FACT SHEET

FY 2020 Family Planning: House Appropriations Committee’s Bill

House Committee Offers Strong Support for Title X

On April 29, 2019, the House Appropriations Committee released its draft appropriations bill (PDF) for the Departments of Labor, Health and Human Services, Education, and Related Agencies for fiscal year (FY) 2020. The bill includes $400 million for the Title X family planning program. If enacted, the $113.5 million increase would mark the first increase in service delivery dollars for the program since FY 2010. The draft also includes language protecting the program from the Trump Administration’s harmful Title X rule. The bill passed out of the subcommittee on April 30 and the full committee on May 8.

BASICS OF THE 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. The House of Representatives has planned to complete its appropriations work between April and June 2019, while the Senate is unlikely to begin its work until June.

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 recommend $189.8 billion for the bill, an increase of $11.7 billion over FY 2019 levels. However, there was no joint budget resolution for FY 2020, and so a final level is subject to change during negotiations between the House and Senate bills.

FAMILY PLANNING IN THE HOUSE PROPOSAL

For the first time in 10 years, the House proposal did not include an elimination of the Title X family planning program. Instead, the Labor-HHS subcommittee recommended an increase in funding to $400 million, up from a funding level of $286.5 million.

The committee draft also adopts essential language to block the Title X rule that was finalized by the Trump administration in early March and specifies that any of the
program funding appropriated under this bill would bind the program to the 
regulations that existed at the end of 2016, including Title X regulations that have 
governed the program effectively for decades as well as other protections finalized 
during the Obama administration.

In addition to this new supportive language, the bill continues existing requirements 
for the program that are standard in the appropriations bill. Those provisions are:
- Title X funds may not be used for abortions
- All pregnancy options counseling shall be nondirective
- Title X funds may not be used to promote public support or opposition to 
legislative proposals or candidates for public office

The committee released a report (PDF) to accompany the bill that included additional 
language bolstering the core values of Title X by directing the US Department of 
Health and Human Services to require grantees to certify that they:
- Provide medically accurate and complete counseling, including referral as 
requested, on all matters
- Shall not condition the receipt of Title X-supported services on patients 
remaining sexually abstinent until marriage
- Will not make any appointments or referrals for patients that are contrary to 
the patient’s wishes

Funding for other key programs:
- Increases funds for federally qualified health centers’ Section 330 grants to 
$1.7 billion, a $50 million increase.
- Increases funding for programs related to maternal and child health to $973 
million, an increase of $46 million. The proposal includes dedicated 
appropriations to reduce maternal mortality.
- Dedicates more than $462 million to domestic HIV programs at the Centers for 
Disease Control and Prevention.
- Level funds the Social Services Block Grant at $1.7 billion.
- Increases funds for the evidence-based Teen Pregnancy Prevention Program 
to $110 million and eliminates funds for the abstinence-only sexual risk 
avoidance program.

Disappointingly, the bill continues to include the Hyde Amendment, which perpetuates 
disparities in abortion access by limiting the use of federal funds to pay for abortion 
care.