



By: Mackenzie Darling, If/When/How Federal Reproductive Justice Fellow

## TITLE X 101

### INTRODUCTION

The Title X Family Planning Program is a federal grant program created to provide comprehensive and confidential family planning services and preventive health services. Title X was first enacted in 1970 as a bipartisan bill designed to address worsening maternal and child health outcomes and related significant public health and economic implications, including lack of access to health care for people living on low incomes.<sup>i</sup> Since its creation, the Title X program has helped build and support a network of family planning clinics that deliver confidential, evidence-based reproductive and sexual health care services to millions of individuals including young people, every year.<sup>ii</sup>

Title X services include contraceptive counseling and provision, breast and cervical cancer screenings, testing and treatment for sexually transmitted infections (STIs), and pregnancy diagnosis and counseling, among other services. The Title X program prioritizes serving people and families living on low incomes and is implemented through federal grants from the Department of Health and Human Services to over four thousand clinical sites, including public health departments and non-profit health centers. The Title X program ensures that people have access to key preventive reproductive and sexual health care services regardless of their ability to pay. In fact, Title X is the only federal program dedicated to providing reproductive and sexual health care to people living on low incomes.

### OVERVIEW OF TITLE X

Title X of the Public Health Service Act (Title X) established the only federal program dedicated to supporting the provision of family planning care and related preventive health care. Title X was first established in 1970 to provide individuals with access to sexual and reproductive health care. The Office of Population Affairs (OPA) within the Department of Health and Human Service (HHS) oversees Title X grants and services. The President appoints a Deputy Assistant Secretary for Population Affairs to lead Title X and each Administration has the authority to enact regulations for the implementation of Title X.

Section 1001 of Title X creates grants to fund the establishment and operation of family planning clinics and services that provide the broad range of family planning methods

and related preventive health services.<sup>iii</sup> Section 1003 of Title X establishes grants for training for the staff at family planning clinics and projects.<sup>iv</sup> Grants under section 1004 provides funding for research related to family planning care, including biomedical, contraceptive development, behavioral, and program implementation research.<sup>v</sup> Section 1005 establishes grants to fund the development and dissemination of educational materials on services available under Title X.<sup>vi</sup> Finally, Section 1008 bars the use of federal funds granted under Title X from being “used in programs where abortion is a method of family planning.”<sup>vii</sup> Throughout most of the history of Title X programs, Section 1008 has been interpreted by various Administrations to mean that Title X funds cannot be used to pay for or to support abortion care.<sup>viii</sup>

Title X programs are meant to improve access to contraceptive care and are required to prioritize care for people living on low incomes. Since its inception, Title X provides family planning services to nearly 4 million people each year.<sup>ix</sup> While the cost of health care has been drastically increasing over the years, the funding for the Title X program has not been increased to reflect this inflation in care costs. Although the Title X program provides essential care to millions of individuals, yearly funding allocated through federal appropriations for Title X has been flat funded at \$286 million for nearly a decade, as Congress refuses to increase the programs funding with devastating effects.

The current funding for Title X is insufficient to meet the family planning and sexual health needs of people living with low incomes who rely on Title X clinics for health care. In 2016, researchers from the CDC determined that at least \$737 million is needed annually to provide family planning care to cis-women who do not have health insurance and are living on low incomes.<sup>x</sup> The flat-funding of Title X results in elimination or reduction of services and, ultimately decreased access to the critical care they need. The lack of increased funding prevents the Title X network from expanding to keep up with the rising costs of medical price inflation and the growing needs for family planning services. At the current funding level, the Title X program does not have enough funding to provide services to millions of individuals who could benefit from a strengthened Title X network.<sup>xi</sup> Communities that would most benefit from a better funded and expanded Title X network are the same communities that experience the greatest health inequities and suffer the most from care deserts, making it almost impossible for people to access health care.<sup>xii</sup>

### **Title X Services**

Title X grants funding to clinics and family planning projects for the provision of sexual and reproductive health care. Title X grant recipients provide a broad range of evidence-based family planning services. Title X clinics and projects provide all Food and Drug Administration (FDA) approved contraceptive products and natural family planning methods, including pregnancy prevention and birth spacing support, pregnancy testing and counseling, assistance to achieve pregnancy, basic fertility services, STI services, and other preconception health services.<sup>xiii</sup>

Title X grantees also provide other preventive sexual and reproductive health services, including HPV vaccinations, provision of Pre-exposure Prophylaxis (PrEP), breast and

cervical cancer screening and preventive methods, STI and HIV prevention education, counseling, and testing.<sup>xiv</sup> Title X clinics can also provide preventive health care screening for obesity, smoking, mental health, intimate partner violence (IPV), as well as drug and alcohol use.<sup>xv</sup> By providing a spectrum of health care services, Title X clinics can adequately meet the sexual and reproductive health care needs of their patients.

Although Title X clinics provide a wide spectrum of evidence-based reproductive and sexual health care services, due to undue influence of politics in health care, Title X also requires clinics to provide adolescent abstinence counseling.<sup>xvi</sup> We know through decades long research that abstinence-only counseling and education programs are not effective in improving sexual health outcomes for young people.<sup>xvii</sup> However, under the current Title X regulations, clinics must offer abstinence counseling as one of the methods of family planning available to individuals.

Title X clinics provide a broad range of family planning services and preventive health care to millions of people throughout the United States. Title X funds support the largest providers of sexual and reproductive health care in the country and ensure that people no matter their socio-economic status can access care. Title X clinics provide care to individuals who may otherwise not be able to access health care. In fact, a study in 2018 found that sixty percent of Title X patients had no other source of medical care.<sup>xviii</sup> In particular, people of color, LGBTQ+ individuals, and people living in rural or geographically isolated areas disproportionately rely on Title X clinics to access care due to sexism, racism, homophobia, transphobia, and other systemic barriers that contribute to income inequality and disparate access to quality care.

## THE IMPACT OF TITLE X

The Title X program is crucial to ensuring that people are able to access necessary preventive sexual and reproductive health services within their own communities. To track the impact of Title X funding, the Office of the Assistant Secretary for Health (OASH) collects demographic information about Title X patients and services provided.

In 2022, Title X grants funded ninety-one family planning agencies, including forty-five state and local health departments and forty-six non-profit family planning and community health organizations.<sup>xix</sup> In total, Title X funding supported 4,126 clinics and service sites.<sup>xx</sup> Title X funded almost 4.1 million visits and providers were able to serve 2.6 million family planning patients.<sup>xxi</sup>

Title X funded clinics and projects were able to serve a diverse population of patients. In 2022, eighty-six percent of patients identified as female and fifty-six percent of all patients were under the age of thirty.<sup>xxii</sup> Fifty-five percent of Title X patients self-identified as white and twenty-three percent identified as Black or African American.<sup>xxiii</sup> Three percent of patients identified as Asian, and one percent identified as Indigenous.<sup>1</sup> Additionally, thirty-seven percent of Title X patients in 2022 self-identified as Hispanic or Latinx.<sup>xxiv</sup>

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<sup>1</sup> “Indigenous” is used to encompass people who self-identified as American Indian, Alaska Native, Native Hawaiian, or Pacific Islander.

Title X clinics are major providers of care for people living on low incomes and people living in poverty. In 2022, sixty percent of Title X patients had household incomes at or below the federal poverty line.<sup>xxv</sup> Title X programs have been dedicated to providing accessible care, such that eighty-four percent of patients received services that were totally or partially paid for through Title X grants.<sup>xxvi</sup>

The Trump Administration's 2019 Rule severely limited the services provided by Title X clinics and pushed out hundreds of clinics and providers out of the Title X network due to the restrictions imposed by the rule changes. The 2019 Rule caused drastic harms to the state of reproductive and sexual health care throughout the United States and severely limited people's access to key family planning services. However, in 2021, the Biden Administration repealed the harmful regulations and enacted new rules to mitigate the harms caused by the 2019 Rule and to rebuild the Title X network. ([See our Current State of Title X Primer for more information](#)).

Thanks to the rebuilding efforts set forth by the 2021 Rule, the Title X network in 2022 significantly grew. The number of Title X grantees in 2022 increased by thirty-two percent from 2021.<sup>xxvii</sup> The number of patients per clinic and site also increased in 2022, with a twenty-five percent increase in patients since 2021.<sup>xxviii</sup> Title X providers were able to provide 938,197 more family planning services than in 2021 and engaged in 1,293,657 more family planning encounters than they were able to in 2021.<sup>xxix</sup>

In 2022, Title X services were able to connect millions of people with their desired and preferred contraceptive methods and services. When people can access care without cost and geographic barriers, people are empowered to obtain the care they want and need, including the entire spectrum of contraceptive care. Title X clinics are able to assist people, who want contraceptive care, obtain their preferred method of family planning. Seventy-three percent of all individuals who obtained Title X care in 2022 were using or adopted a contraceptive method at their last visit.<sup>xxx</sup> Over two million female<sup>2</sup> Title X patients utilized some form of contraception.<sup>xxxi</sup> The most common form of birth control utilized by Title X patients was some form of short-term hormonal methods, including oral contraceptives, skin patches, vaginal rings, and/or contraceptive injections (36%).<sup>xxxii</sup> Seventeen percent of patients used a long-acting reversible contraception (LARC), fifteen percent relied on barrier methods, three percent relied on sterilization, and one percent of patients relied on a fertility awareness-based method to prevent pregnancy.<sup>xxxiii</sup> Male<sup>3</sup> Title X patients also overwhelmingly relied on contraception to prevent pregnancy, as sixty-three percent of male users used some form of contraceptive method, including vasectomies, condoms, and/or reliance on their partner's contraceptive method.<sup>xxxiv</sup>

Title X providers in 2022 were also able to provide a wide spectrum of reproductive and sexual health care services beyond contraceptive care. Title X providers were able to provide cervical cancer screening through Pap testing for 440,732 patients in 2022.<sup>xxxv</sup>

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<sup>2</sup> The language of "female" and "male" is utilized in this section because OASH utilizes these sex labels when the office collects data on Title X patients and Title X clinic usage.

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Of these tests, fifteen percent resulted in indeterminate or abnormal results, requiring the patients to receive further evaluation and possible treatment for cervical cancer.<sup>xxxvi</sup> Providers were able to test over 400,000 female patients under the age of twenty-five for chlamydia.<sup>xxxvii</sup> Additionally, Title X providers performed 1,501,331 gonorrhea tests and 660,992 syphilis tests.<sup>xxxviii</sup> Title X providers were also able to provide key HIV prevention care, and performed 878,728 confidential HIV tests.<sup>xxxix</sup> Of all the HIV tests performed, 3,557 were positive, resulting in Title X providers being able to connect newly HIV positive individuals with resources and care.<sup>xl</sup>

Title X clinics, services, and providers were able to provide a wide array of crucial reproductive and sexual health care services to millions of people in 2022. Furthermore, the Title X program is able to ensure that people who are most likely to face barriers to care due to structural and systemic discrimination and oppression are able to access the essential reproductive and sexual health care they need without cost barriers. Although the Title X program in 2022 provided care to millions of individuals, the program is still unable to provide care at the levels it once did prior to the gutting of the Title X network by the Trump Administration. The Title X program needs significant reinvestment to meet the growing sexual and health care needs of individuals throughout the country. The most recent federal estimates suggest that the Title X program needs a yearly investment of at least \$737 million in order for the network to adequately provide care to all individuals in need of publicly funded family planning care.<sup>xli</sup>

## CONCLUSION

Title X provides funding and resources to ensure that people have access to a wide spectrum of reproductive and sexual health care at clinics within their own communities. Without Title X services, many patients, especially patients living with low incomes, would lose access to important family planning-related health care services.

Although the Title X network is a key source of sexual and reproductive health care for millions of people, the legislative bar that prevents Title X clinics from providing abortion care still leaves a significant gap in the needs of individuals who rely on the Title X network for care. Banning federal funds from being used for abortion care, including Title X funds, forces people to carry their pregnancy to term or to use resources that would otherwise be used for food, shelter, and other basic needs to cover the cost of care.

Denying funds for abortion care is extremely harmful as people cannot access necessary care because of their inability to pay for care. In particular, the ban on abortion funding disproportionately impacts people living on low incomes, immigrants, young people, and people of color. Communities that experience marginalization face greater and compounding barriers that impact their ability to access care, including higher rates of poverty, un- and underemployment, housing instability, and greater risk of criminalization. These already existing barriers to care are worsened when individuals are also denied coverage for abortion care.

Every person should be able to determine when and how to start a family, and all individuals deserve access to comprehensive sexual and reproductive health care. Title X helps ensure that people have access to the full spectrum of contraceptive care and key preventive reproductive and sexual health care services. However, the current state of the Title X network is not yet enough to meet the needs of everyone who would benefit from publicly funded sexual and reproductive health care. The Title X program needs significant increases in annual federal funding to ensure that all individuals have access to family planning services and restrictions on federal funds for abortion care need to be lifted.

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<sup>i</sup> Jennifer Gerson, [The 19<sup>th</sup> Explains: What is Title X, and What did Trump and Biden Do to Change It?](#), The 19<sup>th</sup> News (Oct. 5, 2021), [Title X: What is it and how did Trump and Biden change it? \(19thnews.org\)](#).

<sup>ii</sup> Id.

<sup>iii</sup> 42 U.S.C. § 300.

<sup>iv</sup> 42 U.S.C. § 300a-1.

<sup>v</sup> 42 U.S.C. § 300a-2.

<sup>vi</sup> 42 U.S.C. § 300a-3.

<sup>vii</sup> 42 U.S.C. § 300a-6.

<sup>viii</sup> Brittini Frederiksen, Ivette Gomez, & Alina Salganicoff, [Rebuilding Title X Network Under the Biden Administration](#), KFF Women's Health Policy (May 25, 2023), <https://www.kff.org/womens-health-policy/issue-brief/rebuilding-the-title-x-network-under-the-biden-administration/>.

<sup>ix</sup> Id.

<sup>x</sup> Eune M August, et al., [Projecting the Unmet Need and Cost for Contraception Services After the Affordable Care Act](#), 106 Am. J. Public Health 2, 334-341 (Feb. 2016), [Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act - PMC \(nih.gov\)](#).

<sup>xi</sup> Vina Smith-Ramakrishnan & Mackenzie Darling, [A Primer on Birth Control Access in 2024](#), The Century Foundation (March 20, 2024), <https://tcf.org/content/commentary/a-primer-on-birth-control-access-in-2024/>.

<sup>xii</sup> Joseph Webb DSC Fache, [Contributed Content: Left Stranded: Millions in Healthcare Deserts Battle for Access to Life-Saving Services](#), healthleaders (Sept. 5, 2023), <https://www.healthleadersmedia.com/innovation/contributed-content-left-stranded-millions-healthcare-deserts-battle-access-life-saving>.

<sup>xiii</sup> Office of Population Affairs (OASH), [Title X Service Grants](#), HHS, <https://opa.hhs.gov/grant-programs/title-x-service-grants>, (last visited Jan. 29, 2024).

<sup>xiv</sup> Id.

<sup>xv</sup> Id.

<sup>xvi</sup> Id.

<sup>xvii</sup> Advocates for Youth, [The Truth About Abstinence-Only Programs](#) (2007), [truthAboutAbsOnly4.28.indd \(advocatesforyouth.org\)](#).

<sup>xviii</sup> National Family Planning & Reproductive Health Association, [Fact Sheet: Title X Family Planning](#) (Jan. 2023), [https://www.nationalfamilyplanning.org/file/Title-X-101-January-2023-final\\_2.pdf](https://www.nationalfamilyplanning.org/file/Title-X-101-January-2023-final_2.pdf).

<sup>xix</sup> OASH, [Title X Family Planning Annual Report: 2022 National Summary](#) (updated Oct. 2023), <https://opa.hhs.gov/sites/default/files/2023-10/2022-FPAR-National-Summary.pdf>.

<sup>xx</sup> Id.

<sup>xxi</sup> Id.

<sup>xxii</sup> Id.

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xxiii Id.

xxiv Id.

xxv Id.

xxvi Id.

xxvii Id.

xxviii Id.

xxix Id.

xxx Id.

xxxi Id.

xxxii Id.

xxxiii Id.

xxxiv Id.

xxxv Id.

xxxvi Id.

xxxvii Id.

xxxviii Id.

xxxix Id.

xl Id.

<sup>xli</sup> National Family Planning & Reproductive Health Association, Fact Sheet: Title X Family Planning (Jan. 2023), [https://www.nationalfamilyplanning.org/file/Title-X-101-January-2023-final\\_2.pdf](https://www.nationalfamilyplanning.org/file/Title-X-101-January-2023-final_2.pdf).