

# Title X and Trump's Domestic Gag Rule

The United States introduced its first official domestic family planning program for low-income Americans in 1970: the Family Planning Services and Population Research Act, Title X of the Public Health Service Act (known by the shorthand Title X, which is pronounced “ten”). Republican President Richard Nixon oversaw the program’s development and implementation, demonstrating just how bipartisan (backed by both major political parties) U.S. support for family planning once was.

## How Title X Works

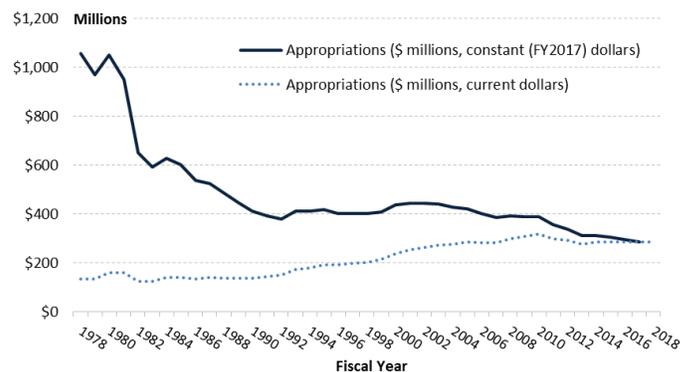
Clinics in the United States that provide family planning can apply for Title X grants, which allow them to offer services to patients on a sliding, income-based scale. In 2017, 3.6 million people were financially assisted by Title X subsidies. A total of 4 million Americans obtained services at clinics receiving Title X grants (this number is higher than the number who received subsidies because people with Medicaid and other forms of public and private insurance also visit Title X clinics).

Title X grants cover a broad array of services that fall under the umbrella of family planning: contraceptive services, supplies, and information; breast and cervical cancer screenings; and STI prevention, testing, and treatment. In keeping with federal law (the Hyde Amendment), Title X funds are not permitted to be used for abortion services.

## Title X Budget

Total appropriations for 2018 were \$286.5 million, down from a high of \$317.5 million in 2010 (when there were 1.5 million fewer women of reproductive age in the United States, and when the value of a dollar was higher).

**Title X Family Planning Program Appropriations, FY1978-FY2018**

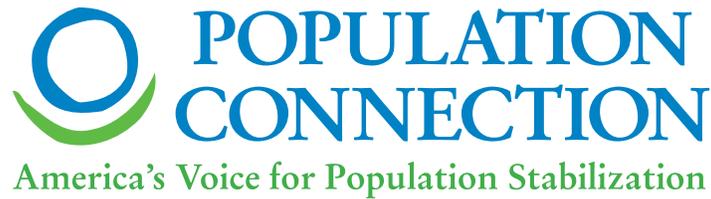


Source: Congressional Research Service; Constant (FY2017) dollars, calculated by CRS using a fiscal year inflation adjustment based on monthly data for the Consumer Price Index All - Urban Consumers for Medical Care published by the Bureau of Labor Statistics

The \$286.5 million appropriated for 2017 (the enacted amount has been identical every year since 2014, and Trump has requested the same amount in his Fiscal Year 2019 budget) was distributed as 89 grants to 47 state and local health departments and 42 NGOs, covering all 50 states, the District of Columbia, and 8 U.S. territories. A total of 3,858 service sites received funds.

## Proposed Rule Changes

On June 1, 2018, the Trump administration proposed several potentially harmful changes to the Title X grant making process, eligibility requirements, and compliance requirements in a 32-page document from the Health and Human Services Department (HHS). Public comments to the proposal were accepted through July 31 — more than 106,000 comments were submitted. The administration is now reviewing those comments. Changes to Title X, if accepted, will be implemented when the next grant making cycle begins in March 2019.



## The Proposed Changes, Explained

The religiously motivated proposed changes to Title X would amount to a domestic gag rule if implemented. In addition to twice referring to a fetus as an “unborn child,” which is not a medical term, the new rules prioritize natural family planning and abstinence, especially for adolescents, and impose new barriers to abortion access.

Currently, Title X clinics must offer all FDA-approved methods of contraception. Under the new rules, clinics that only offer natural family planning — and not a single FDA-approved method of contraception — would be eligible for grants.

Currently, all options must be discussed with patients during pregnancy counseling, including the option to terminate. The new rules would prohibit clinics from referring patients to abortion providers unless patients stated a desire to terminate their pregnancies, unprompted by clinic staff. Clinic staff would also, however, be able to refuse to refer patients to abortion providers if they personally objected to the procedure on “moral” grounds.

Currently, clinics that receive Title X grants for family planning services are able to offer abortion services with separate, non-federal funding. Under the new rules, clinics would have to draw a “bright line” between the two services: separate accounting, physical spaces, staff, contact info, patient health records, etc.

Currently, minors’ privacy is protected when seeking family planning services from Title X providers. Under the new rules, clinic staff would be required to document that they attempted to involve family members in the family planning decisions of minors. This would be disastrous for minors who are being sexually abused by family members, or who would rather not seek family planning services than have their parents or guardians know they are engaging in sexual activity.

## Targeted Attack on Planned Parenthood

These proposed rules are an obvious attack on Planned Parenthood, whose clinics make up only 13 percent of Title X recipients, but cover the family planning needs of 41 percent of women who rely on Title X. Planned Parenthood provides comprehensive reproductive health care, including birth control, STI screenings and treatment, breast and cervical cancer screenings, sex education, and, yes, abortion.

Because it has been illegal to use federal funds for abortion since before Title X was introduced, Title X grants have never been used to pay for abortion. Requiring Title X clinics to have a separate physical space, separate accounting, separate staff, etc. places an insurmountable burden on family planning clinics that also provide abortion. Of course, the intention of the Trump administration is for the new rules to be an insurmountable burden: Opponents of Planned Parenthood want to see all federal funding to the organization end. These proposed new rules would give them the justification they need to stop considering Planned Parenthood for Title X grants.

According to the Guttmacher Institute, excluding Planned Parenthood from Title X would require other Title X clinics to increase their client caseloads by 70 percent, on average.

This domestic gag rule would have innumerable consequences for the women and men who rely on Planned Parenthood and other abortion-providing family planning clinics for their subsidized health care services.

If the proposed rules go into effect, court challenges by providers and patient groups are likely, though the outcome of those lawsuits is uncertain. Ultimately, the only sure way of protecting the Title X program and the millions of people who rely on it is to elect officials who understand its importance.