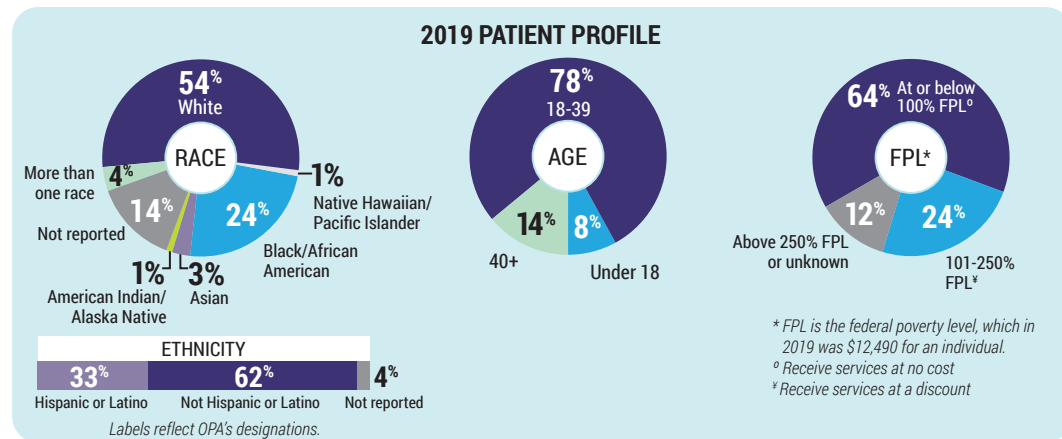
- Family Planning Health Center
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- Health Department
- Hospital

Family Planning Annual Report 2019 — Key Data

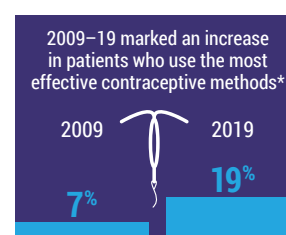
Stagnant funding and harmful, ideological restrictions imposed by the Trump administration in 2019 have led to a dramatic decline in the total number of people receiving Title-X supported services despite the sustained efforts of highly qualified administrators and providers.



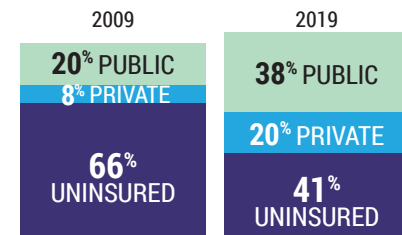
Title X is a critical source of health care for all people
— especially women of color, people with low incomes, and the uninsured



The Office of Population Affairs only collects binary sex data.



*IUD, implant, sterilization



Numbers do not add to 100% because some patients' insurance status is unknown.



FY2021 is the 8th year in a row that Congress is expected to fund Title X without an increase.



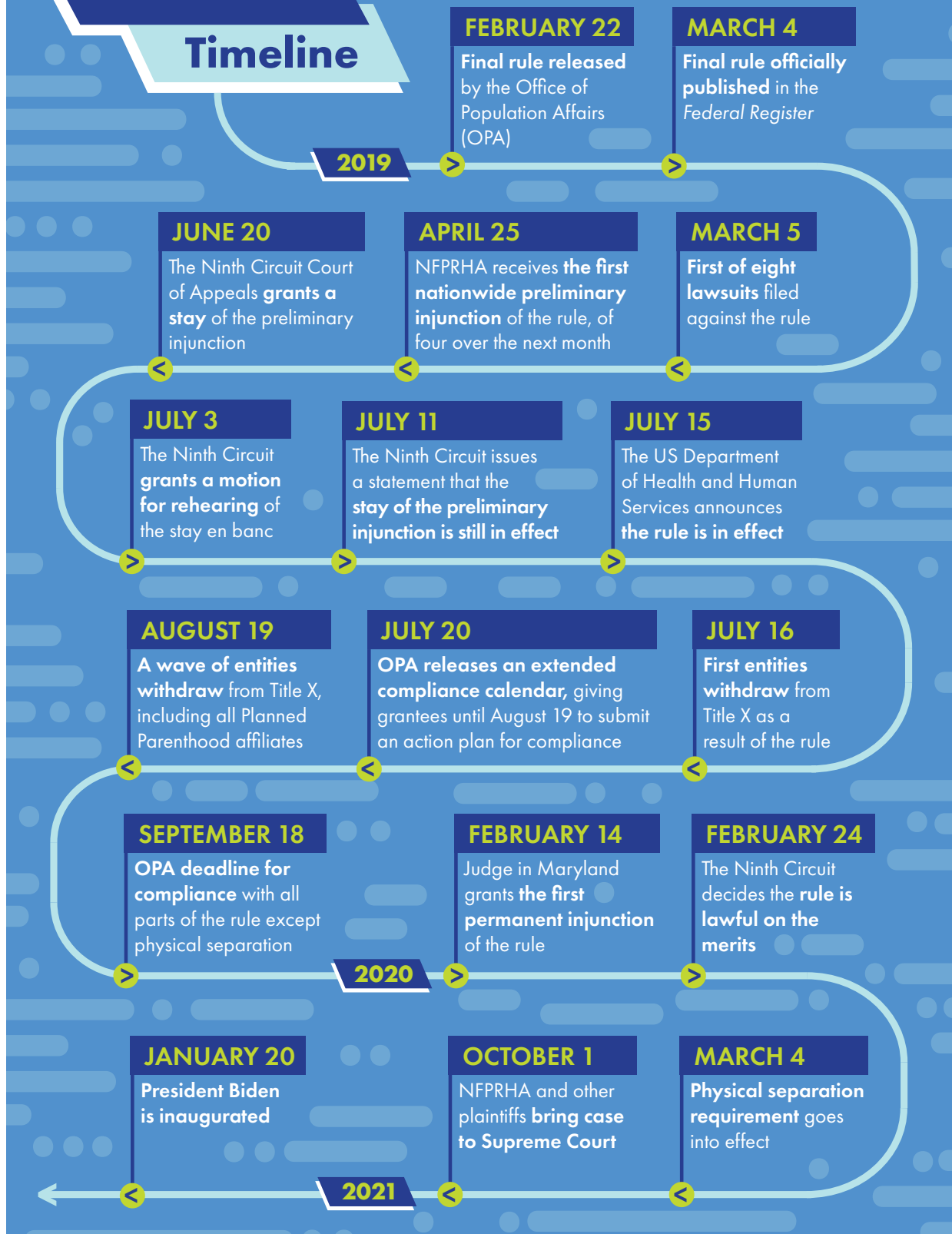
39 states (including DC) have expanded Medicaid eligibility under the Affordable Care Act. Title X-funded health centers are critical access points for Medicaid enrollees.



The unlawful Title X rule has prompted family planning providers in more than 30 states to leave the program.

All data come from the Office of Population Affairs' Title X Family Planning Annual Report: 2019 National Summary, which was published in September 2020 and is available at opa.hhs.gov.

Title X Rule Timeline



Endnotes

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National
Family Planning
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1025 Vermont Ave. NW, Suite 800
Washington, DC 20005
202-293-3114