

Title X Abortion Provider Prohibition

NFPRHA Strongly Opposes S. 51 /H.R. 217: Excluding Abortion Providers from the Title X Family Planning Program

Senator David Vitter (R-LA) and Representative Diane Black (R-TN) introduced S.51 and H.R. 217, respectively. The legislation strips all abortion providers – and entities that fund abortion providers – of Title X funding. The legislation is yet another ideologically-driven attempt to severely weaken the family planning safety net, potentially restricting access to health care for millions of individuals and further exacerbating the gaps in access for the poor and low-income.

What Does the Bill Do?

S. 51/H.R. 217 would:

- Prohibit abortion providers, including but not limited to Planned Parenthood health centers, from receiving Title X funding;
- Deny family planning funding to any entity that provides ANY resources – including non-federal funding – to an abortion provider;
- Maintain an exception for hospitals, but only as long as those hospitals do not provide funds to non-hospital entities that perform abortions; and,
- Include an exception for providers that only perform abortions in cases of rape, incest, or endangerment of the life of the mother.

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- S. 51/H.R. 217 would **undercut the Title X Family Planning Program**, taking away local control of provider networks while reducing access to care for millions of people.
- S. 51/H.R. 217 would **deny millions of women and men access to a full range of preventive health services**, including annual exams and cancer screenings.
- S. 51/H.R. 217 **disproportionately affects low-income women and women of color**.
 - Approximately 70% of Title X patients have incomes at or below the federal poverty level (FPL) ⁱ – which is currently \$11,770 for an individual and \$24,250 for a family of 4.ⁱⁱ These patients receive family planning services at no cost.
 - Title X patients are disproportionately black and Latino, with 21% of Title X patients self-identifying as black and 30% as Latino,ⁱⁱⁱ as compared to 12.6% and 16.4% of the nation,^{iv} respectively.
- S.51/H.R. 217 is **unnecessary and duplicative**. Title X-funded health centers are closely monitored by the US Department of Health and Human Services' Office of Population Affairs (OPA) to ensure that federal family planning funds are separate and distinct from abortion services.^{v vi} Title X recipients must:
 - Demonstrate an understanding of the requirements to keep federal funding separate and distinct from abortion services and the capacity to comply with the requirement;
 - Undergo independent financial audits to confirm there is a system to account for allowable program activities (such as cervical cancer screening) and non-allowable program activities (such as abortion services); and,

- Undergo regular comprehensive program reviews and site visits by independent program reviewers to show compliance with requirements.

Title X is Critically Important

- For more than 40 years, millions of poor and low-income women and men have been able to rely on a diverse group of providers including state, county and local health departments, hospitals, family planning councils, and private non-profit organizations to provide family planning care.
- Four in 10 women utilizing a Title X-funded health centers report it as their only source of care, and 6 in 10 women report it as their primary source of care.^{vii} Excluding providers from the network would deny millions of women and men access to a full range of preventive health services, including annual exams and cancer screenings.
- Planned Parenthoods, for example, use Title X funding to help provide nearly 500,000 breast exams, contraception for nearly 2.2 million patients, nearly 400,000 cervical cancer screenings, and 4.5 million tests and treatments for STDs/HIV.^{viii}

At a time when millions of women and men still lack access to a consistent source of health care, this bill would serve only to exacerbate the gaps in access for the poor and low-income. Congress should support the Title X system and the patients who rely on the network for their care—**S. 51/H.R. 217 should be defeated.**

Endnotes

ⁱ Fowler, C. I., Gable, J., & Wang, J. (2014, November). Family Planning Annual Report: 2013 national summary. Research Triangle Park, NC: RTI International

ⁱⁱ 2015 Federal Poverty Guidelines, accessed January 29, 2015. <http://aspe.hhs.gov/poverty/15poverty.cfm>.

ⁱⁱⁱ Ibid.

^{iv} Census Bureau, Overview of Race and Hispanic Origin: 2010 (March 2011), accessed January 28, 2015, <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>.

^v P.L. 91-572, 1970

^{vi} US Library of Congress, Congressional Research Service. *Title X (Public Health Service Act) Family Planning Program*, accessed 2015, <https://www.fas.org/sgp/crs/misc/RL33644.pdf>

^{vii} Frost JJ, *U.S. Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995-2010*, New York: Guttmacher Institute, 2013, accessed January 28, 2015, <http://www.guttmacher.org/pubs/sources-of-care-2013.pdf>

^{viii} "Planned Parenthood at a Glance," Planned Parenthood Federation of America, accessed January 22, 2015. <http://www.plannedparenthood.org/about-us/who-we-are/planned-parenthood-at-a-glance>.