



Title X: The Nation's Cornerstone Family-Planning Program

Every year, women in the United States experience 3.4 million unintended pregnancies, many of which lead to hardship for women and their families, tough choices, and, for some, abortion.¹ The use of effective contraception reduces the number of unintended pregnancies and, thus, the need for abortion. As a matter of public health, it is essential to ensure that contraception is available to women who need it.

Enacted in 1970 with broad bipartisan support, Title X of the Public Health Service Act is the only federal program exclusively dedicated to family-planning and reproductive-health care. Title X has been a pivotal part of the nation's family-planning program for more than 45 years, providing millions of women with services ranging from contraception to pap smears and breast-cancer screening. Many women rely solely on Title X clinics for their basic health care.² In 2000, the Centers for Disease Control and Prevention (CDC) listed family planning as one of the ten great public-health achievements of the last century and recognized Title X as having contributed significantly to the advancements made in this area of public health.³

Nearly nine in 10 Americans support subsidized family planning.⁴ Yet, despite widespread public support and the importance of these services to American women and the nation as a whole, anti-choice lawmakers have consistently attacked the Title X program. After gaining a majority in the 1994 elections, anti-choice lawmakers in Congress repeatedly attempted to defund the program and restrict minors' access.⁵ The anti-choice Bush White House also tried to starve the program financially.⁶ Anti-choice policymakers continued their legislative attacks in 2011, launching multiple efforts to dismantle the Title X health-care network and proposing two budget bills that eliminated the Title X program entirely.⁷ Since then, lawmakers have continued to starve the program of badly needed resources and the House again proposed eliminating the program entirely in recent years. In the face of such vehement opposition, support for this program is more crucial than ever: Title X should be fully funded and its guarantee of confidentiality preserved in order to enhance women's access to essential services and to give women real choices over their reproductive lives.

Title X Funds Essential Services for Millions of Women

The Title X program funds medical services crucial to good health, especially for women who have no other access to medical care. For many women,⁸ Title X clinics may be their first point of entry into the health-care system, thereby serving as a bridge to other services.⁹ In fact, more than six in 10 women who receive services at a Title X center consider it their primary source of

medical care.¹⁰

Title X Provides Essential Services

Family- planning and preventive-health services

The Title X statute and corresponding regulations ensure that clients receive a high standard of reproductive-health care. The statute defines widely the types of family-planning projects that can be funded, authorizing funds for “a broad range of acceptable and effective family planning methods and services (including natural family planning methods.”¹¹ Additionally, the law explicitly prohibits Title X funds from being used for abortion services and mandates that services must be accepted voluntarily and without coercion.^{12,13}

The Title X program requires clinics to provide services related to family planning and contraception, including physician exams, prescriptions, laboratory exams, and contraceptive supplies, as well as referrals to other facilities when medically needed.¹⁴ Title X services also include related preventive-health services, such as breast and cervical cancer screenings, and education, testing, and referral for treatment for sexually transmitted diseases (STDs) and HIV.

Pregnancy-options counseling, adoption support, and referrals for prenatal care

Regulations require that Title X-funded projects provide pregnancy diagnosis and counseling to all clients in need of these services. Pregnant patients must be offered the opportunity to receive information and counseling regarding “each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination.” The program must provide “neutral, factual information and nondirective counseling” and referrals.¹⁵

Adolescent-health services

Title X clinics also provide young people with family-planning services, giving them the tools they need to make responsible choices about their sexual and reproductive health. At Title X clinics, young people can receive counseling and information on both abstinence and contraceptive methods.¹⁶ Furthermore, fees for young people are based on their own income, not their families’ income, making reproductive-health services more affordable for them.¹⁷

Title X Assists Millions of Women

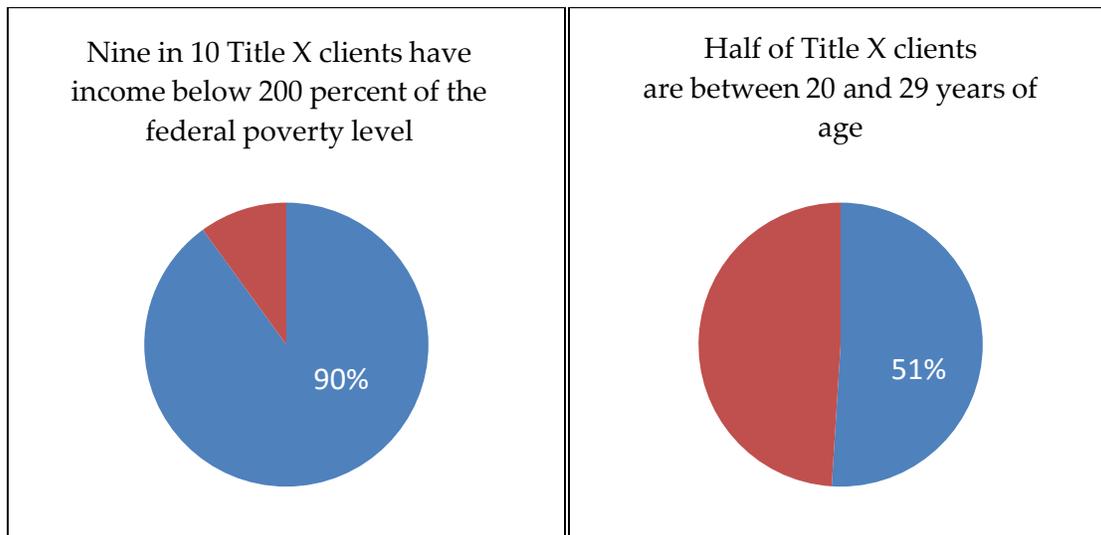
Each year, the Title X program provides millions of women—regardless of age, income, or marital status—with family-planning and other reproductive-health services. In fact, nearly 75 percent of all U.S. counties have at least one Title X-funded clinic.¹⁸ Each year, approximately 4 million women and men obtain services in nearly 4,100 Title X-funded clinics.¹⁹

- One in four women obtaining family-planning services depends on a clinic funded at least partially by Title X.²⁰

- More than 90 percent of Title X clients are women; half are in their 20s and approximately 70 percent live below the poverty level.²¹
- The Title X program provides a particularly important source of affordable health care for women of color, who disproportionately work in low-wage jobs that do not offer health benefits.²² African Americans make up 13 percent and Hispanics/Latinos make up 17 percent of the population,²³ but represent 21 percent and 30 percent of all Title X clients, respectively.²⁴
- Nearly 70 percent of all Title X clients are under the age of 30.²⁵

Title X is particularly important to low-income women who do not qualify for Medicaid. Medicaid is the nation’s largest single funder of family-planning services. Although the Affordable Care Act greatly expands access to family-planning programs under Medicaid, Title X serves women who earn too much to qualify for Medicaid but too little to afford health-care insurance. Under Title X, women with income under 100 percent of the federal poverty level must receive entirely subsidized services; women with income 101 to 250 percent of poverty are charged on a sliding scale; and women with income over 250 percent of poverty are charged full fees.²⁶

Title X Clients²⁷



Title X offers important services for women of color.

Because women of color in the United States are disproportionately represented in low-income communities and are less likely than white women to have private health insurance, Title X clinics provide essential services for women of color.²⁷ For instance, African-American women experience a disproportionately high percentage of infant mortality and Latina women are the most likely to get cervical cancer.²⁸ In addition, Title X has been able to provide contraception to women of color who have traditionally faced barriers to accessing the full range of

reproductive-health services. As a result, between 1982 and 1995, the proportion of African-American women using contraception increased from 73 percent to 90 percent, and the proportion of Latinas using contraception increased from 78 percent to 91 percent.²⁹

Young People Need Access to Family-Planning Services

The current adolescent reproductive-health crisis—with large numbers of teens facing unintended pregnancies and contracting sexually transmitted diseases (STDs)—demonstrates the need for young people’s access to family-planning and other health services.

- Young people ages 15–24 account for nearly half of the approximately 20 million new cases of STDs that occur annually.³⁰ One in four teenage girls has a sexually transmitted disease,³¹ and the CDC recently reported that almost one-third of newly reported cases of HIV infections occur in people between age 25 and 34.³²
- Almost 615,000 teenagers aged 15–19 become pregnant annually,³³ and more than 82 percent of those pregnancies are unintended.³⁴ Studies estimate that, without the family-planning services provided by Title X, there would be 42 percent more unintended teen pregnancies.³⁵
- Teen pregnancy is even more pronounced in black and Latino communities, which face reduced access to health-care services and information. Rates of teen pregnancy are 10 and 8 percent among blacks and Latinos respectively, compared to under four percent among non-Hispanic whites.³⁶ Services like those provided at Title X clinics are therefore particularly important for these communities.

Teenage girls have a higher risk of pregnancy complications and are less likely to obtain prenatal care.³⁷ Additionally, babies born to teen mothers are at greater risk of low birth weight, childhood health problems, and developmental delays.³⁸

Title X Guarantees Confidentiality to All Patients Regardless of Age³⁹

Although the law requires Title X clinics to encourage family participation in teens’ reproductive-health decisions,⁴⁰ family involvement is not mandated. In fact, in 1977, the Supreme Court ruled that minors have the right to access family-planning services without unjustified parental or governmental intervention.⁴¹ In 1983, citing legislative intent and the clear statutory language encouraging—not mandating—parental involvement, two federal courts of appeal prohibited enforcement of a regulatory attempt—dubbed the “squeal rule”—to require Title X clinics to notify parents when they prescribed contraceptives to minors.⁴²

Without question, most parents have a genuine and valued interest in participating in medical decisions with their children. In fact, many young people do turn to their parents when making sensitive health-care decisions. Unfortunately, some young people cannot involve their parents

because physical violence or emotional abuse is present in their homes or because they fear parental anger and disappointment. Title X clinics have served as an invaluable source of confidential services for teens in the United States. In fact, 18 percent of individuals receiving services from Title X clinics are under 20 years old.⁴³

A bedrock principle of medical ethics, confidentiality is crucial to ensuring young women's reproductive health. Studies confirm that when parental consent or notice is mandated by law, adolescents are likely to delay or avoid seeking needed care, particularly in the area of family planning. For example, 59 percent of sexually active girls surveyed in Wisconsin said they would stop, discontinue, or delay using certain reproductive-health services (including contraception and STD/HIV testing) if their parents were informed.⁴⁴ Of those who reported that they would stop using such services, 99 percent said they would continue having sex even if they did not have access to effective contraception.⁴⁵ In a similar nationwide study, nearly 20 percent of teens said if their parents were notified of their clinic visits they would remain sexually active but would rely on either the withdrawal method or no method at all, placing them at higher risk for unintended pregnancy and STD transmission.⁴⁶

Recognizing this link between medical privacy and reproductive-health care, courts have acknowledged the importance of confidential services for teenagers. In two cases, *Planned Parenthood Affiliates of California v. Van De Kamp* and *Planned Parenthood Association of Utah v. Matheson*, the courts noted that if minors were denied access to confidential reproductive-health services, they would be deterred from seeking care, including contraceptives, to prevent unintended pregnancy and STDs.⁴⁷

Medical experts agree: contraceptive services should be available to adolescents on a confidential basis. Among others, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Medical Women's Association, the American Society for Reproductive Medicine, and the Society for Adolescent Medicine all oppose attempts by Congress to require parental notification or consent for adolescents to receive contraceptive services in Title X clinics.⁴⁸

In spite of all evidence indicating that medical privacy is necessary to protect teenagers' health, anti-choice lawmakers have pushed to eliminate Title X's guarantee of confidentiality. Not only would doing so contradict public-health research, it would trample on state confidentiality provisions. Every state in the United States has enacted legislation to permit teens to obtain care for STDs without parental consent, and many have legal provisions ensuring confidential access to contraception. All 50 states and the District of Columbia explicitly authorize minors to consent to the testing and treatment of STDs, and no state specifically requires a teen to obtain parental consent or to notify a parent prior to receiving contraceptives.⁴⁹ Any attempt to eradicate Title X's guarantee of confidentiality would interfere with these state laws that protect teenagers' health.

Title X Family-Planning Services Prevent Unintended Pregnancy

Studies have shown that publicly funded family-planning services can reduce the number of unintended pregnancies and, thus, the need for abortions.

- Contraceptive services at Title X centers annually prevent 1 million unintended pregnancies, which would result statistically in 501,000 unplanned births and 345,000 abortions. Without publicly funded contraceptive services, the number of unintended pregnancies, unplanned births, and abortions each year in the United States would be approximately 30 percent higher.⁵⁰ In fact, over a 20-year period, Title X clinics helped to avoid nearly 20 million unintended pregnancies, nine million of which would have ended in abortion.⁵¹
- More than half of unintended pregnancies in the United States occur among the 10 percent of women using no contraceptive method. Studies have shown that removing cost barriers to the full range of contraceptive options—such as through publicly funded programs like Title X—can increase the use of highly effective, more dependable contraceptive methods and thereby reduce the number of unintended pregnancies.⁵²
- Publicly funded contraceptive services are especially crucial to reducing unintended pregnancy and abortion rates for low-income women. Although the overall abortion rate in the United States decreased by eight percent between 2000 and 2008, abortion rates for low-income women increased by nearly 18 percent during the same period.⁵³ Health experts suggest this increase points to a lack of adequate access to health-care services for low-income women, due, for instance, to cuts to publicly funded family-planning programs such as Title X.⁵⁴
- Publicly funded contraceptive services have a particularly profound impact on young people. For instance, between 1981 and 2001, Title X funded clinics prevented more than 5.5 million teen pregnancies.⁵⁵

Publicly Funded Family-Planning Services Improve Women's Lives

Access to Contraceptive Services Enhances Quality of Life for Women and Their Families

Access to contraceptive services is central to improving women's overall health and reducing the rate of unintended pregnancy. The ability to determine whether and when to have children is a key measure of women's autonomy.⁵⁶ The U.S. Supreme Court recognized in *Planned Parenthood of Southeastern Pennsylvania v. Casey* that "[t]he ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives."⁵⁷ Indeed, reducing the rate of unintended pregnancy and enhancing reproductive health and rights are essential to promoting women's self-determination and ability to participate fully in society.

More than 50 percent of all pregnancies in the United States are unintended.⁵⁸ An estimated 38 million women, or one half of all U.S. women of reproductive age, are in need of family-planning services to prevent unintended pregnancy.⁵⁹ By decreasing the unintended pregnancy rate, contraceptive services also improve the quality of life for both parents and their children.⁶⁰

- Negative health outcomes are strongly associated with unintended pregnancy. These outcomes include delayed or inadequate prenatal care, increased fetal exposure to tobacco and alcohol, increased likelihood of low birth weight and death in the first year of life, and higher risk of abuse and failure to receive sufficient resources for healthy development.⁶¹
- Unintended pregnancy is also linked to negative social outcomes for parents and families, such as increased risk of the mother being physically abused, the dissolution of the parents' relationship, economic hardship, and a reduced likelihood that parents will achieve their educational and career goals.⁶²
- Title X funds are also vital to STD screening and treatment. Each year nearly 20 million new cases of STDs occur in the United States, including approximately ten million new cases among young adults aged 15-24.⁶³ One in three women who receive STD testing, treatment, or counseling does so at a publicly funded family-planning clinic. This ratio increases to one in two when considering low-income women who accessed these services.^{64,65}

Participation in Publicly Funded Family-Planning Services Helps Ensure Healthier Child-Bearing and Healthier Babies

- Title X programs provide preconception-health services, including education and counseling about diabetes, obesity, smoking cessation and other health risks,⁶⁶ which can reduce pregnancy-related adverse outcomes such as low birth weight, premature birth, and infant mortality.⁶⁷
- Women who receive family-planning services are more likely to obtain prenatal care than women who do not receive these services. Use of family-planning services also reduces pregnancy-related maternal morbidity and mortality by facilitating birth spacing.⁶⁸

Opponents of Contraception Seek to Limit Services at Title X Family-Planning Clinics

- Anti-choice legislators have attempted to restrict the ways in which Title X grantees may use funds they receive not only from the federal government, but from non-federal government sources as well. These restrictive attempts have included prohibiting abortion counseling; requiring Title X clinics that use non-federal funds to provide

abortion services to notify a minor's parents of an abortion, with no bypass procedure, no exception for rape, and limited exceptions for incest; and requiring parental notification for minors seeking family-planning services.⁶⁹

- Anti-choice administrations also have attempted to impose additional restrictions on Title X clinics. Both the Reagan and Bush I administrations tried to impose a gag-rule policy that would have prohibited service providers at Title X clinics from including information about abortion when they were counseling women about their options for dealing with an unintended pregnancy, even if women specifically asked for information about abortion procedures.⁷⁰ Service providers also would have been prohibited from giving referrals to women seeking abortion services. The gag rule was ultimately challenged in court where it was ruled constitutional by the Supreme Court.⁷¹ In 1992, a bipartisan majority in both the House and Senate voted to repeal the gag rule, but were unable to reach a two-thirds majority in the House to override then-President George Bush's veto.⁷²
- Fortunately, the gag rule was never implemented, due in part to ongoing court challenges.⁷³ In January 1993, the gag rule was officially lifted by President Clinton in one of his first executive orders.⁷⁴ However, anti-contraception activists continue to agitate for a reinstatement of the counseling ban.⁷⁵

Publicly Funded Family Planning is Cost-Effective, Yet Current Funding Levels for Title X Are Inadequate

Publicly Funded Contraceptive Services Are Cost-Effective

Every government dollar spent on family-planning programs and providers saves the public more than \$7 in funds that otherwise would have been spent on Medicaid-related costs. This is because of the approximately 1.1 million women who would have given birth in the absence of publicly funded contraceptive services. Without Title X-supported clinics, the nation would spend an additional \$7 billion for Medicaid through state and federal expenditures each year.⁷⁶

Title X's Budget Has Decreased Over Time and Is Severely Under-Funded

If Title X funding had increased at only the rate of inflation from its FY'80 funding level of \$162 million, it would now be funded at \$942 million.⁷⁷ Currently, Title X's funding level is \$287 million.⁷⁸ The Bush administration repeatedly recommended no funding increase for the program. While the Obama administration initially succeeded in boosting the program's budget modestly, an economic recession, across-the-board spending cuts triggered by sequestration, and an increasingly hostile anti-choice Congress have stymied recent efforts.

Title X Clinics Face Increasing Costs

While funding for Title X has declined in real terms, the caseload has grown—severely overburdening the system.⁷⁹ Approximately 21 percent of all women potentially eligible for services in 2013 were served by Title X clinics.⁸⁰ Moreover, new, more effective contraceptives have come onto the market, which is good news for women but imposes even greater budgetary demands on an already-strained system.

Title X Continues to Play a Vital Role in the Health Care System Under the Affordable Care Act

While the health-reform law greatly expands women’s access to reproductive-health care, Title X remains an essential component of the nation’s family-planning system. More Americans than ever before have secured health insurance under the Affordable Care Act, but coverage is not universal—some individuals still fall through cracks. Title X centers, however, commit to serving all patients regardless of ability to pay, and therefore will continue to be a critical safety-net provider for those without health coverage.

At the same time, it is important to ensure that the influx of newly insured individuals entering the formal health system for the first time are able to locate a medical provider who can serve them. Title X funding guarantees that doctors and other skilled clinicians will remain available at family-planning centers to treat both the uninsured and the newly insured. As such, the continued strength of the Title X program is integral to the success of the American health system.

Conclusion

Title X funding for family-planning services has assisted millions of women in obtaining essential care. Research has proven Title X’s effectiveness in reducing the number of unintended pregnancies and abortions. Only through full funding of Title X, without restrictions on minors’ access to confidential services, can Title X’s benefits to women’s lives and health continue and expand.

January 1, 2017

Notes

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² Rachel Benson Gold et al., *Next Steps for America’s Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System* fig.2.3 (2009).

³ Ctrs. for Disease Control & Prevention (CDC), *Ten Great Health Achievements in the 20th Century 1900-1999*, 48 MORBIDITY & MORTALITY WKLY. REP. 1073–1080 (2002).

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- ⁴ Rachel Benson Gold, *Title X: Three Decades of Accomplishment*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 2001, at 8; see also National Family Planning & Reproductive Health Association (NFPRHA), *Title X Fact Sheet: The Impact of Budget Cuts on the Title X Family Planning Network* (Mar. 2012) (noting that recent polls suggest that 84 percent of Americans consider family planning to be an important preventive-health service).
- ⁵ NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, *Who Decides? A State-by-State Review of Abortion and Reproductive Rights* (5th ed. 1995). See generally, amendments to FY 1996, FY 1997, FY 1998, and FY 1999 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Acts.
- ⁶ See, e.g., OFFICE OF MGMT. & BUDGET, EXEC. OFFICE OF THE PRESIDENT, BUDGET OF THE UNITED STATES GOVERNMENT, FISCAL YEAR 2002, at 438 (2001); OFFICE OF MGMT. & BUDGET, EXEC. OFFICE OF THE PRESIDENT, BUDGET OF THE UNITED STATES GOVERNMENT, FISCAL YEAR 2003, at 430 (2003).
- ⁷ NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, *Who Decides?: The Status of Women's Reproductive Rights in the United States* (21st ed. 2012), at <http://www.prochoiceamerica.org/assets/download-files/2011-who-decides.pdf>; H.R.3070, 112th Cong. § 222 (2011).
- ⁸ Although Title X clinics primarily serve women, they provide services to male clients as well.
- ⁹ Office of Population Affairs (OPA), U.S. Dept. of Health & Human Servs. (HHS), *Fact Sheet: Title X Family Planning Program* (Jan. 2008).
- ¹⁰ Rachel Benson Gold et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, at 4 (2009).
- ¹¹ 42 U.S.C.A. § 300(a).
- ¹² 42 U.S.C.A. § 300a-6.
- ¹³ 42 U.S.C.A. § 300a-5.
- ¹⁴ Office of Population Affairs (OPA), HHS, *Program Requirements for Title X Funded Family Planning Projects (2014)*, at <http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf> (last visited Nov. 18, 2015).
- ¹⁵ 45 CFR § 59.5(a)(5).
- ¹⁶ OPA, U.S. Dept. of HHS, *About Title X Grants: Section 1001 – Family Planning Services*, at <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/about-title-x-grants/> (last visited Nov. 18, 2015).
- ¹⁷ Office of Population Affairs (OPA), U.S. Dept. of Health & Human Servs. (HHS), *Program Requirements for Title X Funded Family Planning Projects* (Apr. 2014) at <http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf> (last visited Nov. 18, 2015).
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- ¹⁹ CI Fowler et al., *Family Planning Annual Report: 2014 National Summary* (Aug. 2015), at <http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-national.pdf> (last visited Nov. 18, 2015).
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- ²² KFF, *Women's Health Care Chartbook: Key Findings from the Kaiser Women's Health Survey*, at 14 (May 2011).
- ²³ U.S. Census Bureau, *State & County QuickFacts*, at <http://quickfacts.census.gov/qfd/states/00000.html> (last visited Nov. 18, 2015).
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- ²⁶ Office of Population Affairs (OPA), U.S. Dept. of Health & Human Servs. (HHS), *Program Requirements for Title X Funded Family Planning Projects* (Apr. 2014) at <http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf> (last visited Nov. 18, 2015).
- ²⁷ Jennifer J Frost, *Public or Private Providers? U.S. Women's Use of Reproductive Health Services*, 33 FAM. PLAN. PERSP. 1 (2001), at 4–12; National Institutes of Health (NIH), *The Women of Color Health Data Book*, at ix (2006).
- ²⁸ NIH, *The Women of Color Health Data Book*, at 103 (2006); CDC, *Invasive Cervical Cancer Among Hispanic and Non-Hispanic Women – United States, 1992–1999*, 51 MORBIDITY & MORTALITY WKLY. REP. 1067 (2002).
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- ⁴⁰ Pub. L. No. 97-35, 95 Stat. 357 (1981).
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- ⁴⁷ *Planned Parenthood Affiliates of California v. Van De Kamp*, 181 Cal. App. 3d 245, 268–69 (Cal. Ct. App. 1986); *Planned Parenthood Ass'n of Utah v. Matheson*, 582 F. Supp. 1001, 1009 (D. Utah 1983).
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