FACT SHEET TITLE X

The Nation's Family Planning Program

For 50 years, the Title X (ten) family planning program, the nation's only dedicated source of federal funding for family planning, has provided high-quality, expert family planning services and other preventive health care to people with limited resources. President Richard Nixon signed the program into law on December 24, 1970, with broad bipartisan support.¹ In 2019, the Trump administration finalized² unlawful restrictions for Title X that have undermined the integrity of the program and patients' access to the family planning and sexual health services that are the hallmark of the program.

WHY IS TITLE X IMPORTANT?

- → Title X is the only dedicated source of federal funding for family planning. This funding is critical to maintaining access to services for people with low and no incomes and people who are un- or under-insured. In 2019, the 3,825 health centers that received Title X funding relied on those grants for, on average, almost a quarter of the revenue needed to support their family planning projects.³
- → The more than 3 million people⁴ who visited a Title X-funded health center last year for family planning and sexual health services may have no other access to health care. In fact, a 2018 study found that 60% of women who received contraceptive services from a Title X-funded health center in 2016 had no other source of medical care in the prior year.⁵ In addition, Title X-funded health centers may be among the few places for people without insurance or with Medicaid to access affordable care, as all Title X-supported services are available at no cost to people living below the federal poverty line (\$12,760 for an individual in 2020).⁶
- Relative to other publicly funded health centers that offer family planning services, Title X-funded providers are more likely to stock a wide range of contraceptive supplies and have protocols for quick starts of contraceptive methods, critical factors to ensuring that patients can receive the method they want, when they want it.⁷
- → Unlike insurance reimbursements, Title X funds can be used for vital operational needs, such as health information technology, patient education, and community outreach.⁸

HOW IS THE PROGRAM ADMINISTERED?

- → Similar to other safety-net health care programs, the Title X grant program funds are appropriated to the Health Resources Services Administration (HRSA) through the annual discretionary appropriations process. However, the program is administered by the Office of Population Affairs (OPA) within the US Department of Health and Human Services (HHS). In addition to service delivery grants, the program funds training, research, and technical assistance projects.
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Any public or nonprofit entity is eligible to apply for a Title X service grant. The current 73 grantees (which hold 77 grants) vary widely, from local and state health departments to statewide family planning councils to federally qualified health centers. These grantees may provide clinical services themselves and/or support a network of subrecipient agencies that operate health centers across the grant's region.

Title X grants are typically awarded as multiyear projects. Seventy-two of the current grants end on March 31, 2022,⁹ while the rest end on September 29, 2022.¹⁰

WHAT SITES ARE IN THE TITLE X NETWORK?

- → The Title X network has experienced dramatic changes following implementation of the Trump administration's Title X rule in July 2019. Earlier that year, OPA awarded 90 grants to 88 entities across the country.¹¹ However, following implementation of the Trump administration's Title X rule in August 2019, 18 grantees, overseeing 19 grants, withdrew the program rather than comply with the rule's restrictions.¹² OPA used the returned funds to provide supplemental awards to 50 existing grantees in September 2019,¹³ to award five new grants in September 2020, and to provide \$160,000 to every existing grantee in September 2020 to support data and technology needs.¹⁴
- Prior to the implementation of the Title X rule, nearly 4,000 health centers provided Title X-supported services in every state, territory, and the District of Columbia. Following the rule, more than 1,000 health centers left the program (including all participating Planned Parenthood affiliates), either on their own or as part of a grantee's withdrawal from Title X. In 2018, those departed health centers had provided more than 1.5 million people with family planning care.¹⁵
 - Six states have no Title X-supported health centers: Hawaii, Maine, Oregon, Utah, Vermont, and Washington. Another 10 states had dramatic reductions in the number of available providers due to grantees withdrawing from the program, and only three of those states will see increases in service sites from the September 2020 awards.

WHO RELIES ON TITLE X?



In 2019, Title X-funded providers saw 3,095,666 patients for 4,673,669 visits.¹⁶ Concerningly, the patient volume is down 21% from 2018¹⁷ and 41% from 2010.¹⁸ The

substantial decrease in patients relative to just one year earlier points to the harmful impacts of the Title X rule.

In 2019, 64% of patients at Title X-funded health centers had incomes at or below the federal poverty level (FPL);¹⁹ that year, FPL was \$12,490 for an individual and \$21,330 for a family of three.²⁰ These patients receive services at no cost. Another 24% of patients lived between 101 and 250% FPL and therefore receive services at a discount.²¹

In 2019, 41% of Title X patients were uninsured, 38% were enrolled in Medicaid or other public health insurance programs, and 20% had private insurance.²² The number of uninsured patients has dropped dramatically since the passage of the Affordable Care Act and the resultant expansion of Medicaid eligibility in some states.

➡ Title X patients are disproportionately Black and/or Latino/a, with 24% of Title X patients identifying as Black or African American and 33% as Hispanic or Latino/a, compared to 13% and 19% of the nation, respectively. Eighty-seven percent of Title X patients are female and 13% are male.²³

Title X-funded health centers provide services to people of all ages. In 2019, 8% of patients were below age 18, 78% of patients were ages 18-39, and 14% of patients were 40 or older.²⁴ Title X is particularly important for young people, as they are able to access services without parental involvement and can use their own income, rather than their family income, to qualify for low- or no-cost care. Unfortunately, the 2019 rule puts access to confidential care at risk by encouraging family participation for all patients, regardless of age, and requiring minors to disclose information about sexual partners under the guise of screening for child abuse and sexual violence.²⁵

WHAT SERVICES DO HEALTH CENTERS PROVIDE?

- → Title X health centers provide access to contraceptive services, supplies, and information to all who need them. By law, however, priority is given to people with low or no incomes.²⁶
- In 2014, the Centers for Disease Control and OPA issued Providing Quality Family Planning Recommendations, setting the national standard for family planning services.²⁷ Title-X funded centers are driven by these guidelines, though they must operate within the constraints of the 2019 Title X rule.
- ➡ Title X-supported services include pregnancy testing; contraceptive counseling and services; testing and treatment for sexually transmitted diseases (STDs); pelvic exams; screening for cervical cancer, breast cancer, high blood pressure, anemia, diabetes, and HIV/AIDS; infertility services; health education; and referrals for health and social services.²⁸ The 2019 final rule made it optional for entities to offer pregnancy options counseling, a core service in family planning, and barred entities from offering abortion referrals, even upon patient request.²⁹

- ➡ In 2019, 85% of female patients exited their appointment at a Title X-funded health center with an existing or new contraceptive method or were pregnant or seeking pregnancy.³⁰
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In addition, these centers administered 541,661 Pap tests, 627,282 clinical breast exams, more than 4 million STD tests (excluding HIV tests), and 961,859 HIV tests.³¹

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- 3. Christina Fowler et al, "Family Planning Annual Report: 2019 National Summary," Office of Population Affairs (September 2020). https://opa.hhs.gov/sites/default/files/2020-09/title-x-fpar-2019-national-summary.pdf.
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- 6. Office of the Assistant Secretary for Planning and Evaluation, "HHS Poverty Guidelines for 2020," US Department of Health and Human Services (January 8, 2020). aspe.hhs.gov/poverty-guidelines.
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- 8. Butler Stith and Clayton Wright, eds, A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results, Institute of Medicine Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program, Washington, DC: National Academies Press (2009).
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- 11. "HHS Awards Title X Family Planning Services Grants," 2019.
- 12. Fowler, 2020.
- 13. "HHS Issues Supplemental Grant Awards to Title X Recipients," Office of Population Affairs (September 30, 2019). https://opa.hhs.gov/about/news/grant-award-announcements/hhs-issues-supplemental-grant-awards-title-x-recipients.
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- 15. Ruth Dawson, "Trump Administration's Domestic Gag Rule Has Slashed the Title X Network's Capacity by Half." (February 26, 2020). Guttmacher Institute. https://www.guttmacher.org/article/2020/02/trump-administrations-domestic-gag-rule-has-slashed-title-x-networks-capacity-half#.
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- 17. Christina Fowler et al., "Family Planning Annual Report: 2018 National Summary," RTI International (September 2019). https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf.
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- 20. Office of the Assistant Secretary for Planning and Evaluation, "2019 Poverty Guidelines." US Department of Health and Human Services (2019). https://aspe.hhs.gov/2019-poverty-guidelines.
- **21.** Fowler, 2020.
- 22. Ibid.
- 23. Ibid.
- 24. Ibid.
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- 26. Family Planning Services and Population Research Act of 1970, Public Law 91-572 (1970).
- 27. Loretta Gavin et al, "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs," *Morbidity and Mortality Weekly Report* 63 (April 25, 2014).
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- 30. Fowler, 2020.
- 31. Ibid.

^{1.} Family Planning Services and Population Research Act of 1970, Public Law 91-572 (1970).