



Title X Family Planning Program

Overview

The Title X Family Planning Program (Title X) was enacted in 1970 as Title X of the Public Health Service Act. It provides grants to public and nonprofit agencies for family planning services, research, and training.

Administered by the U.S. Department of Health and Human Services (HHS), it is the only domestic federal program devoted solely to family planning and related preventive health services.

What Is the Federal Funding Level? FY2019 funding is \$286.5 million, the same as the FY2018 level.

FY2019 Appropriations:	\$286.5 million
Clients Served (2017):	4.0 million
Number of Title X Clinics (2017):	3,858

What Clinical Services Are Provided? Clinical services provided through Title X include contraceptive services and supplies; natural family planning methods; cervical and breast cancer screening; preconception health services; pregnancy testing and counseling; sterilization services; basic infertility services; testing and treatment for sexually transmitted diseases, including HIV testing and prevention; and other patient education and referrals. All services are confidential.

Does Title X Fund Abortions? By law, Title X funds may not be used for abortions. Current guidance states that a grantee’s abortion activities must be “separate and distinct” from its Title X project activities.

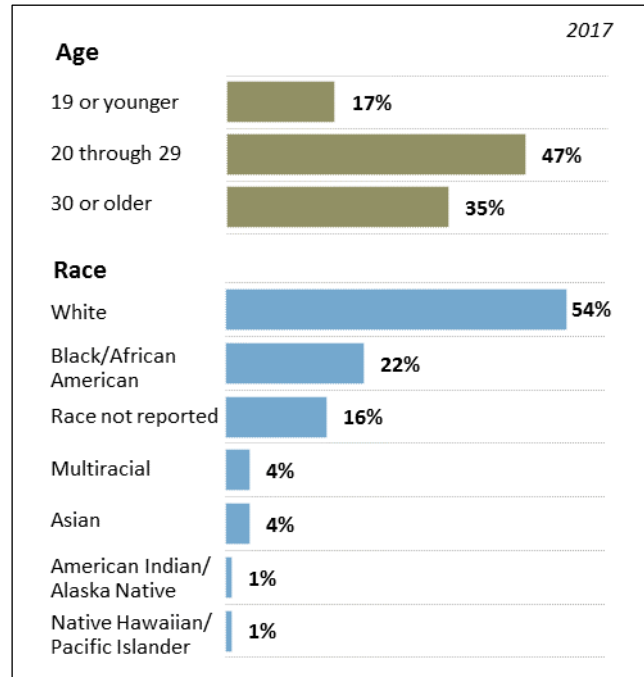
What Do Clients Pay? Priority for services is given to persons with family income at or below 100% of the federal poverty guidelines, who may not be charged for care. Clients from families with income between 100% and 250% of the federal poverty guidelines are charged on a sliding scale based on their ability to pay. Clients from families with income higher than 250% of the federal poverty guidelines are charged fees designed to recover the reasonable cost of providing services.

For unemancipated minors who request confidential services, eligibility for discounts is based on the minor’s own income.

Who Are Title X Clients? In 2017, Title X-funded clinics served 4 million clients, primarily low-income women and adolescents. Of those clients, 88% were female, 12% were male, 87% had incomes at or below 200% of the federal poverty guidelines, and 67% had incomes at or below the federal poverty guidelines. For 61% of clients, Title X clinics were their “usual” or only regular source of health care. In 2017, 42% of Title X clients were uninsured

(compared with 63% in 2013). **Figure 1** provides demographic data.

Figure 1. Title X Clients by Age and by Race



Source: Figure created by CRS; data from HHS, Title X Family Planning Annual Report: 2017 National Summary, pp. 9 and 13, <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf>.

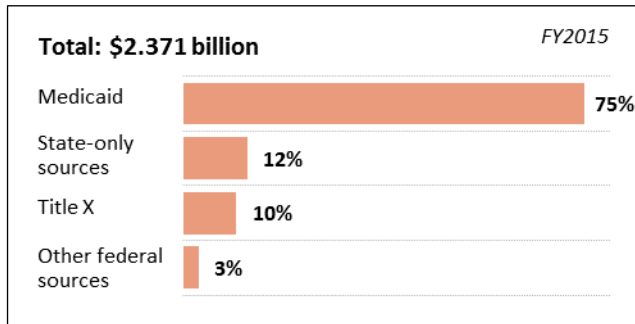
Notes: 33% of clients (all races) identified as Latino/Hispanic. Due to rounding, percentages may not sum to 100%.

The number of Title X clients served in 2017 was 12% lower than in 2013 and 23% lower than in 2010. According to the *Title X Family Planning Annual Report*, the decrease in demand could be explained in part by newly insured clients’ ability to seek care from other providers, by increased use of long-acting reversible contraception, and by recent clinical guideline changes (e.g., Pap tests are now recommended every three years instead of annually).

Other Family Planning Programs

Do Other Federal Programs Fund Family Planning?

Although Title X is the only federal domestic program primarily focused on family planning, other programs also finance family planning, among their other services. These programs include Medicaid, the Health Center Program under Section 330 of the Public Health Service Act, Maternal and Child Health Block Grants, Social Services Block Grants, and Temporary Assistance for Needy Families. In FY2015, Medicaid accounted for 75% of U.S. public family planning expenditures (including federal, state, and local government spending). In comparison, Title X accounted for 10%.

Figure 2. Public Family Planning Expenditures by Funding Source

Source: Figure created by CRS; data from Guttmacher Institute, <https://www.guttmacher.org/report/public-funding-family-planning-abortion-services-fy-1980-2015>.

Are Private Health Plans Required to Cover Family Planning Services? Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended) regulations and guidance require most non-grandfathered health plans to cover contraceptive services without cost-sharing. There are some exemptions and accommodations for religious objections. Interim final rules promulgated in October 2017 would expand exemptions to the contraceptive mandate. Courts have preliminarily enjoined the interim final rules from being implemented.

Health plans in the ACA exchanges (marketplaces) are required to have a sufficient number and geographic distribution of “essential community providers,” which include Title X projects.

Supporting Views

Health Benefits. Supporters argue that Title X prevents unintended and high-risk pregnancies, thereby preventing abortions and reducing fetal, infant, and maternal mortality and morbidity.

Cost-Effectiveness. Supporters see public family planning programs as cost-effective, saving money for public programs (such as Medicaid dollars that otherwise would be spent on prenatal, maternity, and newborn care).

Economic Benefits. Supporters contend that family planning, by allowing women to plan whether and when to have children, contributes to women’s educational attainment, labor force participation, and financial independence.

Opposing Views

Funds to Abortion Providers. Opponents are concerned that some Title X funds go to abortion providers (such as some Planned Parenthood clinics). Although Title X funds may not be used for abortions, opponents argue that Title X funding frees up Planned Parenthood’s other resources for its abortion activities.

Services to Adolescents. Opponents argue that by providing contraception to adolescents, the government is implicitly sanctioning nonmarital sexual activity among teens.

Confidentiality for Minors. Opponents are concerned that Title X projects do not require parental notification or parental consent for services to minors. Opponents contend that Title X confidentiality rules interfere with parents’ rights to know of and guide their children’s health care.

Legislative Mandates

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) continues requirements on the use of Title X funds included in previous years’ appropriations laws:

- Title X funds may not be spent on abortions.
- All pregnancy counseling must be nondirective.
- Funds may not be spent on “any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office.”
- Grantees must certify that they encourage family participation when minors decide to seek family planning services.
- Grantees must certify that they counsel minors on how to resist attempted coercion into sexual activity.
- Family planning providers are not exempt from state notification and reporting laws on child abuse, child molestation, sexual abuse, rape, or incest.

The requirements are in addition to statutory mandates in Title X of the Public Health Service Act, which, among other things, require family planning participation to be voluntary and prohibit the use of Title X funds in programs in which abortion is a method of family planning.

2018 Proposed Rule

In June 2018, HHS published a proposed rule that would prohibit Title X projects from referring patients to abortion services and would require physical and financial separation between Title X projects and abortion-related activities, among other changes to Title X regulations (<https://go.usa.gov/xQvn2>).

More Information

For more information, see CRS Report R45181, *Family Planning Program Under Title X of the Public Health Service Act* and CRS Report R45284, *Title X Family Planning: Proposed Rule on Statutory Compliance Requirements*.

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