

How Will the Title X Family Planning Rule Affect Community Health Centers?

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About the Geiger Gibson / RCHN Community Health Foundation Research Collaborative

The Geiger Gibson Program in Community Health Policy, established in 2003 and named after human rights and health center pioneers Drs. H. Jack Geiger and Count Gibson, is part of the Milken Institute School of Public Health at the George Washington University. It focuses on the history and contributions of health centers and the major policy issues that affect health centers, their communities, and the patients that they serve.

The RCHN Community Health Foundation is a not-for-profit foundation established to support community health centers through strategic investment, outreach, education, and cutting-edge health policy research. The only foundation in the U.S. dedicated solely to community health centers, RCHN CHF builds on a long-standing commitment to providing accessible, high-quality, community-based healthcare services for underserved and medically vulnerable populations. The Foundation's gift to the Geiger Gibson program supports health center research and scholarship.

Additional information about the Research Collaborative can be found online at <https://publichealth.gwu.edu/projects/geiger-gibson-program-community-health-policy> or at www.rchnfoundation.org.

Executive Summary

As the coronavirus pandemic affects communities across the nation, preserving access to essential preventive health care remains critical. The Trump Administration's Title X Family Planning program regulations became effective July 2019; as of March 4th, 2020, funding recipients must comply with all of the rule's new restrictions, including restrictions on counseling pregnant women and physical and financial separation requirements.

Community health centers are a major source of family planning and primary health care to low-income women of reproductive age. This survey, fielded during January and February 2020, examined community health centers' current participation in the Title X program, as well as their plans for future participation once the rule became fully effective. Among its key findings:

- *Community health centers' Title X participation plans:* Among all respondents, two-thirds (65 percent) were either current non-participants and did not intend to apply for Title X funding (58 percent of total respondents) or Title X grantees that either already had left the program or intended to do so (an additional 7 percent of total respondents). The remaining one-third of total respondents were either current grantees that planned to remain in the Title X network (21 percent of the total) or current non-grantees that planned to apply (12 percent of the total).
- *Community health centers that are current Title X participants:* Among health centers reporting participation during the survey period, nearly 1 in 4 (24 percent) reported that they had left the program or planned to do so by March 4th; another 6 percent had not yet decided. Among participating health centers ending participation or planning to do so, 70 percent cited concerns regarding the impact of the new requirements and restrictions on the quality of care, and two-thirds (66 percent) cited concerns regarding the impact of the new rule on patient health. More than half (51 percent) reported their intent to maintain current service levels using both other health center revenue such as Section 330 grant funds and replacement state funding.
- *Community health centers considering future participation:* Community health centers considering participation tended to be located in the South, South Central, or Western regions of the country.
- *Meeting patient needs and capacity to absorb a patient surge:* Fifty-three percent of respondents not planning to participate estimated that they could meet current patient need without Title X funds. To the extent that needs grow, fewer than 1 in 10 (9 percent) reported that they could expand their care capacity by 50 percent or more. Nearly one-third (32 percent) expected access to decrease in their service areas.

Overview

As the coronavirus pandemic sweeps across the nation, an enormous challenge becomes maintaining access to essential preventive services, including preventive services related to reproductive health. Family planning and related services are among the most critical of these services.

The Title X Family Planning Program provides federal grants for family planning and related services. Title X helps fund low- or no-cost family planning services and supplies. Title X also helps fund family planning-related preventive health services such as testing for HIV and other sexually transmitted infections (STIs), pregnancy diagnosis and counseling, and screening for breast and cervical cancer. In 2018, health providers and programs funded through Title X served over 3.9 million patients.¹ Previous research has found that Title X program participation by community

health centers is associated with enhanced family planning capacity and a broader range of services.²

Family planning is also a required service for all community health centers funded under Section 330 of the Public Health Service Act.³ While most health centers offer family planning services without participating in Title X, previous research has found that about 25 percent do so.^{4,5,6} Research also has found that Title X participation by community health centers is associated with their ability to maintain more robust family planning programs.⁷ Strengthening family planning services at community health centers is especially important since health centers serve 3 in 10 low-income women nationally.

In March 2019, the Department of Health and Human Services published a final rule that significantly revised Title X program requirements for funding recipients.⁸ The rule became effective July 15th, 2019,

with full compliance required as of March 4th, 2020.⁹ Three new requirements are especially notable. First, Title X-funded entities must maintain complete physical and financial separation between their Title X-funded activities and any activity classified by the rule as provision of, or advocacy for, abortion. Except under extremely limited circumstances, the rule classifies the provision of information to pregnant women who request an abortion a form of advocacy. Second, the rule places new restrictions on treating pregnant patients. In addition to withholding material information regarding qualified abortion providers even when asked, Title X-funded clinics must refer all pregnant women for prenatal care, even if they choose not to continue with a pregnancy. The rule restricts the types of clinical staff who can counsel pregnant women to doctors and advanced practice clinicians. Third, the rule requires complete physical and financial separation of Title X-funded services from those considered “advocacy” such as non-directive counseling by trained staff for patients who seek full information.

As noted, community health center Title X participation historically has been low. Low participation may reflect the modest nature of Title X grants coupled with the program’s relatively extensive requirements. Furthermore, many community health centers have taken a collaborative approach to Title X, working closely with independent Title X-funded clinics to refer patients for a broader array of family planning services than may be provided at the health center.

Community health centers may find that opportunities for such collaborations are shrinking under the new rule, as independent clinics opt to leave the Title X network rather than to comply with its restrictions. In some cases, states are attempting to replace federal funding with state funding in order to maintain service levels.¹⁰ In others, independent family planning clinics may be attempting to remain operational by charging patient fees, offering more limited services, or maintaining more limited staffing and hours of operation.¹¹ The Kaiser Family Foundation has reported that of 4,008 Title X sites that were operating in June 2019, as of December 2019, 1,041 (26 percent) were no longer participating.¹² The

Guttmacher Institute similarly has estimated that nearly one-quarter (22 percent) of all Title X-participating providers have ended their participation; Guttmacher further estimates that the providers withdrawing from the Title X network account for nearly half (46 percent, or 1.6 million) of all patients served by Title X in 2019.¹³

It is unclear how much the family planning services gap has grown. Previous research shows that community health centers have struggled to fill already existing gaps by expanding their own services. According to a 2017 survey,¹⁴ only 6 percent of community health centers could absorb an increase in new patients of 50 percent or more. A survey conducted over the May-July 2019 time period reported similar findings: slightly more than three-quarters of respondents (77 percent) reported either that they could not increase capacity at all, or else could expand capacity by no more than 24 percent. Only 10 percent could expand family planning capacity by 50 percent or more.¹⁵

As sources of affordable, accessible family planning care shrink, three important questions arise. First, will community health centers that do not already do so seek Title X funding in order to expand capacity? Second, will those that do so remain in the program? Third, how feasible is it for community health centers to expand their capacity to meet growing need?

Community Health Center Survey

The Geiger Gibson/RCHN Community Health Foundation Research Collaborative conducted a nationwide survey of community health centers to ascertain the extent of community health center participation in Title X as of March 4th, 2019, when the final rule was published. We also sought to measure future Title X participation plans and service capacity, particularly as other Title X grantees began to withdraw.¹⁶ In addition, we sought to learn more about the types of changes community health centers anticipated in family planning service capacity, both at their own health center and in their service area, as well as how community health centers choosing to continue participation would adapt to the new requirements.

¹ Fowler, C. I., Gable, J., Wang, J., Lasater, B., & Wilson, E. (2019, August). Family Planning Annual Report: 2018 national summary. Research Triangle Park, NC: RTI International. <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf>

² Community health centers and family planning in an era of policy uncertainty, *op. cit.*

³ <https://www.hrsa.gov/sites/default/files/grants/apply/assistance/Buckets/definitions.pdf>

⁴ Wood, S., Goldberg, D., Beeson, T., Bruen, B., Johnson, K., Mead, H., ... Rosenbaum, S. (2013). Health Centers and Family Planning: Results of a Nationwide Study. The Geiger Gibson/RCHN Community Health Foundation Research Collaborative and the Jacobs Institute of Women’s Health, George Washington University. <https://www.rchnfoundation.org/?p=2975>

⁵ Wood, S.F., Strasser, J., Sharac, J., Wylie, J., Tran, T.C., Rosenbaum, S., Rosenzweig, C., Sobel, L., & Salganicoff, A. (2018). Community health centers and family planning in an era of policy uncertainty. Kaiser Family Foundation. <https://www.kff.org/womens-health-policy/report/community-health-centers-and-family-planning-in-an-era-of-policy-uncertainty/>

⁶ Sharac, J., Markus, A., Tolbert, J., & Rosenbaum, S. (Forthcoming 2020). Community Health Centers in a Time of Change: Results from an Annual Survey. Kaiser Family Foundation.

⁷ Community health centers and family planning in an era of policy uncertainty, *op. cit.*

We fielded this survey between January and February 2020. An email link to the survey was sent to the CEOs or project directors of all 1,362 federally-funded community health centers nationwide identified in the 2018 Uniform Data System (UDS). Similar to our family planning survey conducted in 2017,¹⁷ the survey data was weighted by federal region¹⁸ and health center size in terms of the number of patients served.

Results

Overall Findings: Community Health Center Participation

The response rate to the survey was 25 percent, with 341 responses from community health centers in 47 states, the District of Columbia, and three U.S. territories/freely associated states. Survey respondents and non-respondents did not significantly differ by HRSA region, although survey respondents had a significantly higher average number of patients compared to non-respondents.

Among respondents, 70 percent reported that they did not participate in Title X, while 30 percent reported participation. This 30 percent participation rate is somewhat higher than the 26 percent reported by health centers' largest sites in 2011¹⁹ and 2017;²⁰ it is also slightly higher than the 25 percent participation rate reported by health center grantees in a separate 2019 survey.²¹ This slightly higher figure may reflect a greater survey response rate from Title X-participating health centers rather than any actual change in Title X participation rates over the 2011-2019 time period.

With respect to health centers' current status and future plans for Title X participation, **Figure 1** shows the responses across all respondents. Across the entire surveyed group, two-thirds (65 percent) were either current non-participants that did not intend to apply for Title X funding (58 percent of total respondents) or Title X grantees that had left or intended to leave the program (7 percent of total respondents). One third of respondent health centers were either current participants planning to stay in the

program (21 percent of all respondents) or were current non-participants planning to apply (12 percent of total respondents). The remaining two percent were Title X grantees unsure about future participation. In other words, the percentage of community health centers planning to apply for Title X funds or to remain in the program appears to be slightly higher than the 30 percent participating as of March 2019. However, these responses were provided before the full compliance date (March 4th, 2020) and therefore may change as the fuller implications of what compliance entails become clearer.

Community Health Centers that Do Not Currently Participate in Title X

Among the 70 percent of responding health centers that were not Title X participants as of March 2019, about one in six (17 percent) indicated that they would be interested in applying for Title X funding in the future (**Figure 2**). As **Figure 2** shows, nearly two-thirds of non-participants (64 percent) reported that they were not interested in doing so. One in 5 non-participants (20 percent) said that they were interested in applying for Title X funding but did not plan to do so because they did not think they would receive funding if they applied. While about 83 percent of non-Title X-funded respondents were not planning to participate in Title X in the future, they accounted for 58 percent of all survey respondents, as shown in **Figure 1**.

Respondents indicating that their health center has not participated in Title X and does not plan to do so were asked about their reasons for not participating. Over half (53 percent) reported that they were able to meet their patients' needs for family planning and related services without Title X funds, while more than one in four (27 percent) reported that program complexity and reporting requirements were barriers to participation (**Table 1**). One in five (20 percent) cited other reasons, including several who noted in open-text responses that they did not want to compete with local providers for Title X funding. Roughly one in six respondents reported that other providers in the community were able to meet local patients' demands

⁸ <https://www.federalregister.gov/documents/2019/03/04/2019-03461/compliance-with-statutory-program-integrity-requirements>

⁹ HHS.gov. (2019). Compliance with Statutory Program Integrity Requirements: Title X Program Guidance. <https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/statutes-and-regulations/compliance-with-statutory-program-integrity-requirements/index.html>

¹⁰ Sadeghi, N.B. & Wen, L. (September 24, 2019). After Title X regulation changes: difficult questions for policymakers and providers. Health Affairs Blog. <https://www.healthaffairs.org/doi/10.1377/hblog20190923.813004/full/>

¹¹ Ollstein, A.M. & Roubein, R. (September 2019). Family planning clinics watch their safety nets vanish. <https://www.politico.com/story/2019/09/01/family-planning-trump-abortion-1479239>

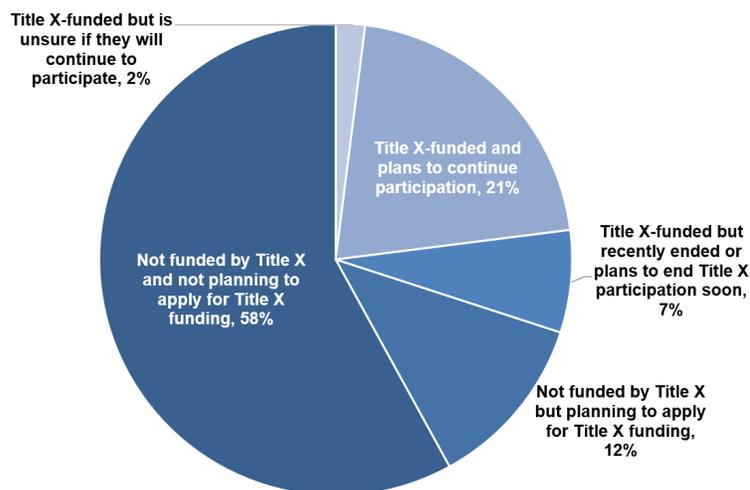
¹² Kaiser Family Foundation. (December 20, 2019). The Status of Participation in the Title X Federal Family Planning Program. <https://www.kff.org/interactive/the-status-of-participation-in-the-title-x-federal-family-planning-program/>

¹³ Dawson, R. (2020). Trump Administration's Domestic Gag Rule Has Slashed the Title X Network's Capacity by Half. The Guttmacher Institute. <https://www.guttmacher.org/article/2020/02/trump-administrations-domestic-gag-rule-has-slashed-title-x-networks-capacity-half>

¹⁴ Wood, S.F., Strasser, J., Sharac, J., Wylie, J., Tran, T.C., Rosenbaum, S., Rosenzweig, C., Sobel, L., & Salganicoff, A. (2018). Community health centers and family planning in an era of policy uncertainty. Kaiser Family Foundation. <https://www.kff.org/womens-health-policy/report/community-health-centers-and-family-planning-in-an-era-of-policy-uncertainty/>

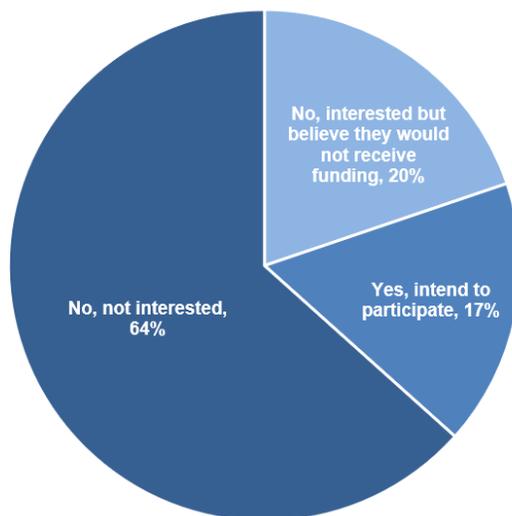
¹⁵ Sharac, J., Markus, A., Tolbert, J., & Rosenbaum, S. (Forthcoming 2020). Community Health Centers in a Time of Change: Results from an Annual Survey. Kaiser Family Foundation.

Figure 1. Community Health Centers' Expected Participation in Title X After March 4, 2020



Note: Percentages do not sum to 100% due to rounding.
Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

Figure 2. Intended Future Participation of Community Health Centers that Are Not Currently Title X-Funded



Note: Percentages do not sum to 100% due to rounding.
Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

for family planning services (17 percent) and the cost of meeting Title X requirements (16 percent) as reasons for non-participation. Notably, about one in eight respondents (12 percent) explicitly reported concern about legal risks to the health center should there be a lapse in their compliance.

Title X-Participating Community Health Centers

Respondents indicating that they had participated in Title X as of March 2019 (30 percent of the total) were asked if they had received supplemental FY2019 Title X funding. They also were asked about their intent to

participate going forward.

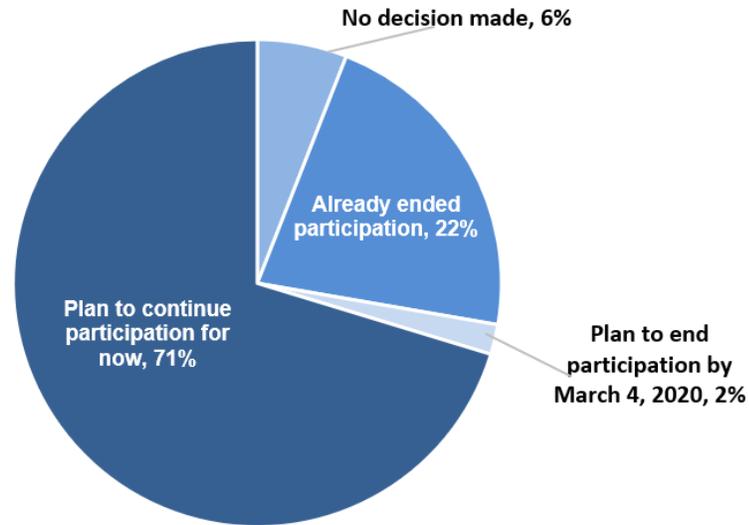
Slightly less than half (46 percent) reported that they had received supplemental funding in 2019. However, more than one in five (22 percent) Title X-funded respondents already had withdrawn from the program; and another 2 percent were planning on ending their participation by March 4th, 2020 (Figure 3). In addition, 71 percent reported that they planned to continue to participate, while 6 percent had not yet decided on their future participation.

Table 1. Reasons Given by Community Health Centers for Not Participating in Title X

Our health center is able to meet our patients' needs for family planning and related services without Title X funds	53%
The regulations and required documentation required of Title X participation are too complex	27%
Other reason	20%
Other providers in the community are able to meet local patients' demand for family planning services	17%
Meeting Title X requirements is too costly	16%
We are concerned that an accidental lapse in compliance could have significant enforcement impacts	12%
Other health care providers are prioritized for Title X funding so we don't think our health center would receive funding if we applied	12%
Our health center does not have staff who are trained to provide Title X clinical services	11%
Our health center lacks physical space and/or storage required for family planning services and supplies	11%
Our health center does not have staff who are trained to provide Title X counseling services	10%
Our health center struggles to meet current patient demand and lacks capacity to add significantly more family planning services and other services that Title X patients would need	9%
Our health center contracts out for family planning services	7%
Our health center does not have many patients who need family planning and related services	5%
Religious or moral concerns on the part of health center staff or board members regarding certain types of family planning methods that would be required under Title X	5%
We were planning to apply in the future but our Title X agency or state has withdrawn from the program	2%

Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

Figure 3. Title X-Funded Community Health Centers’ Intent to Participate After March 4, 2020 Compliance Date



Note: Percentages do not sum to 100% due to rounding.

Source: Geiger Gibson/RCHN Survey of Community Health Centers’ Family Planning Services

Participation by Federal Region

Community health center participation in Title X varied by HRSA region as did respondents’ plan going forward. Relatively high proportions of community health centers that had participated in the past but withdrew were located in Region I (New England) and Region IX (the West) (35 percent and 24 percent, respectively). Similarly high percentages of previous participants in those regions were unsure of whether they would continue (**Table 2**). While a very small proportion of Title X participants that had plans to continue their participation were located in Region I (four percent), a higher proportion (27 percent) were located in Region IX.

Respondents not funded at the time of survey but interested in applying for Title X funding are most likely to be located in the Western (25 percent) and Southern regions (20 percent in Region IV, 18 percent in Region VI). This higher rate of interest in the Southern region may reflect a greater loss of independent Title X providers in these parts of the country.

Community Health Centers that Participate in Title X and Plan to Continue to Do So

Among Title X-funded health centers planning to continue participation in the Title X program, over six in ten (61 percent) expected to apply for supplemental funding in FY2020. Over half of those planning to remain expected to provide staff training on the new

Title X regulations (53 percent), while about one-third (32 percent) planned to change patient counseling protocols and information provided (**Table 3**). Nearly three in ten (28 percent) planned to create or revise the list of providers that pregnant patients are referred to, as well as to modify documentation of services to minors while expanding documentation of parental involvement, also required under the new rule. About one quarter (26 percent) did not expect to make any changes in clinic operations.

Title X-Funded Health Centers That Either Have Ended or Soon will End Participation in Title X

Health centers have ended or soon will end their participation in the Title X program were asked for their reasons for doing so. Most (70 percent) cited concerns that the new requirements would compromise the quality of care for patients; two-thirds (66 percent) of respondents cited concerns that the new requirements could negatively affect patients’ health (**Figure 4**). Over half (54 percent) reported that they did not want to direct what providers can and cannot say to patients, while 45 percent indicated that their state or Title X agency had withdrawn from the program. Nearly four in ten (39 percent) reported concerns about risk of medical liability, while a quarter (26 percent) were concerned that the new requirements would conflict with their Section 330 obligations.

Table 2. Status of Responding Health Centers' Participation in Title X, by HRSA Region

HRSA Region	Not funded by Title X and not planning to apply	Not funded by Title X but planning to apply	Title X-funded but recently ended or soon plan to end participation	Title X-funded and plan to continue participation	Title X-funded but is unsure if they will still participate
I (CT, ME, MA, NH, RI, VT)	5%	2%	35%	4%	34%
II (NJ, NY, PR, VI)	7%	16%	7%	3%	14%
III (DE, DC, MD, PA, VA, WV)	7%	5%	5%	18%	0%
IV (AL, GA, FL, KY, MS, NC, SC, TN)	19%	20%	4%	15%	0%
V (IL, IN, MI, MN, OH, WI)	13%	7%	6%	1%	0%
VI (AR, LA, NM, OK, TX)	12%	18%	4%	11%	0%
VII (IA, MO, NE, KS)	11%	2%	0%	12%	17%
VIII (CO, MT, ND, SD, UT, WY)	4%	4%	0%	6%	0%
IX (AZ, CA, HI, NV, AS, FM, MH)	11%	25%	24%	27%	35%
X (AK, ID, OR, WA)	10%	0%	15%	3%	0%
Total	100%	100%	100%	100%	100%

Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

¹⁶ HHS.gov. (September 30, 2019). HHS Issues Supplemental Grant Awards to Title X Recipients. <https://www.hhs.gov/about/news/2019/09/30/hhs-issues-supplemental-grant-awards-to-title-x-recipients.html>

¹⁷ Wood, S.F., Strasser, J., Sharac, J., Wylie, J., Tran, T.C., Rosenbaum, S., Rosenzweig, C., Sobel, L., & Salganicoff, A. (2018). Community health centers and family planning in an era of policy uncertainty. Kaiser Family Foundation. <https://www.kff.org/womens-health-policy/report/community-health-centers-and-family-planning-in-an-era-of-policy-uncertainty/>

¹⁸ The 2017 family planning survey used US Census region, but because respondents of the current survey included health centers in U.S. territories/COFA states, the weight was based on HRSA region.

¹⁹ Wood, S., Goldberg, D., Beeson, T., Bruen, B., Johnson, K., Mead, H., ... Rosenbaum, S. (2013). Health Centers and Family Planning: Results of a Nationwide Study. The Geiger Gibson/RCHN Community Health Foundation Research Collaborative and the Jacobs Institute of 20 Women's Health, George Washington University. <https://www.rchnfoundation.org/?p=2975>

²⁰ Wood, S.F., Strasser, J., Sharac, J., Wylie, J., Tran, T.C., Rosenbaum, S., Rosenzweig, C., Sobel, L., & Salganicoff, A. (2018). Community health centers and family planning in an era of policy uncertainty. Kaiser Family Foundation. <https://www.kff.org/womens-health-policy/report/community-health-centers-and-family-planning-in-an-era-of-policy-uncertainty/>

²¹ Sharac, J., Markus, A., Tolbert, J., & Rosenbaum, S. (Forthcoming 2020). Community Health Centers in a Time of Change: Results from an Annual Survey. Kaiser Family Foundation.

Table 3. Changes that Title X-Funded Health Centers Plan to Make in Response to the New Title X Rule

If you plan to participate in Title X after March 2020, what changes, if any, do you expect will be needed in clinic operations?	Among Title-X funded health centers continuing to participate in Title X
Provide training to staff on Title X regulations	53%
Change counseling and information given to pregnant patients by providers	32%
Create or revise the list of providers to whom pregnant patients are referred	28%
Modify documentation of and services to minors to expand documentation of parental involvement	28%
We do not expect to make any changes	26%
Modify counseling activities involving minors to promote parental involvement	16%
Review current financial practices to ensure that your organization meets financial separation requirements	14%
Other change	9%
Change scope of contraceptive services provided by limiting the number of contraceptive methods offered	6%
Separate physical locations for pregnancy testing and counseling versus primary family planning and preventive screening and other clinical services for patients who are not pregnant or do not suspect pregnancy	2%
Change scope of contraceptive services provided by adding a fertility awareness method, if not already provided by your health center	2%

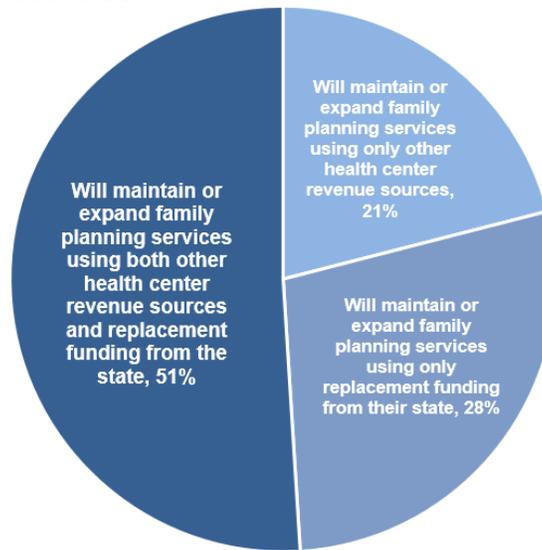
Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

Figure 4. Reasons Title X-Funded Health Centers Recently Ended or Plan to End Participation in the Title X Program



Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

Figure 5. Expected Response to Reduced Funds Among Health Centers that Will End Participation in Title X



Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

Title X-participating community health centers were then asked about how they would maintain or expand family planning services in response to the reduction in Title X funds. No respondents indicated plans to reduce services. One in five (21 percent) reported that they would rely on other health center revenue, for example, by charging more for family planning services or by allocating 330 grant funds to cover associated costs (Figure 5). Twenty-eight percent said they would use replacement funding from their state. Over half (51 percent) reported that they would

use both.

Access to Family Planning Services and Capacity for New Patients

All health centers were asked how they expected patients' access to family planning services to change in the next year as a result of the new Title X rules, both at their health center and in the broader service area. The majority of health centers reported that access to family planning services would not change

in their service area (59 percent) or at their health center (83 percent). Yet nearly one third (32 percent) expected access to decrease in their service area, while only four percent expected a decrease in access at their health center (**Table 4**). These percentages did not differ significantly by HRSA region, but the highest percentages of those expecting decreased access within their service areas were found in Regions VIII and IX – where health centers accounted for 29 percent of those that had not participated in Title X but planned to seek Title X funding (**Table 2**). Furthermore, health centers in these same regions (VIII and IX) were most likely to raise concerns about decreased access at their own health center. This

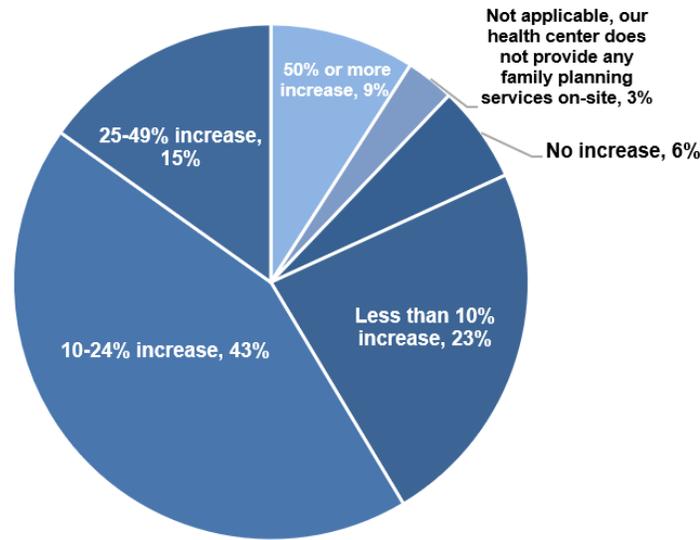
suggests that higher levels of concern about access may correlate with health center willingness to apply for Title X funding, shown in Table 2. The cautionary note, however, is that these concerns and intent to apply were expressed before the full implications of full compliance became evident.

Table 4. Anticipated Changes to Patients’ Access to Family Planning Services in the Next Year, by HRSA Region

HRSA Region	In your service area			At your health center		
	Patients will have increased access to family planning	Patients will experience no change in access to family planning	Patients will have decreased access to family planning	Patients will have increased access to family planning	Patients will experience no change in access to family planning services	Patients will have decreased access to family planning
Total	9%	59%	32%	14%	83%	4%
I (CT, ME, MA, NH, RI, VT)	0%	74%	26%	7%	89%	4%
II (NJ, NY, PR, VI)	26%	51%	23%	28%	67%	5%
III (DE, DC, MD, PA, VA, WV)	12%	66%	22%	12%	82%	5%
IV (AL, GA, FL, KY, MS, NC, SC, TN)	11%	57%	32%	20%	77%	3%
V (IL, IN, MI, MN, OH, WI)	4%	62%	34%	4%	92%	4%
VI (AR, LA, NM, OK, TX)	9%	62%	29%	9%	91%	0%
VII (IA, MO, NE, KS)	10%	63%	27%	0%	100%	0%
VIII (CO, MT, ND, SD, UT, WY)	6%	52%	41%	19%	75%	6%
IX (AZ, CA, HI, NV, AS, FM, MH)	9%	45%	45%	22%	69%	8%
X (AK, ID, OR, WA)	0%	73%	27%	8%	92%	0%

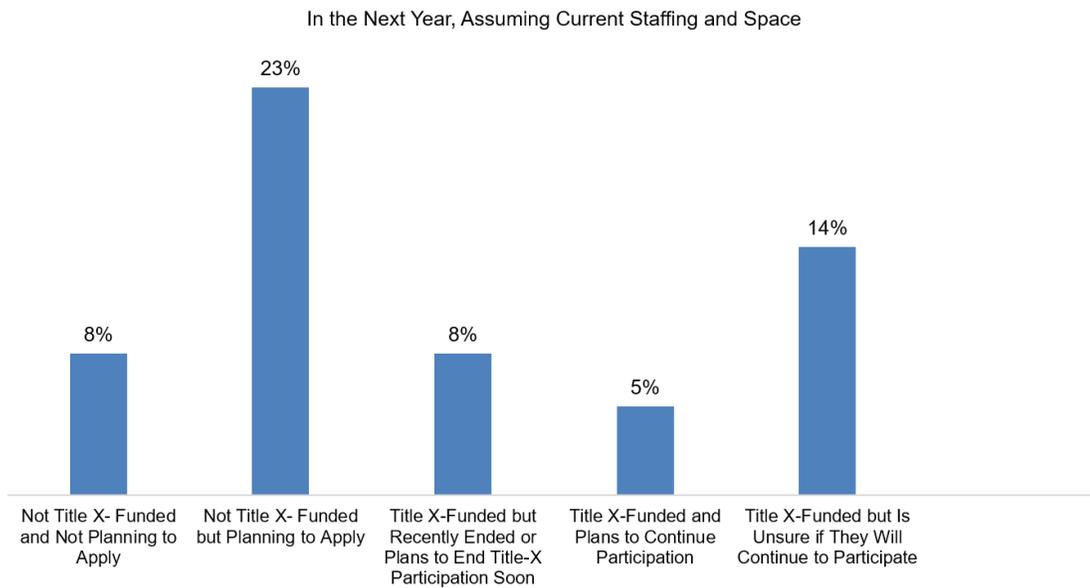
Source: Geiger Gibson/RCHN Survey of Community Health Centers’ Family Planning Services

Figure 6. Estimated Percentage Increase in New Family Planning Patients Health Centers Could Accept with Current Staffing and Clinic Space in the Next Year



Note: Percentages do not sum to 100% due to rounding.
 Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

Figure 7. Health Center Capacity for an Increase in New Family Planning Patients of 50 percent or More, by Title X Status



Source: Geiger Gibson/RCHN Survey of Community Health Centers' Family Planning Services

Respondents also were asked about their capacity to serve more family planning patients in the next year, with current staffing and clinic space. Nine percent could accept no new patients, and two-thirds (66 percent) could accept an increase of less than 24 percent (Figure 6). Only nine percent indicated that they could accept an increase of 50 percent or more. The percentage that could accept an increase in patients of 50 percent or more varied significantly by Title X status, from a high of 23 percent of non-Title X-

funded health centers that plan to apply for Title X funding, to a low of 5 percent for Title X-funded health centers that plan to continue participation in the program (Figure 7). Eight percent of respondents that were not funded and not planning to apply, and of those that were funded and planned to continue their participation, reported they could accept an increase in family planning patients of 50 percent or more.

Discussion

As of March 2019, when the Title X family planning rule was published, the large majority of community health centers (70 percent) indicated that they do not participate in Title X, a figure consistent with prior reports assessing Title X participation among community health centers. Within this group, the majority (83 percent) have no plans to apply for Title X funding. Among the respondents that did participate in Title X, nearly one in four (24 percent) already had ended participation or planned to leave the program. In both cases, a principal reason appears to be the impact of the new regulatory requirements. Concerns about ongoing access to family planning services appear to be somewhat related with health centers' willingness, in certain regions, to seek Title X funding. For example, higher shares of health centers in Regions VIII and IX expected that patients would experience decreased access to family planning services (**Table 4**), and health centers from these two regions accounted for nearly three in ten community health centers that are not presently funded but plan to apply for Title X funding (**Table 2**).

Our findings also suggest that community health centers view maintaining and expanding services as important but that few are in a position to undertake major capacity growth, defined as an increase of 50 percent or more in new family planning patients.

Our findings also show regional variation. Higher shares of community health centers that have not previously participated in Title X but show interest in applying for funds are located in the Western, South, and South-Central regions (Regions IX, IV, and VI). Health centers in these regions may be somewhat more likely to view adaptation to the new requirements as feasible, or willingness to seek funding may be driven more by concern over loss of access to family planning services.

The findings also signal certain areas of concern. First, the percentage of community health centers willing to join the Title X provider network remains low; among those leaving the network, concerns over the practical and legal cost of compliance are commonly raised.

A second concern is the potential impact on health center revenue – both revenue dedicated to enhancing and strengthening family planning services and revenue that must be diverted from other critical activities in order to maintain family planning programs. Among community health centers that participate in Title X but that have exited or plan to exit the Title X program, 72 percent plan to substitute other

health center revenue to maintain services, either alone or in combination with additional state funding. This may mean loss of resources and funding for other patients and services. To the extent that community health centers turn to increased patient fees as a strategy for maintaining capacity, upward adjustment in the sliding fee scale could create barriers to care. Some states have opted to provide replacement funding or to increase Medicaid payments for care insured through that program. How long states will be able to maintain this supplemental funding, especially in light of the crisis created by the COVID-19 pandemic, remains unclear.

Third, nearly one third of all respondents expect access for family planning services to decrease in the next year in their service area, having an impact beyond their own health center. This means the loss of one of the most important of all public health services.²² Furthermore, it is clear that community health centers do not view themselves as able to replace this lost capacity. Only nine percent report that they can accept 50 percent or more new family planning patients in the next year, with existing space and staffing.

Finally, because the survey fielding period ended before the date of full compliance with the physical-separation requirement, it may be that Title X participation by community health centers diminishes further once the complexities of full compliance come more clearly into view. Follow-up research into the impact of the rule, once fully in effect, becomes critical.

²² Centers for Disease Control and Prevention. (1999). Achievements in public health, 1900–1999: Family planning. *MMWR Weekly*, 48(47):1073-80. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4847a1.htm>