

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Subcommittee on Oversight and Investigations Chair Diana DeGette

Protecting Title X and Safeguarding Quality Family Planning Care

June 19, 2019

Today, the Subcommittee is holding the first congressional hearing in nearly 25 years on the Title X family planning program.

Established in 1970 with bipartisan support, Title X is the only federal program solely dedicated to supporting family planning and related health care services, ensuring access to modern methods of birth control for low-income people and underserved communities.

Over the last half-century, Title X has provided the gold standard of high-quality family planning and sexual health care to four million women and patients of all genders each year. Title X providers serve a racially and ethnically diverse population. Most patients are under 30 years-old and, for many, Title X health centers are their only source of care.

The nearly 4,000 Title X health centers around the country come in all forms. They include local health departments, Planned Parenthoods, community health centers, and private and nonprofit organizations. My constituents, for instance, can access Title X services at 15 different health centers in the Denver area, such as Stout Street Health Center and La Casa Family Health Center, all part of the Title X network supported by the grantee in my state, the Colorado Department of Public Health and the Environment.

These health centers provide a range of lifesaving preventive health services, including breast and cervical cancer screening, HIV and other STI testing and treatment, and family planning and contraceptive information, supplies, and services. For five decades, regardless of the setting, patients seeking care at a Title X health center could depend on being treated with respect and dignity.

Yet, this patient-centered care now faces an imminent threat. In March, the Trump Administration finalized new regulations, referred to by experts as the “Gag Rule,” that poses significant threats to the Title X network and patients’ health and rights.

While anti-abortion ideology is fueling the Administration’s actions, this motivation has no bearing on the Title X program. Using Title X funds to provide abortions has been and is currently statutorily prohibited. In fact, the Administration cannot point to a single instance in the program’s history where Title X funds have been misapplied for abortion.

Efforts to curb abortion providers' participation in the Title X program is a solution in search of a problem. This rule is the Administration's absurd effort to equate abortion referral as tantamount to the actual provision of abortion services.

And as a result, the government is inserting itself into the patient-provider relationship. The rule forbids health providers from giving complete information to patients on all of their pregnancy options. Even further, it would allow providers who oppose contraception and are in favor of promoting natural family planning methods and abstinence-before-marriage to participate in the program. The rule also threatens the ability of patients—especially young people—to have confidential conversations with their providers about sexual health and wellbeing.

The Gag Rule would force providers to choose between offering limited information and care to their patients or to close their doors.

This could lead to a dramatic decline in women's and other patients' ability to receive high-quality and timely sexual and reproductive health care.

The long-term health consequences of limiting access to care could have dire consequences on critical public health priorities—disrupting the decline of historically low unintended pregnancy rates and a skyrocketing of HIV and other STI rates, the latter already at the highest levels in recorded history.

According to the American Medical Association, the rule would, [Quote] “radically alter and decimate the family-planning assistance program established by Title X...with severe and irreparable public health consequences across the United States.”

While the Title X Gag Rule is currently enjoined under nationwide injunctions, the Trump Administration is doubling down on its commitment to dismantle this vital public health program—indicating last week that it has no intention of enforcing long-standing program requirements such as providing patients with complete family planning and pregnancy options.

Should the Trump Administration have its way, those who already face barriers to voluntary and noncoercive family planning and related health care—people of color, LGBTQ+ people, low-income people, young people, and people living in rural areas—will bear the harshest consequences.

For five decades, Title X has relied on evidence of best practices to center and serve the needs of patients and communities. The Trump Administration's agenda takes neither evidence nor patients into account in its efforts to dismantle the Title X network and devastate access to high-quality family planning and sexual health care in the United States.

I look forward to hearing from Dr. Diane Foley, the Deputy Assistant Director for Population Affairs at the Department of Health and Human Services, regarding HHS's actions and their effects on health care in the United States.

June 19, 2019

Page 3

Additionally, we will be hearing from experts who have repeatedly raised concerns about the consequences of these actions should the Trump Administration succeed in its efforts.

While the Administration may claim that the intention of the rule is to ensure compliance of Title X statutory requirements, it is yet another attempt to take away women's basic rights, and it will ultimately block millions of patients from high-quality family planning and preventive health care.