

**Committee on Energy and Commerce**  
**Opening Statement as Prepared for Delivery**  
**of**  
**Subcommittee on Oversight and Investigations Ranking Member Brett Guthrie**  
  
*Protecting Title X and Safeguarding Quality Family Planning Care*

**June 19, 2019**

Thank you, Chair DeGette, for holding this important hearing.

For nearly 50 years, the Title X program has helped ensure that Americans have access to family planning methods and related preventive health services. The program has been especially important for low-income women. According to the most recent Family Planning Annual Report data, services were provided to more than 4 million individuals under the program in 2017.

The Title X program has helped a lot of men and women in my home state of Kentucky. In 2015, almost 50 thousand individuals in Kentucky received services at a Title X clinic, which included over 45 thousand women. The Kentucky Cabinet for Health and Family Services oversees Title X-funded health centers across the commonwealth. During the most recent funding cycle, HHS awarded the Kentucky Cabinet for Health and Family Services 5 million dollars for fiscal year 2019.

Many Title X grantees work tirelessly to provide important services to families and adolescents. I am concerned, however, about program integrity issues within the Title X program and that some grantees may not be always using funds in a way that is consistent with the statutory intent. Indeed, I joined other Members of Congress in writing a letter to HHS in April 2018 asking the Department to update the Title X regulations to ensure program integrity with respect to abortion.

When Congress created the Title X program in 1970, we drew a line between family planning and abortion. The Title X statute specifically states that, and I quote, “None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.” Unfortunately, the regulations issued by the Clinton Administration that have governed the Title X program for nearly two decades have blurred the line between family planning and abortion by requiring Title X grantees to refer women for abortion and allowing Title X clinics to co-locate with abortion clinics.

The Trump Administration took an important step toward improving program integrity and ensuring that Title X funds are used consistently with the statutory intent when the Administration issued the Protect Life Rule. Among other things, the Protect Life Rule helps ensure compliance with the statutory requirement for the Title X program that none of the funds appropriated for Title X may be used in programs where abortion is a method of family planning.

While my colleagues on the other side of the aisle are likely to express outrage at the Protect Life Rule, I'd like to remind them that these changes make the regulatory framework governing the Title X program nearly identical to the regulatory framework created by Reagan-era regulations for the Title X program. Just like there have been lawsuits filed against the Protect Life Rule, the Reagan-era regulations were also challenged in court. In 1991, the Supreme Court in *Rust v. Sullivan* upheld the Reagan-era regulations and said that they were a permissible construction of the Title X statute.

One of the concerns I have heard about the Protect Life Rule is that it will harm women's access to contraception under the Title X program. The Title X statutory language is clear and requires that Title X family planning projects "provide a broad range of acceptable and effective family planning methods and related preventive health services." The Protect Life Rule includes this exact language, and the most recent funding announcement for the Title X program directly states that each Title X project must include a broad range of acceptable and effective methods of family planning, including contraception. Moreover, the funding announcement notes that a "broad range" does not necessarily need to include all categories of services, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be the most effective in preventing pregnancy.

Given this language in the funding announcement, I hope to hear more today about how, if at all, HHS expects access to contraception through the Title X program to change when the Protect Life Rule is fully implemented. I am also looking forward to hearing more from HHS about why they felt changes to the Title X program that will help ensure program integrity with respect to abortion were necessary.

I want to thank all of the witnesses for being here today.