



**NARAL**  
Pro-Choice America

## **Title X Family-Planning Services: Fast Facts**

Title X of the Public Health Service Act is the cornerstone of the federal domestic family-planning program: it is the only federal program exclusively dedicated to family planning and reproductive-health services. It was enacted with broad bipartisan support in 1970: one of the chief co-sponsors of the bill was then-Rep. (subsequently President) George H.W. Bush,<sup>1</sup> and it was signed into law by then-President Richard Nixon.

### **What services does the Title X family-planning program provide?**

- Title X provides voluntary, confidential reproductive-health services, including educational services and nondirective counseling on abstinence and contraceptive methods.<sup>2</sup>
- Federal law prohibits any Title X money from being used for abortion care.<sup>3</sup>
- 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.<sup>4</sup> 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.
- The Title X program also sponsors continuing-education programs for family-planning clinicians each year. In addition, the program maintains a clearinghouse for information and educational materials on family planning and reproductive health, and supports a research program which focuses on family-planning service delivery improvements.<sup>5</sup>

### **Who receives care at Title X clinics?**

- Each year, approximately 4 million young and low-income women and men receive basic health care through the nearly 4,100 clinics nationwide receiving Title X funds.<sup>6</sup> Grants are administrated through state health departments or regional umbrella agencies which subcontract to local agencies.
- Most Title X patients are low-income women who are uninsured and ineligible for Medicaid. No one can be refused services based on their inability to pay. Women with incomes at or below the poverty level receive fully subsidized services; women with incomes over 100 but less than 250 percent of the poverty level are charged on a sliding scale; and women with incomes over 250 percent of poverty must be charged full fees.<sup>7</sup>
- For many women, particularly those who cannot afford private health insurance and

who do not qualify for Medicaid, Title X clinics provide their only source of basic health care.<sup>8</sup> In fact, six in 10 women who receive services at a publicly funded family-planning center consider it their primary source of medical care.<sup>9</sup>

- The Title X program provides an important source of affordable health care for women of color, who disproportionately work in low-wage jobs that do not offer benefits.<sup>10</sup> Twenty-one percent of all Title X clients are African American and 30 percent identify as Hispanic or Latino,<sup>11</sup> although African Americans and Hispanics/Latinos make up 13 and 17 percent of the population respectively.<sup>12</sup> (Overall, 54 percent of Title X clients are classified as white; the percentages total more than 100 because some clients self-identify as Latino in regard to ethnicity but as white in terms of race.)

### **Access to contraceptive services is central to improving women's overall health and reducing unintended pregnancy.**

According to the Guttmacher Institute:

- 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.<sup>13</sup>
- In the absence of publicly funded family planning, the number of unintended pregnancies, unplanned births, and abortions each year in the United States would be 30 percent higher.<sup>14</sup>
- In fact, from 1980 to 2000, Title X clinics helped women prevent nearly 20 million unintended pregnancies, nine million of which would have ended in abortion.<sup>15</sup>

### **Publicly funded contraceptive services also significantly reduce rates of unintended pregnancy and abortion among young people.**

According to the Guttmacher Institute:

- Without publicly funded contraceptive clinics, an additional 360,000 teenagers would become pregnant each year, increasing unintended teen pregnancies by 73 percent. Of these young women, 190,000 would give birth, and 110,000 teenagers would have abortions.<sup>16</sup>
- Between 1981 and 2001, Title X-funded clinics have prevented more than 5.5 million adolescent pregnancies, which would have resulted in more than two million births and two million abortions for minors.<sup>17</sup>
- The national teen-pregnancy rate has dropped more than 50 percent over the past 20 years.<sup>18</sup> While many strategies have been undertaken in a 20-year effort to prevent teen pregnancy, research shows that 86 percent of the decline in teen-pregnancy rates was due to improved contraceptive use.<sup>19</sup>

### **Other benefits of the Title X program:**

- *It helps prevent the spread of STDs:* Title X funds are used to perform vital STD screening and treatment. In 2014 alone, Title X clinics performed nearly 6 million tests for STDs including HIV.<sup>20</sup>
- *It helps women deliver healthier babies:* By helping women plan their pregnancies, publicly funded contraceptive services reduce maternal morbidity and mortality<sup>21</sup> and negative outcomes for babies, such as low birth weight, premature birth, and infant mortality.<sup>22</sup>
- *It positively affects women's lives and saves taxpayer dollars:* A socially responsible and fiscally sound reproductive-health-care policy requires that affordable, safe, and effective contraceptive care be available. Every government dollar spent on family-planning programs and providers saves an average of \$7.09 in Medicaid-related costs.<sup>23</sup>

By providing women access to family-planning services, Title X gives women real choices over their reproductive lives, providing a realistic and effective mechanism to reduce unintended pregnancy and make abortion less necessary. However, anti-choice lawmakers in Congress have repeatedly attempted to defund the program and restrict minors' access. Furthermore, under anti-choice control, Congress chronically failed to provide adequate funding levels for Title X. Had the program simply kept pace with inflation since 1980, earning no other increases, it would now be funded at more than \$865 million; instead, it receives less than \$300 million.<sup>24</sup>

### **Recent Congressional Action**

#### **FY'16**

- February 2, 2015: President Obama proposes increasing Title X family-planning program funding to \$300 million in his FY'16 budget request, an increase of \$14 million.
- June 17, 2015: House Appropriations Subcommittee on Labor, Health and Human Services, and Education proposes an FY'16 spending bill. The bill eliminates funding for Title X entirely.
- June 23, 2015: Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education proposes an FY'16 spending bill. The bill includes \$258 million for Title X, a cut of nearly \$30 million.
- June 24, 2015: House Appropriations Committee on Labor, Health and Human Services, and Education passes its FY'16 spending bill. The bill eliminates funding for Title X entirely.
- June 25, 2015: Senate Appropriations Committee on Labor, Health and Human Services, and Education passes its FY'16 spending bill. The bill includes \$258 million for Title X, a cut of nearly \$30 million.
- September 30, 2015: House and Senate pass continuing resolution to fund the government through December 11, 2015. President Obama signs the bill into law.<sup>25</sup>
- September 30, 2015: House and Senate pass a continuing resolution to fund the government through December 11, 2015. The bill level-funds the Title X family-planning program at

\$286 million.

- September 30, 2015: President Obama signs the bill into law.<sup>26</sup>
- December 10, 2015: Senate passes another continuing resolution to fund the government through December 16, 2015.
- December 11, 2015: House passes another continuing resolution to fund the government through December 16, 2015.
- December 11, 2015: President Obama signs the bill into law.<sup>27</sup>
- December 16, 2015: House and Senate pass another continuing resolution to fund the government through December 22, 2015.
- December 16, 2015: President Obama signs the bill into law.<sup>28</sup>
- December 18, 2015: House and Senate pass FY'16 omnibus spending bill. The bill level-funds the Title X family-planning program at \$286 million.
- December 18, 2015: President Obama signs the bill into law.<sup>29</sup>

### **FY'17**

- February 9, 2016: President Obama proposes increasing Title X family-planning program funding to \$300 million in his FY'17 budget request, an increase of \$14 million.
- June 7, 2016: Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education proposes an FY'17 spending bill. The bill level-funds Title X at \$286 million.
- June 9, 2016: Senate Appropriations Committee passes the FY'17 spending bill. The bill level-funds Title X at \$286 million.
- July 7, 2016: House Appropriations Subcommittee on Labor, Health and Human Services, and Education proposes an FY'17 spending bill. The bill eliminates funding for Title X entirely.
- July 13, 2016: House Appropriations Committee passes the FY'17 spending bill. The bill eliminates funding for Title X entirely.
- September 28, 2016: House and Senate pass a continuing resolution to fund the government through December 9, 2016. The bill level-funds Title X at \$286 million.
- September 29, 2016: President Obama signs the bill into law.<sup>30</sup>

January 1, 2017

### ***Notes***

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<sup>1</sup> Office of Population Affairs (OPA), HHS, *Program Guidelines for Projects for Family Planning Services (2001)*, at <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/2001-ofp->

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- guidelines-complete.html (last visited Nov. 20, 2015).
- <sup>2</sup> Office of Population Affairs (OPA), HHS, *Program Guidelines for Projects for Family Planning Services* (2001), at <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/2001-ofp-guidelines-complete.html> (last visited Nov. 20, 2015).
- <sup>3</sup> 42 U.S.C.A. § 300a-6 (1970).
- <sup>4</sup> 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. 20, 2015).
- <sup>5</sup> OPA, HHS, *Title X Family Planning*, at <http://www.hhs.gov/opa/title-x-family-planning/> (last visited Oct. 8, 2014).
- <sup>6</sup> CI Fowler et al., *Family Planning Annual Report: 2012 National Summary*, at ES-1 (Aug. 2014), at <http://www.hhs.gov/opa/pdfs/fpar-national-summary-2012.pdf> (last visited Nov. 20, 2015).
- <sup>7</sup> A minor seeking confidential services is eligible based on her income and not that of her parents. Guttmacher Institute (GI), *Issues in Brief: Title X and the U.S. Family Planning Effort*, at 2, 4 (2008); see also 45 Fed. Reg. 108 (1980) (codified at 42 C.F.R. § 59.5(7), (8), § 59.2).
- <sup>8</sup> Cynthia Dailard, *Challenges Facing Family Planning Clinics and Title X*, GUTTMACHER REP. ON PUB. POL'Y, April. 2001, at 8.
- <sup>9</sup> 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).
- <sup>10</sup> Kaiser Family Found. (KFF), *Women's Health Care Chartbook: Key Findings from the Kaiser Women's Health Survey*, at 14 (May 2011).
- <sup>11</sup> CI Fowler et al., *Family Planning Annual Report: 2012 National Summary*, at 15 (Aug. 2014), at <http://www.hhs.gov/opa/pdfs/fpar-national-summary-2012.pdf> (last visited Nov. 20, 2015).
- <sup>12</sup> U.S. Census Bureau, *State & County QuickFacts*, at <http://quickfacts.census.gov/qfd/states/00000.html> (last visited Nov. 20, 2015).
- <sup>13</sup> Jennifer J. Frost et al., *Contraceptive Needs and Services, 2010* (July 2013), at <http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf> (last visited Nov. 14, 2015).
- <sup>14</sup> Jennifer J. Frost et al., *Contraceptive Needs and Services, 2010* (July 2013), at <http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf> (last visited Nov. 20, 2015).
- <sup>15</sup> Rachel Benson Gold, *Title X: Three Decades of Accomplishment*, GUTTMACHER REP. ON PUBLIC POL'Y, Feb. 2001, at 5.
- <sup>16</sup> Jennifer J. Frost et al., *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program*, WILEY PERIODICALS INC. 1, 31 (2014).
- <sup>17</sup> Rachel Benson Gold, *Title X: Three Decades of Accomplishment*, GUTTMACHER REP. ON PUBLIC POL'Y, Feb. 2001, at 7.
- <sup>18</sup> Office of Adolescent Health, HHS, *Trends in Teen Pregnancy and Childbearing* (Sept. 2014), at <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html#> (last visited Nov. 20, 2015).
- <sup>19</sup> John S. Santelli et al, *Explaining Recent Declines in Adolescent Pregnancy in the United States: The*

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*Contribution of Abstinence and Improved Contraceptive Use*, American Journal of Public Health, Jan. 2007 97(1): 150–156.

<sup>20</sup> CI Fowler et al., *Family Planning Annual Report: 2012 National Summary*, at 41, 44 (Aug. 2014), at <http://www.hhs.gov/opa/pdfs/fpar-national-summary-2012.pdf> (last visited Nov. 20, 2015).

<sup>21</sup> Megan Kavanaugh et al, *Contraception and Beyond: The Health Benefits of Services Provided and Family Planning Centers* at 7 (Jul. 2013), Guttmacher Institute, at <http://www.guttmacher.org/pubs/health-benefits.pdf> (last visited Nov. 20, 2015).

<sup>22</sup> OPA, HHS, *Preconception Health and Reproductive Life Plan*, at <http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/preconception-reproductive-life-plan/> (last visited Nov. 20, 2015).

<sup>23</sup> Jennifer J. Frost et al., *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program*, WILEY PERIODICALS INC. 1, 31 (2014) at [https://www.guttmacher.org/pubs/journals/MQ-Frost\\_1468-0009.12080.pdf](https://www.guttmacher.org/pubs/journals/MQ-Frost_1468-0009.12080.pdf) (last visited Nov. 20, 2015).

<sup>24</sup> Unpublished Memorandum, Adam Sonfield, Guttmacher Institute (April 23, 2012); *see also* Rachel Benson Gold, *Going the Extra Mile: The Difference Title X Makes*, GUTTMACHER POL'Y REV., Spring 2012, at 17, at <http://www.guttmacher.org/pubs/gpr/15/2/gpr150213.html> (last visited Nov. 20, 2015) (“At \$296.8 million, [Title X funding] is more than \$20 million below what it was just two years ago. In inflation-adjusted dollars, it is 65% below what it was in 1980.”).

<sup>25</sup> P.L. 114-53, 114th Cong. (2015) at <https://www.congress.gov/114/bills/hr719/BILLS-114hr719enr.pdf> (last visited Nov. 20, 2015).

<sup>26</sup> Continuing Appropriations Act, 2016, 114th Cong. (2015).

<sup>27</sup> P.L. 114-96, 114th Cong. (2015).

<sup>28</sup> P.L. 114-100, 114th Cong. (2015).

<sup>29</sup> P.L. 114-113, 114th Cong. (2015).

<sup>30</sup> H.R.5325, Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act, 114th Cong. (2017).