

CALIFORNIA LEGISLATURE

STATE CAPITOL
SACRAMENTO, CALIFORNIA
95814

July 31, 2018

Secretary Alex M. Azar II
Assistant Secretary ADM Brett P Giroir, M.D.
Deputy Assistant Secretary Diane Foley, M.D., FAAP
Office of the Assistant Secretary for Health
Office of Population Affairs
Attention: Family Planning
U.S. Department of Health and Human Services,
Hubert H. Humphrey Building, Room 716G
200 Independence Avenue S.W.
Washington, D.C. 20201

re: Comments on Proposed Rule, 83 Fed. Reg. 25502 (June 1, 2018), RIN 0937-ZA00
Title X Family Planning.

Dear Secretary Azar:

We write to express opposition to the U.S. Department of Health and Human Services (HHS) proposed rule to revise Title X, imposing unnecessary restrictions and overly burdensome requirements on Title X health clinics. The proposed rule prohibits Title X providers from counseling and referring abortion services to a patient. This gag rule drastically limits providers' ability to give full information about one's family planning options. It arbitrarily forces doctors and nurses to limit the care patients need, even if the medical professional determines it is medically necessary. Such a restriction is not consistent with recognized standards of care and will limit access to the highest quality of services for low-income women. The proposed rule also limits access to all 18 U.S. Food and Drug Administration approved methods of contraception and evidence-based family planning options. If this rule becomes effective, it will jeopardize critical funding, impede access and result in an increase in adverse health outcomes.

Nationally, nearly 4,000 clinics received Title X funding in 2016 including specialized family planning clinics, community health centers, state health departments, as well as school-based, faith-based and other nonprofit organizations. Title X funded programs provide fundamental health care services, such as cancer screening, pap smears, and contraception to more than 1 million low-income and minority Californians who receive comprehensive family planning through this funding. In addition, in 2016 Title X health centers tested 2.1 million Californians for chlamydia, 2.3 million for gonorrhea and 635,000 for syphilis.



The proposed requirement of a clear financial and physical separation between Title X providers and abortion services will block the availability of these critical federal funds to providers who offer abortions, and will therefore substantially reduce the number of providers who provide comprehensive health care. In the cost and benefit analysis of the proposed rule, HHS estimates 15 percent of all Title X sites do not comply with these proposed separation standards, and the cost of bringing them into compliance would be \$24 million in the first year alone. As serious a consequence as this is, we believe this estimate will annually become much higher. California has 356 Title X health centers. For many of their patients, these Title X-supported health centers are the main source of health care. Decreasing access to free and low-cost services will be devastating to many California communities, to the economy in those areas, and to public health, generally.

The proposed rule's Regulatory Impact Analysis estimates a cost of \$88.6 million over five years; however, as stated above, this severely underestimates the rule's true costs. In addition to the individual impact, this analysis does not consider how higher rates of unplanned pregnancies and decreased access to health care will affect the economy. For example, when Texas mistakenly cut funding to family planning services by eliminating \$73 million in funding for family planning services, more than 80 clinics closed.¹ The result was an increase in unplanned and teen pregnancies, which cost taxpayers more than \$1 billion annually.²

In California, Title X-funded clinics successfully prevented more than 200,000 unintended pregnancies in 2014, which would have resulted in 112,300 unintended births and 83,300 abortions. These clinics reduce unintended pregnancies by 37%, saving California and the U.S. government \$1.3 billion per year.³ The average cost of teen childbirth to the taxpayers is \$27,000 per birth.⁴ If unplanned and teen pregnancies increase as a result of slashing Title X funding, the increased cost to Americans' tax burden would be \$7 billion every year.⁵ Studies demonstrate that Title X-funded sites consistently offer the broadest range and most effective family planning and contraceptive services.⁶ California cannot afford to lose these vital clinics or services,

¹ Packham, A. (2017). Family planning funding cuts and teen childbearing. *Journal of Health Economics*, 55, 168-185. doi:10.1016/j.jhealeco.2017.07.002

² Daverth, G. (2017, April). Texas has the highest rate of repeat teen pregnancy in the country. *The Dallas News*. Retrieved from <https://www.dallasnews.com/opinion/commentary/2017/04/13/texas-highest-rate-repeat-teen-pregnancy-country>

³ National Family Planning & Reproductive Health Association, "Title X in California". Retrieved from <https://www.nationalfamilyplanning.org/file/state-snapshots-2017/California.pdf>

⁴ Packham, A. (2017). Family planning funding cuts and teen childbearing. *Journal of Health Economics*, 55, 168-185. doi:10.1016/j.jhealeco.2017.07.002

⁵ National Family Planning & Reproductive Health Association, "Title X in California". Retrieved from <https://www.nationalfamilyplanning.org/file/state-snapshots-2017/California.pdf>

⁶ Wood et al. Kaiser Family Foundation and George Washington University. (2018) Community Health Centers and Family Planning in an Era of Policy Uncertainty.

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but the cost of back-filling with state-funded programs would have a devastating impact on our budget.

Although it is possible to quantify the economic costs of cut backs in family planning services and resultant unplanned pregnancies, the impact to individuals is much more difficult to quantify. California is diverse both geographically and demographically. Title X is the only federal grant that pays for comprehensive family planning and reproductive health services, education and counseling for low-income and uninsured people. As a result, this funding provides health care access to communities that are remote or have limited access. In addition, we have many populations with unique cultural, language or other social needs who are more comfortable with a provider who is sensitive to their particular circumstance. For instance, access to the health services available through Title X are especially vital for LGBTQIA people, who will be hardest-hit by the proposed rule, because LGBTQIA people and youth are more likely to be economically disadvantaged. In addition, the proposed requirements ask invasive questions and will pressure youth to reveal information to parents and guardians, which will deter youth from seeking needed medical care and obtaining factual medical information. Title X health centers have been extremely successful in reaching California's diverse populations.

We also know that racial and ethnic bias, along with language barriers, make it extraordinarily difficult for immigrants, low-income people, and people of color to access health care. For Latina women, eliminating access to key health services like cancer screenings can become a matter of life and death. Latinas are more likely to be diagnosed with cervical cancer than women of any other racial or ethnic group and are far more likely to die from breast cancer than non-Latina women.

We are unaware of any problems that have given rise to the need for the proposed revisions to Title X. Conversely, access to comprehensive reproductive health care under the current program has mitigated LGBTQIA youth health inequities and expanded health care access for low-income and people of color. Title X funding has reduced the unintended pregnancy rate in California by 27 percent in just 6 years. We strongly urge you to reconsider the rule proposal and allow for the continued success of Title X.

Sincerely,



Senator Toni G. Atkins
Senate President pro Tempore
California State Senate



Anthony Rendon
Speaker of the Assembly
California State Assembly

cc: Xavier Becerra, California Attorney General
Jennifer Kent, Director, California Department of Health Care Services