

CORE BRIEF

Impact of recent changes to the Title X program in Wisconsin

August 2022



This brief describes the federal Title X family planning program, how it has changed in recent years, and how these changes have impacted Wisconsinites' access to family planning services.

What is Title X?

Title X is the only federal program dedicated to providing family planning services. The program was enacted in 1970 as Title X ("Population Research and Voluntary Family Planning Programs") of the [Public Health Service Act](#).

Title X is run by the Office of Population Affairs (OPA), a division of the US Department of Health and Human Services. OPA awards funds to organizations, known as grantees, to provide family planning services. Grantees then administer the funds through clinics, known as sites.

The program sets standards for the provision of care (such as offering a broad range of methods, using a sliding fee scale, and guaranteeing confidentiality) and the funds support clinics in providing services.

Funded clinics provide comprehensive family planning and related preventive health services (see box) to adults and adolescents, across genders, with priority given to people living on low incomes. Services must be provided regardless of one's ability to pay. Since the program's inception, [federal law](#) has prohibited the use of Title X funds to provide abortion services.

TITLE X SERVICES

- ✓ contraceptive education and counseling
- ✓ full range of contraceptive methods and services
- ✓ sexually transmitted infection education, screening, and treatment
- ✓ HIV testing and referral
- ✓ pregnancy testing and counseling
- ✓ breast and cervical cancer screening

Source: [OPA](#)

The most recent publicly available data show that in 2020, OPA funded 75 Title X grantees and a network of 3,031 service sites nationwide.¹ Grantees included 41 state and local health departments and 34 nonprofit community health and family planning agencies. That year, the program served approximately 1.5 million people across the country, in over 2.7 million family planning encounters. Most patients served were female (86%), young (56% were under 30 years old), and living on low incomes (66% had family incomes at or below the federal poverty level). Title X has traditionally served groups who experience historic and current discrimination and exclusion due to structural inequities. In 2020, one third (33%) of patients served identified as nonwhite, 35% as Hispanic or Latino, and 19% as having limited English proficiency.¹ Traditionally the program has also been an important source of health care in rural communities.²

Recent changes to Title X nationally

Title X has been under political attack since 2011. The US House of Representatives voted to eliminate the program six times between 2011-2018, but the Senate supported Title X and the program was not defunded.³ In 2019, the Trump administration issued [new rules](#) that dramatically changed the Title X program. Dubbed the **domestic gag rule**, the rules prohibited federal funding to Title X family planning grantees that perform or refer for abortion services, or even provide information about where a patient can obtain abortion services.⁴ As noted above, since the program's inception, [federal law](#) has prohibited the use of Title X funds for abortion care services. (For a detailed review of the 2019 rules, please see the [prior version of this brief](#).)

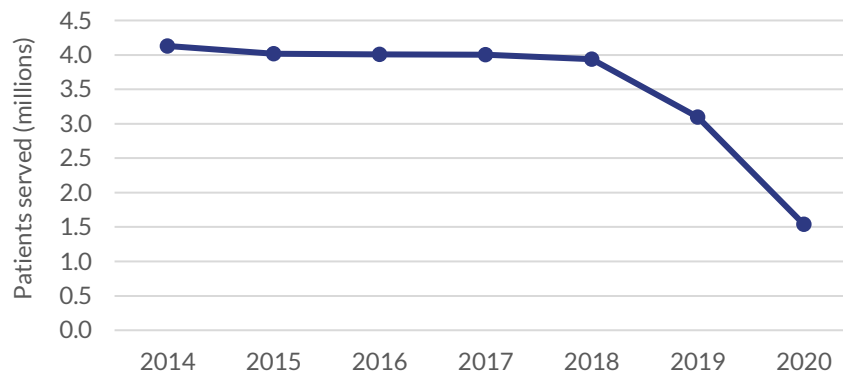
In the week following inauguration in January 2021, the Biden administration issued a [memorandum](#) directing the Department of Health and Human Services to review the 2019 rules. Following a standard comment period, in October 2021, OPA issued [new regulations](#) for the Title X program which reversed the 2019 rules and updated the prior 2000 rules. As a result, **it is again possible for family planning providers that also provide abortion services to apply directly to the federal government for Title X funds.**

While the 2019 rules have been reversed, their impact has been immense. Recent analyses show that nearly one in four Title X sites left the network in 2019 due to the rule change.⁴ The years between 2018 and 2020 witnessed a **2.4 million decrease in patients served by the program** (see Figure 1). OPA has attributed 63% of this decrease to the 2019 rules.¹

“Advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority for the Administration, including the Title X program and the Department. This 2021 regulation will allow for the Title X service network to expand in size and capacity to provide quality family planning services to more clients.”

HHS Assistant Secretary Rachel Levine, MD, [upon issuing](#) the revised 2021 Rule

Figure 1. Patients served by the Title X program, United States, 2014-2020*



*Data sources are listed after References

The COVID-19 pandemic has also impacted service utilization and provision. More than 40% of adults in the US deferred medical care during the initial year of the pandemic,⁵ and many Title X clinics provided fewer non-urgent services, such as cervical cancer screenings.⁶ OPA has attributed 37% of the decline in Title X patients served from 2018 to 2020 to the pandemic.¹

Many Title X clinics responded to the pandemic by transitioning to telehealth, when possible, despite having little experience with this modality. Others implemented curbside services when possible (such as condom provision, Depo-Provera injections, and take-home STI testing kits).⁶ In May 2022, the Department of Health and Human Services [announced](#) that it had awarded \$16.3 million in American Rescue Plan funds to expand the telehealth capacity of Title X clinics nationwide.

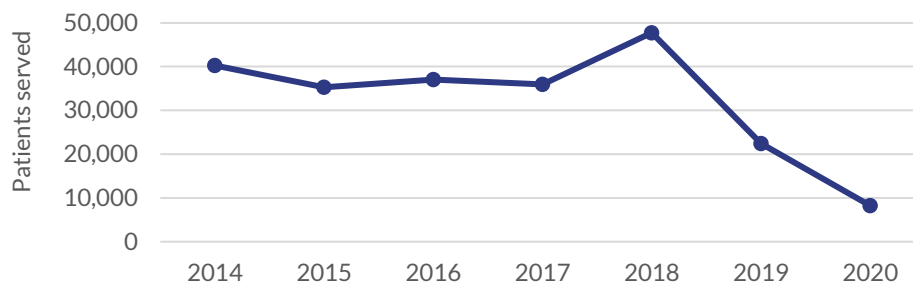
Impact of changes to Title X in Wisconsin

Planned Parenthood of Wisconsin (PPWI) was the sole Title X grantee in Wisconsin for 47 years, from 1971 to September 2018. (See more history in an [earlier version of this brief](#).) In 2018, a [new state law](#) required the Wisconsin Department of Health Services (WI DHS) to begin applying for federal Title X grant funds and prioritize the distribution of funds to public organizations. This law also prohibits WI DHS from distributing any of its Title X funds to agencies that provide or are affiliated with organizations that provide abortion services, amounting to a **Wisconsin-specific gag rule**. This sub-granting system had historically been an important part of the Title X program in Wisconsin and helped expand the geographic reach of Title X services.

Due to the 2019 rules, OPA withdrew all Title X funding from PPWI as of April 1, 2019. Since then, WI DHS has been the sole Wisconsin grantee. Under the revised 2021 rules, family planning providers in Wisconsin that also provide abortion services may apply directly to the federal government for Title X funds, but none have done so yet.

The impacts of the 2019 rules, the new state law, and COVID-19 on Title X family planning services in Wisconsin have been great. In 2018, there were 59 Title-X funded sites in Wisconsin. When the Trump rules were implemented in 2019, all nine Title X-funded PPWI clinics and eight other clinics were excluded from the program.⁷ As of May 2022, Wisconsin has 39 Title-X funded sites⁸—a **33% decrease since 2018**. This decrease in program capacity combined with the COVID-19 pandemic resulted in a more than **80% decline in patients served** between 2018 and 2020 (see Figure 2).

Figure 2. Patients served by the Title X program, Wisconsin, 2014-2020*



*Data sources are listed after References

Recent research conducted by Columbia University and the Foundation for Black Women’s Wellness found that changes in Title X rules and the new state law have led to great disruption in access to care and service delivery in Wisconsin, with youth, Latinx, and undocumented populations the most impacted.⁹ Former grantees reported seeing fewer patients from these historically marginalized groups—likely because patients are required to pay more for services as the clinics strain to subsidize services after losing a major funding source. The rule changes and state law have also disrupted referrals for care, as providers struggle to keep track of what services are

available, at what cost, from which providers. Study findings also suggest that the politics of Title X, with rules changing from one presidential administration to another, make it challenging for providers to rely on Title X as a source of funding. Another study confirmed that for Wisconsin clinics no longer in the Title X program, the 2019 rules and new state law have placed a great financial strain on patients as well as on the clinics themselves.¹⁰ This study also documented challenges to confidentiality practices at former clinics (due increased reliance on private insurance) and remaining clinics (due to the 2019 rules).

Decline in Title X funding

Table 1 shows trends in funding for the Title X program over the last decade. At its peak in fiscal year (FY) 2010, the program’s **national budget** was \$317.5 million. It was cut markedly in FY 2014 and remained at \$286.5 million from FY 2015 through FY 2021. The number of patients served declined by over 3.5 million over a similar period. (See Figure 1.) In March 2022, the US Department of Health and Human Services [announced \\$256.6 million](#) in funding for FY 2022—a **nearly \$30 million decrease** from the prior seven years.

Title X funding in **Wisconsin** declined slightly over the period FY 2010 to FY 2017, from \$3.6 million to \$3.5 million. During this period, PPWI was the sole grantee in Wisconsin. In FY 2018, OPA awarded \$2.1 million to PPWI and \$1 million to WI DHS, for a total of \$3.1 million. In FY 2019, WI DHS became the sole Title X grantee in the state and received \$3.8 million, followed by \$3.9 million in FY 2020 and FY 2021. **Funding dropped nearly a million dollars, from \$3.9 to \$3.0 million, from FY 2021 to FY 2022 – a 22% decrease.**

Table 1. Title X Funding, US and Wisconsin, 2010-2022*

	FY 2010	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
National	\$317.5 m	\$286.4 m	\$286.5 m	\$286.5 m	\$286.5 m	\$286.5 m	\$286.5 m	\$286.5 m	\$286.5 m	\$256.6 m
Wisconsin	\$3.6 m	\$3.7 m	\$3.5 m	\$3.5 m	\$3.5 m	\$3.1 m	\$3.8 m	\$3.9 m	\$3.9 m	\$3.0 m

*Data sources are listed after References

Conclusion

The Title X program serves as the family planning safety net and provides care to young, low-income, and racially and ethnically diverse people who may lack access to services. Trump-era federal rules and new Wisconsin state law have greatly reduced the program’s capacity and the number of people served in the state. The COVID-19 pandemic has further strained access to care. Available evidence from Wisconsin shows despite clinics’ efforts to meet their patients’ needs, youth, Latinx, and undocumented populations have been most impacted by reduced access. Data are not yet available on the impact of these changes on rural Wisconsinites and other historically marginalized communities. **Especially when combined with recent changes to abortion legality and access in Wisconsin, reduced scope and access to Title-X-funded family planning programs will likely have significant consequences for Wisconsinites’ reproductive autonomy.**

Suggested citation:

Dyer RL, Ufot M, Williamson A. Impact of recent changes to the Title X program in Wisconsin. CORE Brief. Madison, WI: University of Wisconsin Collaborative for Reproductive Equity. 2022.

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- ² National Family Planning & Reproductive Health Association. [Title X: Helping ensure access to high-quality care](#). 2015.
- ³ National Family Planning & Reproductive Health Association. [Title X: budget and appropriations](#).
- ⁴ Dawson R. [Trump administration's domestic gag rule has slashed the Title X Network's capacity by half](#). New York, NY: Guttmacher Institute, 2020.
- ⁵ American Hospital Association. [Study: 4 in 10 U.S. adults deferred medical care due to COVID-19 worries](#). 2020.
- ⁶ Ranji U, Frederiksen B, Salganicoff A. [How publicly-funded family planning providers are adapting in the COVID-19 pandemic](#). Washington, DC: Kaiser Family Foundation, 2020.
- ⁷ Guttmacher Institute. [Reproductive Health Impact Study: Wisconsin](#). 2022.
- ⁸ [Title X family planning directory](#). Washington, DC: Office of Population Affairs, Department of Health and Human Services; 2022 May.
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- ¹⁰ VandeVusse A, Mueller J, Kirstein M, et al. [The impact of policy changes from the perspective of providers of family planning care in the US: results from a qualitative study](#). Sex Reprod Health Matters. 2022;30(10).

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- 2018 *Wisconsin funding:* State of Oregon v. Alex M. Azar. [Complaint No. 6:19-cv-317](#). United States District Court of Oregon. 2019.
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Other: National Family Planning and Reproductive Health Association. [Title X. Budget & appropriations](#).
- 2022 US Department of Health and Human Services. [HHS awards \\$256.6 million to expand and restore access to equitable and affordable Title X family planning services nationwide](#). 2022.