



The Threat to Title X Family Planning

Why It Matters and What's at Stake for Women

By Kiersten Gillette-Pierce and Jamila K. Taylor February 9, 2017

For decades, the Title X Family Planning Program has been a lifeline for women, helping them to have healthier families and lead healthier lives. Title X, as it is commonly known, refers to the Public Health Service Act's amendment titled Population Research and Voluntary Family Planning Programs,¹ which was signed into law by President Nixon and first enacted in 1970.² The program plays a unique role because it is the only federal domestic program focused solely on providing people with critical reproductive health services related to family planning and contraception, including physical exams, prescriptions, laboratory exams, contraceptive supplies, and referrals when medically needed.³ The program also offers educational and counseling services for both providers and clients.⁴ Title X clinics serve about 4 million clients each year and fill a void in access to family planning services that would otherwise leave these clients' needs unmet. Ensuring that there is a robust Title X program to continue these important services is essential for the health and well-being of American families.

The threat and what's at stake

Title X is under attack by conservative lawmakers and the administration of President Donald Trump and Vice President Mike Pence, all of whom want to dictate whether women can access family planning and contraceptive care as part of a broader anti-choice agenda. Indeed, for most of the nearly 50 years that Title X has been in place, anti-choice legislators have worked to decrease funding and undermine the program's effectiveness.⁵ In particular, conservatives have pushed to cut funding to certain Title X providers such as Planned Parenthood—solely because they also provide abortion care with nongovernment funds.⁶ All Title X providers play a critical role in ensuring affordable contraception and other family planning services for women and families in need. The Obama administration issued a rule to protect Title X providers and avoid unraveling the entire Title X infrastructure, but Republicans in Congress are pushing to eliminate this rule by way of the Congressional Review Act.⁷ If successful, the move could cause millions of people to go without access to affordable family planning services, reduce the Title X provider network, and tie the hands of providers working on the front lines who are dedicated to responding to underserved communities.

Title X benefits women of color and low-income families

Title X providers are a foundational source of high-quality, economical reproductive health care for women with and without insurance; most patients are uninsured or ineligible for Medicaid.⁸ In fact, 2015 marked the first year in which Title X clients with insurance outnumbered those without insurance.⁹ Despite the uptick in insurance holders, the mandated Title X fee policies keep family planning services available to their most vulnerable clients: users who are uninsured, poor or low-income, or seeking confidential services.¹⁰ The Title X program also provides an important source of affordable health care for women of color, who disproportionately work in low-wage jobs that do not offer benefits.¹¹

- Out of the 4 million family planning clients who Title X serves, more than half are women of color: 30 percent identify as either black or African American, Asian, Native Hawaiian or Pacific Islander, or American Indian or Alaska Native, and another 32 percent of clients identify as Hispanic or Latino.¹²
- 21 percent of all Title X clients identify as black or African American, and 30 percent identify as Hispanic or Latino, while African American people and Hispanic and Latino people make up 13 percent and 17 percent of the U.S. population, respectively.¹³
- Women with incomes below or at the federal poverty level receive no-cost services. Women with incomes between 200 percent and 250 percent of the federal poverty level are charged on a sliding scale. Women with incomes above 250 percent of the federal poverty level are charged full fees.¹⁴
- No one can be refused based on the inability to pay.¹⁵
- Contraceptive services at Title X centers annually prevent 1 million unintended pregnancies, translating to 501,000 unplanned births and 345,000 abortions prevented.¹⁶
- Without Title X funding, the number of unintended pregnancies, unplanned births, and abortions each year in the United States would be 66 percent higher.¹⁷

Title X allows young women to access confidential family planning services

Ninety percent of Title X funds are used for clinical services, including adolescent services.¹⁸ Furthermore, publicly funded family planning providers are required to execute services “without coercion and with respect for the privacy, dignity, social, and religious beliefs of the individuals being served.”¹⁹ This clause protects young women’s autonomy by allowing them to be seen individualistically rather than as dependents of their parents or guardians.²⁰ In fact, Title X clinics are one of the few places that provide confidential family planning care for young women.²¹

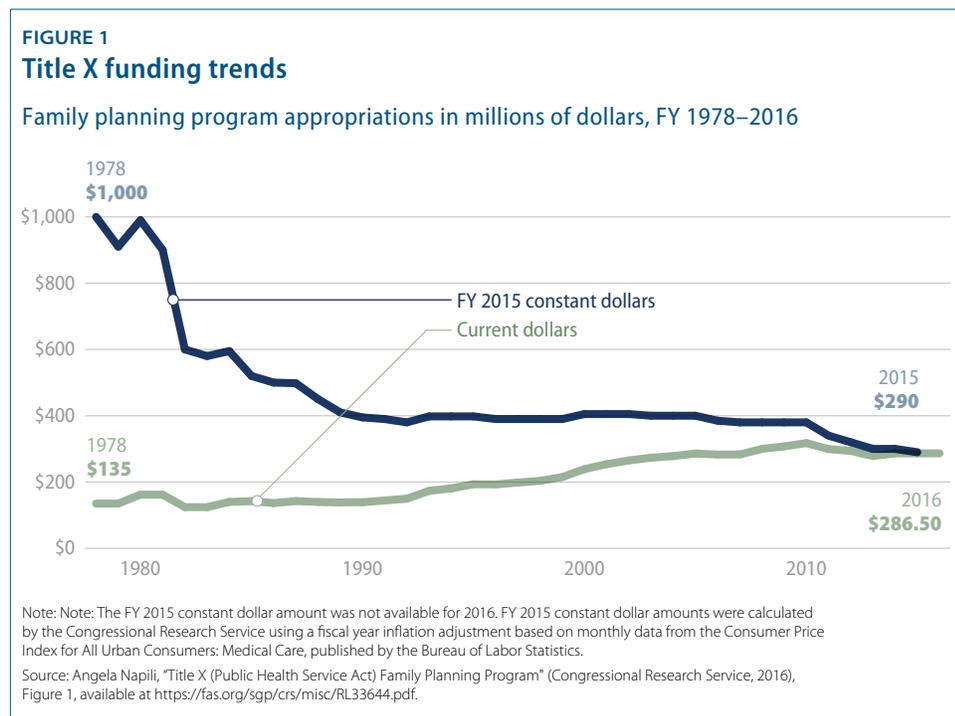
- Title X contraceptive services significantly reduce rates of unintended pregnancy and abortion among young women.²²
- Without publicly funded contraceptive clinics, an additional 360,000 teenagers would become pregnant each year, increasing teen pregnancies 73 percent. Of these young women, 190,000 would give birth and 110,000 would have abortions.²³

- Between 1981 and 2011, Title X-funded clinics have prevented more than 5.5 million adolescent pregnancies—resulting in more than 2 million births and 2 million abortions prevented for minors.²⁴
- The national teen pregnancy rate has dropped more than 50 percent over the past 20 years.²⁵ Research shows that 86 percent of the decline in teen pregnancy rates is due to improved contraceptive use.²⁶

Title X saves tax payers money

Public spending for the U.S. family planning program prevents unintended pregnancies and reduces the incidence and impact of preterm and low birth weight births, sexually transmitted infections, infertility, and cervical cancer.²⁷ However, Title X funding has been cut significantly over the years. In fact, in 2015, Title X projects reported a net decrease of \$32.6 million in total revenue compared with the previous year.²⁸ Despite funding cuts, tax payers have saved a significant amount of money by investing in family planning—about \$15.8 billion in gross public savings in 2010 alone.²⁹

- In 2010, every government dollar spent on family planning programs and providers saved an average of \$7.09 in Medicaid-related costs, adding up to net government savings of about \$13.6 billion.³⁰
- \$15.7 billion was saved by preventing unplanned births; \$123 million was saved by providing sexually transmitted infection and HIV testing; and \$23 million was saved by providing Pap smears and HPV testing and vaccines.³¹



Title X has been proven critical to the social safety net, with a track record of helping to keep women and families healthy and thriving for almost 50 years. It opens up access to comprehensive family planning care for women who need it the most and gives women options and high-quality health care regardless of their socioeconomic status, race, or ability to cover out-of-pocket costs associated with contraception services. In doing so, it allows publicly funded family planning providers to help reduce women’s risk of unintended pregnancy and abortion. The Trump administration and Congress should abandon their anti-choice political agenda and recognize the essential role that programs such as Title X and reproductive health care protections play in supporting access to comprehensive health care for all people.

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Endnotes

- 1 *Family Planning Services and Population Research Act of 1970*, Public Law 91-572, 91st Cong., 1st sess. (December 24, 1970), available at <http://uscode.house.gov/statutes/pl/91/572.pdf>.
- 2 NARAL Pro-Choice America, “Title X Family Planning Services: Fast Facts” (2016), available at <http://www.pro-choiceamerica.org/media/fact-sheets/birth-control-family-planning-title-x-fast-facts.pdf>.
- 3 *Ibid.*
- 4 Office of Population Affairs, *Program Requirements for Title X Funded Family Planning Projects* (U.S. Department of Health and Human Services, 2014), available at <https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html>.
- 5 NARAL Pro-Choice America, “Title X: The Nation’s Cornerstone Family Planning Program” (2016), available at <http://www.prochoiceamerica.org/media/fact-sheets/birth-control-access-title-x-cornerstone.pdf>.
- 6 U.S. Department of Health and Human Services, “Compliance with Title X Requirements by Project Recipients in Selecting Subrecipients,” *Federal Register* 81 (243) (2016): 91852–91860, available at <https://www.federalregister.gov/documents/2016/12/19/2016-30276/compliance-with-title-x-requirements-by-project-recipients-in-selecting-subrecipients>.
- 7 *Ibid.*; Emmarie Huettman, “How Republicans Will Try to Roll Back Obama Regulations,” *The New York Times*, January 30, 2017, available at https://www.nytimes.com/2017/01/30/us/politics/congressional-review-act-obama-regulations.html?_r=0.
- 8 C.I. Fowler and others, “Family Planning Annual Report: 2015 National Summary” (Research Triangle Park, NC: RTI International, 2015), available at <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2015.pdf>.
- 9 *Ibid.*
- 10 *Ibid.*
- 11 *Ibid.*
- 12 *Ibid.*
- 13 NARAL Pro-Choice America, “Title X Family Planning Services.”
- 14 *Ibid.*
- 15 *Ibid.*
- 16 *Ibid.*
- 17 Jennifer J. Frost, Mia R. Zolna, and Lori Frohwirth, “Contraceptive Needs and Services, 2010” (New York: Guttmacher Institute, 2013), available at https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-2010.pdf.
- 18 Angela Napili, “Title X (Public Health Service Act) Family Planning Program” (Washington: Congressional Research Service, 2016), available at <https://fas.org/sgp/crs/misc/RL33644.pdf>.
- 19 *Ibid.*
- 20 Kathleen P. Tebb and others, “Protecting Adolescent Confidentiality Under Health Care Reform: The Special Case Regarding Explanation of Benefits (EOBs)” (San Francisco: Philip R. Lee Institute for Health Policy Studies and University of California, San Francisco Division of Adolescent and Young Adult Medicine, 2014) available at http://healthpolicy.ucsf.edu/sites/healthpolicy.ucsf.edu/files/documents/EOB%20Policy%20Brief_FINAL.pdf.
- 21 Center for Reproductive Rights, “Title X Family Planning,” January 1, 2004, available at <https://www.reproductiverights.org/document/title-x-family-planning>.
- 22 NARAL Pro-Choice America, “Title X Family Planning Services.”
- 23 Jennifer J. Frost and others, “Return on Investment: A Fuller Assessment of Benefits and Cost Savings of the US Publicly Funded Family Planning Program,” *The Milbank Quarterly* 92 (4) (2014): 667–720, available at https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/MQ-Frost_1468-0009.12080.pdf.
- 24 Rachel Benson Gold, “Title X: Three Decades of Accomplishment” (Guttmacher Institute, 2001), available at https://www.guttmacher.org/sites/default/files/article_files/gr040105.pdf.
- 25 Office of Adolescent Health, “Trends in Teen Pregnancy and Childbearing,” available at <https://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html> (last accessed January 2017).
- 26 John S. Santelli and others, “Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use,” *American Journal of Public Health* 97 (1) (2007): 150–156, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1716232/pdf/0970150.pdf>.
- 27 Frost and others, “Return on Investment.”
- 28 Fowler and others, “Family Planning Annual Report.”
- 29 Frost and others, “Return on Investment.”
- 30 *Ibid.*
- 31 *Ibid.*