

September 19, 2022

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

RE: Family Planning in the FY 2024 President's Budget

Dear Marc and Hester:

The 48 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) 2024 president's budget, we urge you to build on the critical work of the FY 2023 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 reproductive health care. The network suffered catastrophic losses in 2019 and 2020, due in large part to the Trump administration's 2019 program rule and the COVID-19 pandemic. Data released in September 2021 showed that only 1.5 million people received Title X-supported services in 2020, down 61% from 2018,<sup>1</sup> and six states had no Title X-funded providers for more than two years. The administration has consistently recognized these challenges, from moving quickly to issue new rules for the program to recommending a record \$400 million for the program in the FY 2023 budget. In addition, Congress has demonstrated strong support for rebuilding the network, including, for FY

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<sup>1</sup> Christina Fowler et al, "Family Planning Annual Report: 2020 National Summary," Office of Population Affairs (September 2021).  
<https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf>.

2023, a House proposal for \$500 million<sup>2</sup> for the program and a Senate proposal for \$512 million.<sup>3</sup> **We urge you to allocate \$737 million for the program in FY 2024.**

Moving into FY 2024, Title X will need substantial federal investment to both rebuild the network from these challenges and make publicly funded family planning and sexual health services available to millions more people. In March 2022, the Office of Population Affairs (OPA) announced new grants to fund Title X-supported services across the country. Unfortunately, OPA was forced to leave unfunded dozens of qualified grant applications due to lack of funds, as Congress ultimately level-funded the program in FY 2022 at \$286.5 million. A strong increase for the program in the FY 2024 president's budget will reinforce to Congress the importance of prioritizing increases for this effort. In addition, given the devastating Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* and the ensuing abortion bans in more than a dozen states, increasing access to contraception is more important than ever. While no amount of funding for family planning could ever obviate the need for abortion, providers are seeing growing demand for contraceptive methods as pregnant people face increasingly dire situations.

The administration should also take this important step as part of its overarching plan to promote health equity and racial and economic justice. Equalizing access to high-quality, affordable preventive health care, including family planning and sexual health services, is a key part of achieving those vital goals. 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.<sup>4</sup> In addition, in 2020, 26% of people receiving Title X-supported services were Black, 35% were Latinx, and 66% 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.<sup>5</sup>

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<sup>2</sup> U.S. Congress, House, Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2023, and for other purposes, HR 8295. 117<sup>th</sup> Congress, 2<sup>nd</sup> Session. <https://www.congress.gov/117/bills/hr8295/BILLS-117hr8295rh.pdf>.

<sup>3</sup> U.S. Congress, Senate, Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2023, and for other purposes, Committee Print. 117<sup>th</sup> Congress, 2<sup>nd</sup> Session. <https://www.appropriations.senate.gov/imo/media/doc/LHHSFY2023.PDF>.

<sup>4</sup> 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>.

<sup>5</sup> Christina Fowler et al, "Family Planning Annual Report: 2020 National Summary," Office of Population Affairs (September 2021). <https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf>.

### Medicaid Free Choice of Provider

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 states that any willing and qualified provider must be allowed to serve people enrolled in Medicaid, but currently six states are illegally refusing to reimburse eligible services that are provided by abortion providers, including Planned Parenthood health centers: Arkansas, Louisiana, Mississippi, Missouri, South Carolina, and Texas.<sup>6</sup> The administration must take robust 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.<sup>7</sup> **In the FY 2024 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 reproductive 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.

### Increase Funding for Clinical STI Services

It is estimated that there are nearly 68 million sexually transmitted infections every year in the U.S., with a financial toll of \$16 billion in direct medical costs.<sup>8</sup> Unfortunately, rates of STIs are also increasing in the United States each year. It is urgent that the federal government allocate resources directly to the clinical services that can prevent and treat sexually transmitted infections, reducing their negative impact on individuals and communities. However, there is currently no federal program dedicated to clinical STI

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<sup>6</sup> Please note that Louisiana's and South Carolina's bans are currently on hold due to court decisions.

<sup>7</sup> 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>.

<sup>8</sup> Centers for Disease Control and Prevention. "CDC estimates 1 in 5 people in the U.S. have a sexually transmitted infection." (January 25, 2021).

<https://www.cdc.gov/media/releases/2021/p0125-sexually-transmitted-infection.html>.

**care. As such, in the FY 2024 budget, we urge you to both lift the current cap on clinical spending for state and local health departments that receive CDC funds for STI prevention and to create a new \$200 million clinical care program focused on STIs within HRSA.**

This funding is particularly urgent as existing health department resources have been strained for more than two years with the COVID-19 pandemic and are now also needed to address the monkeypox crisis. We cannot successfully address the STI epidemic in this country without having resources that can go directly to providers and patients in need of care and will not be redirected to other needs.

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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](mailto:lweiss@nfprha.org) or 202-417-4867.

Sincerely,

Advocates for Youth  
AIDS United  
American Academy of Nursing  
American Atheists  
American College of Nurse-Midwives  
American College of Obstetricians and Gynecologists  
American Humanist Association  
American Public Health Association  
American Society for Reproductive Medicine  
Association of Maternal & Child Health Programs  
Big Cities Health Coalition  
Black Women's Health Imperative  
Catholics for Choice  
Center for Biological Diversity  
Center for Reproductive Rights  
Endocrine Society  
Guttmacher Institute  
Healthy Teen Network  
HIV Medicine Association  
Ipas  
Jacobs Institute of Women's Health  
Medical Students for Choice

NARAL Pro-Choice America  
NASTAD  
National Abortion Federation  
National Asian Pacific American Women's Forum  
National Association of Nurse Practitioners in Women's Health (NPWH)  
National Birth Equity Collaborative  
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 Health Network  
National Women's Law Center  
Nurses for Sexual and Reproductive Health  
Physicians for Reproductive Health  
Planned Parenthood Federation of America  
Population Institute  
Positive Women's Network-USA  
Power to Decide  
Reproductive Health Access Project  
SIECUS: Sex Ed for Social Change  
Union for Reform Judaism  
Upstream USA  
URGE: Unite for Reproductive & Gender Equity