



Support Family-Planning Services; Oppose Unnecessary Restrictions on the Title X Program

The latest in a long line of political attacks on the Title X (ten) family-planning program came in 2007, when anti-choice lawmakers Sen. David Vitter (R-LA) and Rep. Mike Pence (R-IN) introduced legislation (S.351/H.R.4133) to make any entity that provides abortion care with its own private funds ineligible for a Title X family-planning grant.¹ (Such an “entity” could include a health clinic, a network of clinics, or a hospital that referred reproductive-health services to a clinic.) While the sponsors claim this legislation is necessary to prohibit publicly funded abortion care, the proposal’s true purpose is obvious: to dismantle the Title X network, leaving thousands of low-income women without family-planning services.

Current Title X law, regulations, and program policies already state that:

- No Title X dollars may pay for abortion care.² Furthermore, the Department of Health and Human Services bars other abortion-related activities in a Title X project, such as providing transportation to an abortion provider, explaining and obtaining signed consent forms for abortion care, and related services.³
- No Title X dollars may be used in any program that “promotes or encourages” abortion as a method of family planning.⁴
- Title X funds must be kept strictly separate from any dollars used for abortion services, and grantees are required to keep their family-planning activities physically separate from prohibited abortion-related activities.⁵

There has been no known violation of these restrictions - but anti-choice activists claim they’re still not enough. The Vitter/Pence proposal goes much further, saying that:

- If a Title X grantee or subgrantee is providing abortion services *with other funds*, as current law allows, it must stop doing so or be cut off from the Title X program altogether.
- Every Title X grantee and subgrantee that offers abortion care with other funds *must identify itself to the federal government and Congress.*

The Vitter/Pence proposal is deeply troubling for the following reasons:

- **Title X does not fund — and has never paid for or subsidized – abortion services.** Section 1008 of the Title X law specifies: “None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”⁶ By law, Title X funds may not be used to provide, promote, or encourage abortions. While family-planning opponents claim this legislation is necessary to stop taxpayer subsidization of abortion

services, in reality, such “subsidization” does not occur. Current law already imposes this restriction.

- **Longstanding requirements already mandate Title X grantees to strictly separate their family-planning projects from their non-Title X abortion activities.**⁷ Under Title X policies, privately funded abortion activities must be separate and distinct from Title X project activities, including, but not limited to, separate accounting practices. Title X grantees already abide by the separation requirements, including the standard accounting practices that are consistent with those employed for other federal grants. In fact, to the best of our knowledge, no violation of this requirement has been reported in the program’s history.

- **The breadth of the Vitter/Pence proposal could dismantle entire networks of well-respected health-care providers.** The legislation would make ineligible for Title X funds any “organizational entity or individual” that provides abortion care with non-Title X funds – along with its subgrantees. *This approach would be particularly devastating to the Title X program because 4,400 clinics nationwide receive funding through just 88 grantees.*⁸ *If even one site in a large network provides abortion care, the whole network is ruled ineligible.* For example:
 - If a grantee operates 10 separate family-planning clinics throughout a state and only one offers abortion services, then the entire network of 10 clinics would be ineligible for Title X funds.

 - A hospital that provides reproductive-health care but not abortion services could be affiliated with, and subgrant some of its funds to, a nearby clinic (not another hospital). If that clinic also provides abortion care – with non-Title X funds – then both the clinic and the hospital would be ineligible for a Title X grant. It makes no difference if these are the only family-planning providers serving the community, as is often the case.

 - A Title X clinic that is the only source of reproductive-health care in a rural area may lose its Title X eligibility, leaving low-income women in the community entirely without family-planning services. Eliminating a community’s only source of birth control does not help accomplish the goal of reducing the need for abortion.

- **If it becomes law, the Vitter/Pence proposal will create a “black list” of abortion providers.** The Vitter/Pence legislation requires every Title X grantee to disclose to the federal government – and Congress – whether it provides abortion services. Sadly, violent anti-choice attacks on women’s health clinics are still commonplace – and such a list could compromise doctors’ and patients’ safety, security, and confidentiality. At best, this is an administrative burden and waste of taxpayer funds, and it harasses courageous doctors who provide medical care under very trying conditions. At worst, it could turn women, physicians, and other clinic personnel into targets for anti-choice extremists.

- **The Vitter/Pence proposal is a thinly veiled attack on birth control.** Supporters of the Vitter/Pence legislation claim they want to stop taxpayer “subsidization” of abortion services. By their logic, every Title X dollar granted to a health-care clinic for birth-control services is fungible, and could be used to subsidize abortion care. But clinics receive billions of dollars from many different federal grants – for HIV prevention, for child immunizations, for Medicaid and Medicare – even tax credits and deductions. Why does the Vitter/Pence legislation apply only to one grant, the Title X family-planning program? The answer is as clear as it is troubling: the real target of this legislation isn’t taxpayer “subsidies” of abortion services – it’s birth control.

- **State legislation like the Vitter/Pence proposal imposes severe restrictions on receipt of family-planning funds which results in the loss of funding for clinics and jeopardizes the availability of essential services.**
 - In 2001, Missouri enacted legislation that on its face prohibits clinics from receiving family-planning funds if they provide abortion information on request. After Missouri enacted this highly restrictive measure, 19 agencies lost – in a period of just three months – a total of more than \$535,000 in state family-planning funds that had been designated to support services for 3,567 clients. During the same three-month period, six county health departments lost access to \$34,350 in state family-planning funding earmarked to serve 229 clients. Due to the loss of state funds, clinics were forced to lay off staff and reduce clinic hours, having a harmful and dangerous impact on their low-income patients.⁹

- **The Vitter/Pence proposal is part of an ongoing effort by anti-choice advocates to restrict birth control in every way possible.**
 - President Bush reimposed the global gag rule in January 2001, forcing international family-planning organizations to forego desperately needed U.S. family-planning funds if they wish to use funding from other sources to counsel, refer, advocate, or provide abortion services.¹⁰ (In the case of international family planning, as with the domestic Title X program, federal law already prohibits funding of abortion care with taxpayer dollars.)
 - President Bush’s FY’02 budget plan proposed canceling contraceptive coverage for federal employees.¹¹
 - President Bush has cancelled the U.S. contribution to the United Nations Population Fund (UNFPA) six years in a row. The UNFPA is the largest multilateral program dedicated to providing reproductive-health care – including contraception – to the world’s poorest women.¹²

- For more than three years, President Bush's FDA heeded the calls from family-planning opponents and blocked women's access to emergency contraception over the counter - despite the overwhelming recommendation of its own advisory committees and professional staff.¹³
- Women across the country are being refused their birth control by rogue pharmacists who in some cases even lecture or humiliate their customers in public. What's worse is that anti-choice lawmakers defend these actions – and some states are even considering legislation to protect such outrageous behavior.¹⁴

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Notes:

¹ Bruce Alpert, *Vitter may target abortion providers; Amendment cuts off federal financing*, TIMES-PICAYUNE, Oct. 3, 2001, NATIONAL 4.

² 42 U.S.C.A §§ 300, 300a, 300a-1, 300a-2, 300a-3, 300a-4, 300a-5, 300a-6

³ Provision of Abortion-Related Services in Family Planning Services Projects, 65 Fed. Reg. 41,281-41,282 (Jul. 3, 2000).

⁴ Provision of Abortion-Related Services in Family Planning Services Projects, 65 Fed. Reg. 41,281-41,282 (Jul. 3, 2000).

⁵ Provision of Abortion-Related Services in Family Planning Services Projects, 65 Fed. Reg. 41,281-41,282 (Jul. 3, 2000).

⁶ 42 U.S.C.A §§ 300, 300a, 300a-1, 300a-2, 300a-3, 300a-4, 300a-5, 300a-6

⁷ Provision of Abortion-Related Services in Family Planning Services Projects, 65 Fed. Reg. 41,281-41,282 (Jul. 3, 2000).

⁸ Office of Population Affairs, *Office of Family Planning*, (Aug. 15, 2007) at <http://opa.osophs.dhhs.gov/titlex/ofp.html>

⁹ Kit Wagar, *State loosens family planning funds; But there's still confusion, official says*, THE KANSAS CITY STAR, Aug. 9, 2001, at B1.

¹⁰ Memorandum For the Administrator of the United States Agency for International Development (Jan. 22, 2001).

¹¹ Budget of the United States Government FY'02, Government-Wide General provisions, 11 (2002).

¹² Letter from R. Nicolas Burns, Under Secretary of State for Political Affairs, U.S. Department of State to The Honorable David Obey (Sept. 13, 2006) (on file with NARAL Pro-Choice America).

¹³ NARAL Pro-Choice America Foundation, *The FDA and Emergency Contraception: After Three Years of Waiting, It's Finally Available Over the Counter*, (Aug. 24, 2006).

¹⁴ NARAL Pro-Choice America Foundation, *Guarantee Women's Access to Prescriptions*, (Jan. 1, 2007).