April 25, 2018

The Honorable Tom Cole
Chairman
Appropriations Subcommittee on Labor, Health and Human Services, and Education
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Appropriations Subcommittee on Labor, Health and Human Services, and Education
1016 Longworth House Office Building
Washington, DC 20515

Dear Representative Cole and Representative DeLauro:

The undersigned organizations collectively represent millions of providers, patients, administrators, researchers, and advocates who support federal funds for the Title X family planning program, which helps ensure that millions of individuals can access high-quality family planning and sexual health services. We share the approach of former President George H.W. Bush, who, as the lead congressional sponsor of the legislation that created the Title X program, said in 1969 about public funding for family planning:

We need to take sensationalism out of this topic so that it can no longer be used by militants who have no real knowledge of the voluntary nature of the program but, rather are using it as a political stepping stone. If family planning is anything, it is a public health matter.¹

As you develop the fiscal year (FY) 2019 the Labor, Health and Human Services, Education, and Related Agencies appropriations bill, and specifically the framework for the Health Resources & Services Administration, we respectfully request that you similarly recognize the essential role of publicly funded family planning and sexual health care services by funding Title X at $327 million in FY 2019.

Title X helps more than 4 million people access family planning and related services at nearly 4,000 health centers around the country annually. For many individuals, particularly those who are low-income, uninsured or adolescents, Title X is essential to their ability to affordably and confidentially obtain birth control, cancer screenings, STI tests and other basic care. Six in ten women seen at a Title X-supported health care center have reported that the center was their usual source of medical care. In 2015 alone, the contraceptive services supported by Title X helped women avoid 822,000 unintended pregnancies, which would have resulted in 387,000 unplanned births and 278,000 abortions.

In addition to direct clinical care, Title X supports critical needs, such as staff training, that are not reimbursable under Medicaid or private insurance. Notably, research has shown that Title X-supported services save the federal and state governments approximately $7 billion a year, and 75% of American adults—including 66% of Republicans, 75% of Independents, and 84% of Democrats—support the program.

In spite of the increasing need for publicly funded family planning services and the demonstrated public health and fiscal benefits of the program, Title X investments have been substantially cut.

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in recent years. From 2010 to 2014 the number of women who needed publicly funded family planning services increased by 1 million, but Congress cut Title X’s funding by $31 million over that period. That decrease unfortunately corresponds to dramatic decreases in the number of patients served at Title X–funded sites; the numbers dropped from 5.22 million in 2010 to just over 4 million in 2016.

Congress has yet to restore the program’s funding to $317 million, its peak investment (which was the appropriation in FY 2010). The reduced program investment is counter to research published in the *American Journal of Public Health* stating that Title X would need at least $737 million to support all women in need of publicly funded family planning services. We are deeply concerned about diminishing access to high-quality family planning and sexual health services and urge Congress to increase funding for Title X to $327 million in FY 2019 to reverse this devastating trend.

Beyond these fiscal challenges, Title X is facing administrative threats to the integrity of the program and the provider network. For example, in the recently released FY 2018 Funding Opportunity Announcement (FOA), the administration removed all references to and requirements for Title-X funded providers to follow the nationally recognized clinical standards for family planning care, known as the Quality Family Planning guidelines, which were jointly

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10 Title X (Public Health Service Act) Family Planning Program, Congressional Research Service (2017).
developed by the Office of Population Affairs and the CDC in 2014. It also eliminated all mentions of contraception, the provision of which is central to the mission of Title X. On top of these noteworthy changes, the administration made a number of troubling amendments to the FOA’s selection criteria aimed at making it more difficult for reproductive health-focused providers to participate in the program while potentially opening the door for the participation of ideologically-motivated organizations with little or no experience in providing health care. The administration’s approach, in short, threatens access to basic, preventive health care for millions of individuals in communities across the country.

Supporting Title X is not only the right thing to do, it is the fiscally responsible thing to do. Every dollar invested in publicly funded contraceptive services saves more than seven dollars in Medicaid-related costs. Supporting and strengthening the program is a smart investment in public health – a fact that has been recognized by members of both parties for over 45 years. Now a renewed commitment is needed to allow this critical component of our nation’s safety net to continue its mission and deliver the health, social, and economic benefits that have made such a difference in the lives of so many.

If you have any questions or would like additional information, please contact Lauren Weiss at the National Family Planning & Reproductive Health Association at lweiss@nfprha.org or 202-293-3114 ext. 224.

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14 Sonfield, “Beyond Preventing Unplanned Pregnancy.”
Thank you for considering these requests.

Sincerely,

AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation of Chicago
American Academy of HIV Medicine
American Academy of Pediatrics
American Atheists
American Civil Liberties Union
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Psychological Association
American Public Health Association
American Society for Reproductive Medicine
Association of Reproductive Health Professionals (ARHP)
Association of Women’s Health, Obstetric and Neonatal Nurses
Black Women’s Health Imperative
Cascade AIDS Project
Catholics for Choice
Center for Reproductive Rights
Equality California
Equality North Carolina
Feminist Majority Foundation
Girls Inc.
Hadassah, The Women's Zionist Organization of America, Inc.
Healthy Teen Network
HIV Medicine Association
Human Rights Campaign
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Los Angeles LGBT Center

March of Dimes
NARAL Pro-Choice America
NASTAD
National Abortion Federation
National Asian Pacific American Women's Forum (NAPAWF)
National Association of County and City Health Officials
National Center for Lesbian Rights
National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Institute for Reproductive Health (NIRH)
National Latina Institute for Reproductive Health
National Organization for Women
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
National Working Positive Coalition
PAI
People For the American Way
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Power to Decide
Sexuality Information and Education Council of the United States (SIECUS)
Society for Adolescent Health and Medicine
Society for Maternal-Fetal Medicine
The AIDS Institute
Treatment Action Group
Unite for Reproductive & Gender Equity