

**Committee on Energy and Commerce  
Subcommittee on Oversight and Investigations**

**Hearing on  
“Protecting Title X and Safeguarding Quality Family Planning Care”**

**June 19, 2019**

**Dr. Diane Foley, Deputy Assistant Secretary, Office of Population Affairs, U.S. Department of Health and Human Services**

**The Honorable Frank Pallone, Jr. (D-NJ)**

1. Planned Parenthood affiliates, who have served 40% of the approximately four million Title X patients each year, as well as Maine Family Planning and multiple states have all indicated they will no longer participate in the program under the new Title X rule now in effect. Given that a March 2018 Kaiser Family Foundation study based on a nationwide survey of community health centers found that a majority of health centers are unable to accept a major increase in new patients, what entities does OPA believe will serve these 1.6 or more new patients seeking quality family planning care?

**Response:** As the Office of Population Affairs has endeavored to bring competition and diversity to its grantees and to incentivize grantees and applicants to provide family planning services to people in unserved and underserved areas (including rural areas), the number of Planned Parenthood grantees has declined. Other types of Title X clinics include public health departments, Federally Qualified Health Centers (FQHCs), hospital sites, as well as other independent clinics not affiliated with Planned Parenthood. Many FQHCs already provide family planning services and have indicated they have the ability to increase capacity and provide Title X services.

**In addition, the Final Rule encourages diverse and new organizations to serve patients in the Title X program. Community health organizations, clinics, and hospitals that are currently not Title X grantees or subrecipients could seek to participate in the Title X program – and could easily serve patients seamlessly since they already are committed to providing medical care to women and men in their communities and many already provide family planning services to their patients.**

2. As of a briefing with my staff on June 14, 2019, you confirmed that the first-time Title X grantee, Obria Group, Inc. had yet to begin serving any patients despite an April 1, 2019 project start date. Has Obria Group Inc. begun serving patients since then, and if so, how many?

**Response: Obria has started providing family planning services. Title X grantees provide reports detailing the services provided under their grants retrospectively on a calendar year basis. Accordingly, the first complete reporting of the clients served and the family planning services provided is due in January 2020.**

3. During that same briefing you indicated anticipating it taking up to nine months for first-time Title X projects to even begin serving Title X patients. Given this acknowledged lag for first-time Title X grantees to begin serving patients, for both Obria Group, Inc's current project area, as well as if/when new first-time grantees are awarded, has OPA assessed the following and if not, why?
  - a. How many Title X-eligible patients will either experience a gap in their ability to access low or no-cost family planning services or face indefinite loss of access to such care?
  - b. Which communities and regions will be hardest hit with such gaps or indefinite loss of services?
  - c. How many unintended pregnancies and new HIV or other STI infections does OPA project will occur as a result of such gaps or loss of access to low or no-cost family planning services?

**Response: It is not possible to address hypothetical situations. However, we look forward to receiving reports from grantees on clients served and services provided. Those reports will provide HHS with significant data.**