

National
Family Planning
& Reproductive Health Association

May 29, 2019

Testimony of: Clare Coleman, President & CEO, National Family Planning & Reproductive Health Association

Prepared for: Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education and Related Agencies

Concerning: Title X Family Planning Program (Department of Health and Human Services/Office of Population Affairs)

Chairman Blunt, Ranking Member Murray, and Subcommittee Members:

Thank you for this opportunity to provide testimony in support of increased Title X funding in the fiscal year (FY) 2020 appropriations bill. I am deeply concerned by the administration's continued attacks on the integrity of the Title X program, as demonstrated by the devastating rule published by the administration on March 4,¹ and by the continued underfunding of the nation's only federal program dedicated to family planning and sexual health services for people who are low-income, uninsured, or underinsured. **I urge the Senate to provide strong support for Title X's high-quality, evidence-based, and patient-centered care by adopting the House's appropriation of \$400 million and language protecting the program's integrity in the FY 2020 Labor, Health and Human Services, Education, and Related Agencies appropriations bill.**

The National Family Planning & Reproductive Health Association (NFPRHA) is a non-partisan 501(c)3 membership association that advances and elevates the importance of family planning in the nation's health care system and promotes and supports the work of family planning providers and administrators, especially in the safety net. Representing more than 850 members that operate or fund more than 3,500 health centers in the United States, NFPRHA conducts and participates in research; provides educational subject matter expertise to policy makers, 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. NFPRHA represents more than 70% of Title X grantees and more than 90% of Title X service sites.

¹ Department of Health and Human Services. Final Rule. "Compliance with Statutory Program Integrity Requirements." *Federal Register* 84 (March 4, 2019): 7714-7791.

Title X helps more than four million people access family planning and related health services at nearly 4,000 health centers around the country annually.² Title X-funded health centers include a diverse array of providers, such as state and local health departments, freestanding family planning centers, Planned Parenthood affiliates, federally qualified health centers, hospitals, school- and university-based health centers, a diversity that allows patients to seek care at the site that works best for them.

For many individuals, particularly those who have low incomes, are under- or uninsured, or are adolescents, Title X-supported sites are their main access point to affordably and confidentially obtain contraception, cancer screenings, sexually transmitted disease testing and treatment, complete and medically accurate information about their sexual health and family planning options, and other basic care. In fact, a 2017 study found six in ten women seeking contraceptive services at a Title X health center saw no other health care providers that year.³ In addition to that direct clinical care, Title X supports important health center efforts that are not reimbursable under Medicaid or private insurance, including critical staff training and community-based sexual and reproductive health education programs.

Despite this compelling data, and in spite of the critical importance of equitable access to family planning services for all people, Title X has remained woefully underfunded at just over \$286 million for the past six years. In 2016, researchers from the Centers for Disease Control and Prevention, the Office of Population Affairs, and George Washington University estimated that Title X would need \$737 million annually to deliver family planning care to all uninsured, low-income women in the United States.⁴ This estimate understates the true need for Title X, as it does not include an estimate of costs for men (who made up 12% of patients in the network in 2017⁵), does not account for Title X's trans and nonbinary patients, and does not include an estimate for the insured patients who rely on Title X's confidentiality protections.

The gap between the funds appropriated and the funds needed has only grown in recent years. From 2010 to 2014 the number of women who needed publicly funded family planning services increased by one million,⁶ but Congress cut Title X's funding by \$31 million over that period. That decrease unfortunately corresponds to dramatic

² 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>.

³ Mia Zolna, Megan Kavanaugh, and Kinsey Hasstedt. "Insurance-Related Practices at Title X-Funded Family Planning Centers under the Affordable Care Act: Survey and Interview Findings." Guttmacher Institute (November 2017). <https://www.guttmacher.org/article/2017/11/insurance-related-practices-title-x-funded-family-planning-centers-under-affordable>.

⁴ 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.

⁵ 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>.

⁶ Jennifer Frost, Lori Frohwirth and Mia Zolna, "Contraceptive Needs and Services, 2014 Update," Guttmacher Institute (September 2016). <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.

decreases in the number of patients served at Title X-funded sites; the numbers dropped from 5.22 million in 2010⁷ to just over four million in 2017.⁸

In April, the House Appropriations Committee recognized these challenges and adopted NFPRHA's recommendations to strengthen the Title X program by including an appropriation of \$400 million and new language to block the harmful Title X rule finalized in March and restore the full regulatory framework for Title X to its 2016 status. **NFPRHA urges you to adopt these critical provisions in your bill and maintain existing requirements that support the program's ability to fulfill Congress' vision for this essential public health program.**

These funding and language requests come in the wake of a final rule from the administration that is unlawful, coercive, and dangerous for patients' health. On March 4, the administration published a final rule⁹ that disregards medical ethics and federal guidelines in order to severely restrict the providers in the Title X network and the care that patients can receive from those remaining in the program. Federal judges in Washington, Oregon, and California responded swiftly to the potential illegality of the new rules by issuing injunctions against the rule in April 2019.¹⁰ While these cases work their way through the court system, I urge you to use your power to block the rules through the appropriations bill.

Thousands of providers and millions of patients are counting on Congress to stand strong against attacks on family planning and support increased public funding for the Title X program. I look forward to working with committee members in those efforts.

If you have questions about this testimony, please contact my colleague Lauren Weiss, Director, Advocacy & Communications, at lweiss@nfprha.org or 202-552-0151.



Clare M. Coleman
President & CEO

⁷ 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>.

⁸ Fowler et al, "Family Planning Annual Report: 2016 National Summary."

⁹ Department of Health and Human Services. Final Rule. "Compliance with Statutory Program Integrity Requirements." *Federal Register* 84 (March 4, 2019): 7714-7791

¹⁰ See *State of Washington v. Alex M. Azar II*, No. 1:19-cv-03040-SAB (E.D. Wash. Apr. 25, 2019), *American Medical Ass'n et al. v. Alex M. Azar II*, et al., No. 6:19-cv-00317-MC (D. Or. Apr. 29, 2019), *Essential Access Health, Inc. et al. v. Alex M. Azar, et al.*, No. 19-cv-01195-EMC (N.D. Cal. Apr. 26, 2019).