September 13, 2023

Marc Garufi, Chief, Public Health Branch, Health Programs
Hester Grippando, Program Examiner
Sarah Sisaye, Program Examiner
Office of Management and Budget
725 17th St NW
Washington, DC 20503

RE: Family Planning in the FY 2025 President's Budget

Dear Marc, Hester, and Sarah:

The 58 below organizations represent millions of health care providers, researchers, program administrators, community advocates, and, most importantly, people who seek publicly funded family planning services. We are pleased to partner with you in this moment of deep crisis for sexual and reproductive health. As you work on the fiscal year (FY) 2025 president's budget, we urge you to build on the critical work of the FY 2024 budget and take these important steps to improve access to family planning across the country: increase funding for the Title X family planning program, robustly enforce the Medicaid Free Choice of Provider requirement, and expand access to clinical service related to the prevention and treatment of sexually transmitted infections (STIs).

Title X

As you know, Title X is the nation's only dedicated federal family planning program, supporting a diverse group of providers across the country that offer crucial sexual and reproductive health care. In many communities, Title X providers are often the only source of health care for people with no or low incomes, and 60% of female patients seeking contraception at a Title X-funded health center say it is the only health care provider they see all year.[1] In addition, in 2021, 25% of people receiving Title X-supported services were Black, 38% were Latinx, 21% had limited English proficiency, and 65% had incomes at or below the federal poverty line, demonstrating that Title X-funded health centers play an essential role in the health care safety net in communities across the country.[2] Indeed, it is clear that supporting Title X is an important part

[1]Meghan Kavanaugh, "Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X Funded Facilities in 2016," Guttmacher Institute (June 2018). https://www.guttmacher.org/journals/psrh/2018/06/use-health-insurance-among-clients-seekingcontraceptive-services-title-x.

[2] Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2021 National Summary," Office of Population Affairs (September 2022). https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf. https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf.

of the administration's overarching plan to promote health equity and racial and economic justice.

Alarmingly, however, the Title X program has seen drastic reductions in patients served in recent years despite thousands of capable, effective family planning providers across the country. The largest drops were in 2019 and 2020, due in large part to the Trump administration's 2019 program rule and the COVID-19 pandemic.[3] Data released in September 2022 from the Office of Population Affairs (OPA) show the network was only able to serve 1.7 million patients in 2021, due to the ongoing impacts of COVID-19 and the fact that the Trump rule remained in effect through October 2021.[4] While we know that numbers have risen since then, capacity still remains well below the high-water mark set in FY 2010 of 5.2 million patients, likely due to the growing impact of nine years of stagnant funding and a significantly more challenging state policy environment. For example, in March 2022, OPA announced new grants to fund Title X-supported services across the country but was forced to deem dozens of qualified applications as approved but unfunded due to an insufficient appropriation to meet the growing need for services, as Congress ultimately level-funded the program in FY 2022 at $286.5 million. This situation repeated itself in FY 2023, and OPA was never able to fund the approved but unfunded grants. These challenges continue to be felt even as new hurdles to sexual and reproductive health care more broadly have grown exponentially in the wake of the disastrous *Dobbs v. Jackson Women's Health Organization* decision ending the protections of *Roe v. Wade*.

The administration has consistently recognized these hardships, from moving quickly to issue new rulemaking for the program after President Biden assumed office to recommending a record $512 million for the program in the FY 2024 budget. Unfortunately, attacks on the program in Congress continue, including a proposal from the House Appropriations Committee to eliminate the program entirely.[5] **Given all of these challenges, and the foundational role of the Title X program in providing safety net family planning services, we urge you to match last year's proposal and allocate $512 million for the program in FY 2025.**

<u>Medicaid Free Choice of Provider</u>

Another vital way for the administration to increase access to family planning services is to robustly enforce Medicaid's free choice of provider requirement. This statutory requirement

[3] Dawson Ruth, "After Years of Havoc, the Biden-Harris Title X Rule Is Now in Effect: What You Need to Know" (December, 2021) https://www.guttmacher.org/article/2021/12/after-years-havoc-biden-harris-title-x-rule-now-effect-what-you-need-know

[4] Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2021 National Summary," Office of Population Affairs (September 2022). https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf.

[5] Draft bill for FY 2024 for the Departments of Labor, Health & Human Services, and Education and Related Agencies. House Appropriations Committee. https://appropriations.house.gov/fy2024-bills.

states that any willing and qualified provider must be allowed to serve people enrolled in Medicaid, but currently four states are illegally refusing to reimburse eligible services that are provided by abortion providers, including Planned Parenthood health centers: Arkansas, Mississippi, Missouri, and Texas.[6] The administration must take tangible steps to enforce these rules, both to protect Medicaid enrollees in these states and to send a clear message to other jurisdictions that violating Medicaid law will not be tolerated.[7] **In the FY 2025 budget, we urge you to make a clear commitment to enforcing the Free Choice of Provider requirement.**

People with Medicaid coverage who seek family planning and sexual health services should not be denied access to the providers they trust. For many patients of reproductive age, qualified family planning providers are their only and preferred source of health care. These providers design their services around the reality that patients with low incomes face significant barriers to health care, such as childcare and work obligations, limited transportation, and inflexible work schedules, and strive to accommodate these restrictions by offering evening and weekend hours, walk-in appointments, short wait times, bilingual staff or translation services, telehealth services, and same-day contraceptive services. Patients, including many patients of color, choose these providers for their accessible, affordable, nonjudgmental, and high-quality care. The administration must take action now to ensure that these health centers can fully participate in the Medicaid program.

<u>Establish a Dedicated Funding Stream for STI Clinical Services</u>

It is estimated that there are nearly 68 million sexually transmitted infections every year in the United States, with a financial toll of $16 billion in direct lifetime medical costs. Unfortunately, rates of STIs have increased to record levels for the eighth consecutive year, including an alarming 219% increase in congenital syphilis since just 2017.[8] These STI epidemics include dramatic, unacceptable racial and ethnic disparities. Black non-Hispanic individuals acquired 30% of all chlamydia, gonorrhea, and syphilis cases in 2021 despite representing roughly 13% of the United States population. And while American Indian and Alaska Native individuals only represented .7% of all live births in the US in 2021, they experienced 3.6% of the total congenital syphilis cases. This is at least partially due to a lack of access to quality, affordable STI care.[9]

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[6] Please note that Louisiana and South Carolina also have bans, but they are currently on hold due to court decisions.

[7] US Senate Committee on Finance. "Wyden and Pallone Urge Medicaid to Protect Women and Families' Right to Choose their Doctor." (June 9, 2022). https://www.finance.senate.gov/chairmans-news/wyden-and-pallone-urge-medicaid-to-protect-women-and-families-right-to-choose-their-doctor.

[8] Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2021: Congenital Syphilis." https://www.cdc.gov/std/statistics/2021/default.htm. Accessed August 31, 2023.

[9] Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2021: Disparities in STDs."https://www.cdc.gov/std/statistics/2021/overview.htm. Accessed August 31, 2023.

With bacterial STIs–as with HIV–treatment is prevention. The United States already invests in prevention and surveillance efforts through the CDC, but equal investment is necessary in clinical services to directly interrupt transmission cycles more effectively. Without investing in both prevention and treatment, the United States hamstrings its efforts to counter these epidemics. However, no federal program to support STI clinical services currently exists. It is time for a new investment that treats STIs within a public health framework to reduce the negative impact of STIs on individuals and communities: a demonstration project at HRSA to create a dedicated federal funding stream ($600,000,000 over three years) for STI clinical services to support comprehensive STI testing and treatment in communities**. In the FY 2025 budget, we urge you to create a new $200 million demonstration project within HRSA for STI clinical services.**

We look forward to working with you to increase access to family planning and sexual health care. If you have any questions, please contact Lauren Weiss, Director, Policy & Communications, at the National Family Planning & Reproductive Health Association, at lweiss@nfprha.org or 202-417-4867.

Sincerely,

Act Now: End AIDS (ANEA) Coalition
AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation Chicago
AIDS United
American Atheists
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Humanist Association
American Sexual Health Association
American Society for Reproductive Medicine
Association of Maternal & Child Health Programs
Big Cities Health Coalition
CAEAR Coalition
Catholics for Choice
Center for Biological Diversity
Center for Reproductive Rights
Equality California
Guttmacher Institute
Healthy Teen Network
HIV Medicine Association
Ibis Reproductive Health
Ipas
Jacobs Institute of Women's Health
NARAL Pro-Choice America
NASTAD
National Abortion Federation
National Asian Pacific American Women's Forum (NAPAWF)
National Association of Nurse Practitioners in Women's Health

National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Justice
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
National Working Positive Coalition
NMAC
Nurses for Sexual & Reproductive Health
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Power to Decide
Religious Coalition for Reproductive Choice
Reproductive Health Access Project
RH Impact: The Collaborative for Equity & Justice
SIECUS: Sex Ed for Social Change
The AIDS Institute
The Well Project
ThriveAlabama
Union of Reform Judaism
Upstream USA
URGE: Unite for Reproductive and Gender Equity
Whitman-Walker Institute
Women of Reform Judaism