

Updated May 10, 1996

CRS Report for Congress

Congressional Research Service • The Library of Congress

The Title X Family Planning Program

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Summary

The federal government provides grants for voluntary family planning services through the Public Health Service Act Title X family planning program. The program continues to be controversial largely because of issues concerning abortions, adolescent pregnancies, and the federal role in funding family planning services. Proponents argue for expanding the program to help reduce the rate of unintended pregnancies; critics question its effectiveness. Its authorization has lapsed, but it is funded through FY1996.

Description

The Family Planning Services and Population Research Act of 1970 (P.L. 91-572) established the family planning program in Title X of the Public Health Service Act. It is administered through the Office of Population Affairs of the Office of Public Health and Science. Title X provides grants to public and private nonprofit agencies which provide voluntary family planning services. Among the 83 grantees, 33 are state or territorial health departments. In an additional 11 states, the state health department is one of two or more grantees. Other grantees include local health departments, hospitals, and organizations such as Planned Parenthood affiliates. Grantees can delegate Title X monies to other agencies to provide services or support clinics with Title X funds. Although there are no matching requirements for grants, regulations specify that no clinics may be fully supported by Title X funds. Title X also provides funding for training nurse practitioners and other clinic personnel, an information and education program, and a research program that focuses on family planning service delivery improvements. The law prohibits the use of Title X funds in programs where abortion is a method of family planning.

In FY1996, it is estimated that over 4.3 million clients, primarily low-income women and adolescents, will receive services through more than 4,200 Title X clinics nationwide. Family planning clinics provide contraceptive services including natural family planning methods and supplies, infertility services, and basic gynecologic care. The clinics also screen for sexually transmitted diseases and other health problems such as cancer, hypertension, and diabetes.

Funding

Appropriations for the program have been \$180.9 million for FY1994, \$193.3 million for FY1995, and \$193.3 million for FY1996. The Administration has requested \$199 million for FY1997. The additional funds are intended to increase outreach to



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underserved individuals, emphasize comprehensive reproductive health services, and focus on adolescent pregnancy and sexually transmitted disease prevention.

Authorizing legislation for the Title X family planning program expired September 30, 1985. Since then, Congress has not been able to reach consensus on a number of controversial issues. The program has been funded through continuing resolutions and appropriations acts. H.R. 3019, the FY1996 Omnibus Appropriations Act, P.L. 104-134, maintained FY1996 funding of \$193.3 million at the FY1995 level.

The issues that have received the most attention are related to abortion even though abortions cannot be provided with Title X funds. Some Title X critics believe federal funds should be withheld from any organization that performs or promotes abortions, such as the Planned Parenthood Federation of America. It is uncertain how much of the FY1995 Title X appropriation of \$193.3 million goes to Planned Parenthood. In FY1995, 7 Planned Parenthood agencies were awarded Title X grants that totalled \$8.6 million. Other Planned Parenthood agencies receive funds from other Title X grantees such as their state or local health departments. Critics believe that if a family planning clinic is operated by an organization that also performs abortions, the implicit assumption and the message to clients is that abortion is a method of family planning.

Critics of the program also question its effectiveness at reducing the rate of unintended pregnancies, particularly among teenagers. These critics note that although the overall teen birth rate has declined, the birth rate of unmarried teens has doubled since 1970 and the creation of Title X. In addition, some contend that it is not appropriate to provide contraceptive services to teenagers because teenagers are less likely to use contraceptives responsibly. These critics argue that a reduced teenage pregnancy rate could be achieved if family planning programs emphasized efforts to convince teens to delay initiation of sexually activity, rather than efforts to decrease the percentage of sexually active teenagers who become pregnant.

The program's supporters believe the program should be expanded to serve more people in order to reduce the rate of unintended pregnancies. These supporters contend that nearly 1 in 4 U.S. women who use a reversible method of contraception rely on a publicly funded source of care. If publicly funded services were not available, they say, women would have between 1.2 million and 2.1 million unintended pregnancies a year. According to the Alan Guttmacher Institute, every public dollar spent for family planning services saves an estimated \$4.40 in medical, welfare, and nutritional services provided by federal and State governments.