

April XX, 2022

Representative Rosa DeLauro, Chairwoman

Representative Tom Cole, Ranking Member

House Committee on Appropriations, Subcommittee on Labor,

Health and Human Services, Education, and Related Agencies

H-307, The Capitol

Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole,

The XX below organizations represent millions of health care providers, researchers, program administrators, community advocates, and, most importantly, people who seek publicly funded family planning services. We applaud you for continuing to demonstrate strong support for publicly funded family planning, including introducing and passing a House bill last year that included a robust increase for the Title X family planning program. We were disappointed the program was flat-funded in the fiscal year 2022 (FY22) omnibus, and that funding level left many qualified applicants without funding and many others without sufficient funding to meet the needs in their communities. **We urge you to expand the capacity of this critical program by appropriating \$512 million for the Title X family planning program in the fiscal year 2023 (FY23) Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) bill.**

Title X is the only federal program dedicated to providing family planning services for people with low incomes. Title X-funded health centers are lifelines in their communities, providing high-quality reproductive and sexual health care, including cancer screenings, testing and treatment for sexually transmitted infections, contraceptive services and supplies, pregnancy testing, and other essential health care services. These centers offer care to populations that often face severe structural barriers to accessing quality health care, such as people with low incomes, people with no or insufficient insurance, people of color, people who live and work in rural areas, and LGBTQ people. Prior to the implementation of the Trump

administration's devastating program rules, nearly 4,000 health centers in the Title X network served close to 4 million patients annually.¹ In addition, six in ten women who used Title X-funded health centers in 2016 said that provider was their only source of health care for the entire year.²

Title X is funded at \$286.5 million for FY22, well below the \$400 million proposed in the House bill and the \$737 million that researchers from the Centers for Disease Control and Prevention, the Office of Population Affairs (OPA), and the George Washington University determined in 2016 would be needed annually just to provide family planning care to low-income women without insurance.³ This is a significant under-estimate of the true need, as the program now serves more than 100,000 men and nonbinary individuals each year. In addition, should the advanced premium tax credits provided in the American Rescue Plan not be renewed, we can expect need to increase as low- and middle-income families lose access to affordable health insurance.⁴ **Therefore, we respectfully request \$512 million for the Title X program in FY23.** That funding level will allow the program to begin to meet this growing need and expand to reach millions more Americans.

An influx of funds is particularly important given the continued impacts that the Trump administration's 2019 program rule and the COVID-19 pandemic are having on the program, the providers funded by it, and most importantly the patients for whom Title X sites serve as critical, and sometimes their only, points of access to care. On July 15, 2019, the Trump administration's new regulations for Title X went into effect, and the impact was felt almost immediately: by fall 2019, approximately 1,000 health centers across 33 states had withdrawn from the program, including all of the health centers in six states. Then, in March 2020, family

¹ Christina Fowler et al, "Family Planning Annual Report: 2018 National Summary," RTI International (August 2019). <https://opa.hhs.gov/sites/default/files/2020-07/title-x-fpar-2018-national-summary.pdf>.

² Meghan Kavanaugh, "Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016," Guttmacher Institute (June 2018).

³ Euna August, et al, "Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act," American Journal of Public Health (February 2016): 334-341.

⁴ Cynthia Cox, Robin Rudowitz, and Larry Levitt, "Without Build Back Better, Will the End of the Public Health Emergency Leave Even More People Uninsured?," Kaiser Family Foundation (March 2, 2022). <https://www.kff.org/policy-watch/without-build-back-better-will-the-end-of-the-public-health-emergency-leave-even-more-people-uninsured/>.

planning providers, like all frontline health care workers, needed to adapt overnight to the realities of serving under-resourced communities during a global pandemic.

In September 2021, OPA released the first federal data showing the impact of the rule and COVID-19, and the results were devastating: relative to 2018, Title X-funded health centers provided family planning services to 2.4 million fewer patients in 2020, a staggering 61% decrease over just two years. This drastic decrease translated to millions of fewer contraceptive services provided, more than 4.3 million fewer STD and HIV tests administered, and more than 800,000 fewer lifesaving breast and cervical cancer screenings performed with Title X funds. OPA attributed 63% of the decrease in patients served to the 2019 rule and 37% to the pandemic.⁵ Compounding these challenges in accessing Title X-funded services, a 2020 study showed the COVID-19 pandemic has led many women to want to delay or prevent pregnancy while it has simultaneously made it more difficult for people to access family planning and sexual health care, including contraception.⁶ Women of color and women with low incomes were more likely to report both findings.

The Biden-Harris administration has made significant progress toward restoring the Title X program, including finalizing a new rule in October 2021,⁷ distributing \$6.6 million in Title X funds to communities with a dire need for family planning services in January 2022,⁸ and distributing \$256.6 million for Title X projects across the country just last month.⁹ However, the administration was unable to fund many qualified applicants, and under-funded dozens more,

⁵ Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2020 National Summary," RTI International (September 2021). <https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf>.

⁶ Lindberg LD et al, "Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences," Guttmacher Institute (June 2020). <https://www.guttmacher.org/report/earlyimpacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>.

⁷ HHS Press Office, "HHS Issues Final Regulation Aimed at Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services," US Department of Health and Human Services (October 4, 2021). <https://www.hhs.gov/about/news/2021/10/04/hhs-issues-final-regulation-aimed-at-ensuring-access-to-equitable-affordable-client-centered-quality-family-planning-services.html>

⁸ ASH Media, "HHS Awards \$6.6 Million to Address Increased Need for Title X Family Planning Services," US Department of Health and Human Services (January 21, 2022). <https://www.hhs.gov/about/news/2022/01/21/hhs-awards-6.6-million-address-increased-need-for-title-x-family-planning-services.html>.

⁹ ASH Media, "HHS Awards \$256.6 Million to Expand and Restore Access to Equitable and Affordable Title X Family Planning Services Nationwide," US Department of Health and Human Services (March 30, 2022). <https://www.hhs.gov/about/news/2022/03/30/hhs-awards-256-million-to-expand-restore-access-to-equitable-affordable-title-x-family-planning-services-nationwide.html>.

due to insufficient funds. With a significant increase in funds in FY23, OPA can make real progress toward rebuilding the Title X program and serve more people in need of these critical services.

We thank you for your consideration of this request and look forward to working with you throughout the FY23 appropriations process. If you have questions about this request, please contact Lauren Weiss, Director, Policy & Communications, at the National Family Planning & Reproductive Health Association. She can be reached at lweiss@nfphra.org or 202-417-4867.

Sincerely,

[Organizations in order]