

National
Family Planning
& Reproductive Health Association

May 19, 2020

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:

As the chief executive officer of the National Family Planning & Reproductive Health Association (NFPRHA), I thank you for this opportunity to provide testimony in support of increased Title X funding and critical program language in the fiscal year (FY) 2021 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 that the Department of Health and Human Services finalized in 2019.¹ Today, more than one million people no longer have access to Title X-supported services at the health center they used in 2018 due to the rule. **I urge Congress to use the FY 2021 Labor, Health and Human Services, Education, and Related Agencies appropriations bill to make a strong statement in support of high-quality, evidence-based, and patient-centered family planning care and against the Title X rule by including language to block the rule and reverse the damage done in communities across the country. With that language in place, we urge Congress to appropriate \$400 million for the program, the funding level the House proposed in FY 2020.**

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 close to 1,000 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. Prior to the grantee shifts caused by the 2019 Title X rule, NFPRHA represented more than 70% of Title X grantees and more than 90% of Title X service sites.

Title X has served as the nation's sole federal program dedicated to family planning since its inception in 1970, 50 years ago. In 2018, Title X helped close to 4

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

million people access family planning and related health services at nearly 4,000 health centers around the country.² Title X-funded health centers include a diverse array of providers, such as freestanding family planning centers, federally qualified health centers, hospitals, school- and university-based health centers, and other entities.³ For many individuals, particularly those who have low incomes, are under- or un-insured, or are adolescents, Title X has been 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 study found that in 2016, six in ten women seeking contraceptive services at a Title X-funded health center saw no other health care providers that year,⁴ and in 2016 Title X-supported contraceptive services helped patients prevent an estimated 755,000 pregnancies.⁵ In addition to that direct clinical care, Title X supports important health center efforts that are not reimbursable under Medicaid or private insurance, including 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, the Trump administration pushed forward a rule that has decimated the Title X network and made it harder for providers to offer high quality, comprehensive preventive services to patients. I urge you to include both a prohibition on the rule's implementation and a new pathway to allow providers that left the program rather than comply with the rule a way to reenter the program and serve the millions of patients who rely on them for care. This language is also critical for the providers that have remained in the program in order to ensure that patients are left with some access to family planning services.

Furthermore, I urge you to fund the program at \$400 million, as the House proposed in FY 2020. These funds will allow Title X providers to maintain existing services and provide a down payment on the resources needed to restore Title X's capacity to serve the millions of people who could benefit from its services. As you know, Title X has been funded at just over \$286 million for the past seven 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.⁶ This estimate understates the true need for Title X, as it does not include an estimate of costs for men (who made up 13% of patients in the

² Christina Fowler et al, "Family Planning Annual Report: 2018 National Summary," RTI International (August 2019). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf>.

³ Prior to implementation of the 2019, many Planned Parenthood affiliates participated in the program. Planned Parenthood withdrew from the program in August 2019.

⁴ Megan Kavanaugh, Mia Zolna, and Kristen Burke, "Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016," *Perspectives on Sexual and Reproductive Health* 50.3 (September 2018). <https://onlinelibrary.wiley.com/doi/full/10.1363/psrh.12061>.

⁵ Jennifer Frost et al, "Publicly Supported Family Planning in the United States: Likely Need, Availability and Impact, 2016," Guttmacher Institute (October 2019). <https://www.guttmacher.org/report/publicly-funded-contraceptive-services-us-clinics-2015>.

⁶ 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.

network in 2018⁷), does not address 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 2016 the number of women who needed publicly funded family planning services increased by 1.5 million,⁸ but Congress cut Title X's funding by \$31 million over that period. That decrease unfortunately corresponds to dramatic decreases in the number of patients served at Title X-funded sites; the numbers dropped from 5.22 million in 2010⁹ to just under four million in 2018.¹⁰ NFPRHA and its members are deeply concerned about diminishing access to high-quality family planning care and urge Congress to take an initial step to reverse this devastating trend by appropriating \$400 million for Title X in FY 2021.

The need for the Title X program and its network of providers is even more critical as the coronavirus affects communities across the country. Family planning and sexual health services are often time-sensitive, and the need for these services does not stop during a pandemic. In fact, recent public opinion polling shows that a majority of US adults (65%) think now is a bad time for individuals and couples to try to get pregnant, and only five percent of adults would consider it "less essential" for individuals to have that access to birth control during the coronavirus pandemic.¹¹ Now more than ever, the Title X provider network, already struggling in the wake of years of attacks and chronic underfunding, needs the robust support of Congress to continue to provide high-quality family planning and sexual health services.

Furthermore, family planning staffing has been impacted at health centers due in some instances to employees being redeployed to COVID response and because of the individual toll the pandemic has taken on staff, including short-term and long-term absences as employees deal with health and family issues. Staffing issues coupled with decreased patient visits and the likelihood that states will need to cut family planning funding in future budgets due to fiscal crisis means that current federal funding for safety-net health centers is simply not enough. Access to essential services depends on health centers receiving sufficient funds to remain open and programmatic rules that allow expert providers to offer the best possible care.

⁷ Christina Fowler et al, "Family Planning Annual Report: 2018 National Summary," RTI International (August 2019). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf>.

⁸ Jennifer Frost, Lori Frohwirth and Mia Zolna, "Publicly Supported Family Planning Services in the United States: Likely Need, Availability, and Impact, 2016," Guttmacher Institute (October 2019). <https://www.guttmacher.org/report/publicly-supported-FP-services-US-2016>.

⁹ Christina Fowler et al, "Family Planning Annual Report: 2010 National Summary," RTI International (August 2019). <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf>.

¹⁰ Fowler et al, "Family Planning Annual Report: 2018 National Summary."

¹¹ Morning Consult, on behalf of the National Family Planning & Reproductive Health Association (NFPRHA), conducted a poll using a national sample of 2,200 US adults, between April 30 - May 2, 2020. The interviews were conducted online, and the data were weighted to approximate a target sample of US adults based on age, educational attainment, gender, race, and region. Results from the full survey have a margin of error of +/- 2%.

Thousands of providers and millions of patients are counting on Congress to stand strong against attacks on family planning and support the Title X program. NFPRHA looks forward to working with committee members in those efforts.

Sincerely,

A handwritten signature in cursive script that reads "Clare M. Coleman". The signature is written in a light gray or blue ink.

Clare M. Coleman
President & CEO
National Family Planning & Reproductive Health Association