

## MEMORANDUM

To: Senate Democrats  
From: Senate Health, Education, Labor, and Pensions Committee, Democratic Staff  
Re: Public Comments in Opposition to the Trump-Pence Administration's Title X Gag Rule  
Date: March 7, 2019

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The Title X program, first implemented in 1970 by President Richard Nixon, has historically enjoyed bipartisan support in Congress. As recently as the 115<sup>th</sup> Congress, Republicans and Democrats in the Senate voted for appropriations language that ensured the Title X program would continue to operate as it did under the Obama Administration. In 2016 alone, Title X-funded health centers provided four million women, men, and adolescents with a wide range of basic health care including birth control, cancer screenings, sexually transmitted diseases (STD) tests, and more at nearly 4,000 health centers. It is a vital source of reproductive health care for women who may otherwise struggle to access and afford the care they need.

Despite the critical role Title X plays in delivering wanted and needed care to millions of men and women, and despite the bipartisan support it regularly receives, Title X has been the target of the Trump-Pence Administration for nearly two years.

In April 2017, President Trump signed legislation overturning important protections that limited states' ability to block Title X funding for Planned Parenthood and other qualified providers that specialize in women's health. The Trump-Pence Administration then delayed the funding announcement for the 2018-2019 program by nearly three months, causing significant uncertainty among providers about the future of the program and the ability to serve their patients. The funding announcement that was ultimately released in February 2018 threatened to limit access to the comprehensive, evidence-based family planning services that had been central to the Title X program. That grant period was shortened from the customary three years to just seven months, creating disruptive and burdensome requirements for grantees to compete again under a new funding announcement, which is likely to begin April 1, 2019.

In May 2018, the Trump-Pence Administration released a notice of proposed rulemaking that had the potential to dramatically reduce sexual and reproductive health care and women's rights by preventing health care providers at Title X-funded clinics from informing patients about abortion as a reproductive health option, and by placing medically unnecessary restrictions on Title X-funded clinics intended to prevent Planned Parenthood from participating in the program. The rule also took additional steps to allow under-qualified providers, including those who may oppose contraception, to participate in the nation's family planning program. In total, the proposed rule received over 500,000 comments, including widespread opposition from patients who have used Title-X funded centers to receive health care, health care providers, local health departments, centers that receive Title X funds, public health associations, and many more. Women and men with a plethora of different backgrounds and experiences spoke out about the immense value of the Title X program and the damage that would be done if President Trump's proposed policies were implemented.

On March 4, 2019, the Administration published the final rule in the Federal Register that clearly ignored these comments, recommendations from on-the-ground health care providers, and the health care needs of millions of people across the country. The rule will jeopardize the relationship between a patient and their health care provider, and it will disproportionately affect low-income, underinsured or uninsured, young people, people of color, or otherwise marginalized individuals, who continue to face additional barriers to accessing the health care they need.

This report compiles key comments from patients, health care providers, county and city health departments, religious organizations, and women and men across the country. They spoke out in opposition to the Title X rule, its interference in the provider-patient relationship, the impact it would have on a woman's ability to make her own health care decisions, and the rule's disproportionate, deeply harmful impact on people who already struggle to access basic health care.

While some of these statements have been excerpted from longer comments, they have been presented below as they were originally submitted in response to the Title X proposed rule. Emphasis has been added by HELP Committee Democratic staff.

**Patients: Title X health centers are “a lifesaver”...left feeling “empowered and knowledgeable”... “only federal grant program of its kind, and helps make sure women like me can access safe, timely, and evidence-based care, regardless of income”**

- I am a woman who financed my own way through college, and when in the process of obtaining my four-year degree, as a full-time student between the ages of 18 to 23, I had absolutely no health insurance, nor did my university, at the time, mandate health insurance for its students. Therefore, I could not afford to see any doctors for any problems, including gynecologists or obstetricians. **A friend who had been diagnosed with the known silent killer, cervical cancer, at the age of 16, urged me, when I was 19 years old, to see a gynecologist for a pap smear to ensure I was not a victim of the disease.** I had never been to a gynecologist, had no health insurance, and had no where to turn for the exam, since I had no money at all to pay for the exam. **In talking to her mother, my friend discovered that I did have a place to go, wherein I would be charged for the exam based on my income, which consisted of a minimum wage 15-hour per week Work-Study Program, per-semester, on-campus job. That place was Planned Parenthood.** I made an appointment with Planned Parenthood for the exam, which included the pap smear, and I was charged \$20 for all of it, including the laboratory work. My conversation with the Planned Parenthood gynecologist included answers to all of my questions related to pregnancy and childbirth, including information my gynecologist believed was important for me to know, which I had not raised as questions. I also received pamphlets and other documents to take home with me, to have for future reference. **That visit was a lifesaver for me.** It is my understanding this proposed rule will prohibit this type of conversation and information from being disseminated, if it is approved. **The federal government has absolutely no right to get itself involved with conversations between a doctor and his or her patient.**

- As a young, sexually active teenager, with limited resources I was incredibly fortunate to have an older neighbor tell me about Maine Family Planning, where I could access reproductive healthcare, confidentially and by myself, and it could be free. **My friend didn't just tell me about it; she drove me to my first appointment at the Lewiston Family Planning clinic. ... I left my initial appointment at the clinic feeling empowered and knowledgeable, with birth control and free condoms, and no one the wiser. Had I not had access to Maine Family Planning, it is incredibly unlikely that I would be the healthy, confident, successful business owner I am today. ...** As it often tends to, life has come full circle. Last year, I took my daughters to Maine Family Planning, where they were able to experience a contraceptive visit with a compassionate, knowledgeable provider, just as I had done more than 20 years ago.
- As a young student, Planned Parenthood was the only resource available to me for my feminine health. I was attending college on the opposite side of the country from my family and hometown. **And without insurance planned Parenthood was the only affordable option available. Do not further damage the ability of women to seek and receive medical services from Planned Parenthood.**
- Title X is the **only federal grant program of its kind, and helps make sure women like me can access safe, timely, and evidence-based care, regardless of income.** Health centers that receive Title X funding provide important services including contraception, well-woman exams, cancer screenings, and pregnancy counseling. Access to this care is essential for women's health, and should never be politicized. **Under this proposed change, 40% of Title X patients may lose access to critical primary and preventive care services, and all women seeking care at Title X funded health centers risk losing access to services and information necessary to make informed decisions about own health.** Politicians have no place in the exam room, nor should they restrict the information my health care provider can tell me, or make it more difficult for me to access the care I need.
- I want the same Title X rules that have worked well in my state (Vermont) for the last 30 years. **The newly proposed rules will hurt Vermonters' access to healthcare, especially in rural, hard-to-serve areas of Vermont, and will be particularly burdensome for our low-income neighbors.** I believe that all Vermonters, regardless of their ability to pay, are entitled to safe, accurate, and affordable medical services and information and expect the government to act in the interest of all its citizens by withdrawing these proposed changes. Thank you
- As a child advocate, working in the front-lines with children and families needing safe, access to healthcare, I am OPPOSING the proposed Domestic Gag Rule. **It is crucial that children and teens feel safe enough to disclose personal and sensitive information to their healthcare providers.**
- I oppose this proposed rule. Young people like me rely on Title X for access to family planning services at the provider of our choice - providers like Planned Parenthood and other local health clinics. **By prohibiting Title X providers from referring patients for abortion care, this rule would directly harm young folks who need to full spectrum of reproductive health care (including abortion) to have full agency over our lives.** Young people need to be able to trust that they are getting accurate and thorough medical advice from their provider, not only the information the government has deemed

appropriate. I oppose this rule as it puts the lives of millions who rely on Title X care at risk.

- I am a child of the 1950's. Had it not been for the advent of expanded reproductive rights and medical developments in the area of contraceptives, I probably would have been in the position that my mother and the other women of her generation were - having 8 children or more. ... The contributions of women are too numerous to address here; we can just say that the expanded role of women for the past 50 years alone has enriched our society in ways we never foresaw. **Limiting access to contraception and family planning will reverse the development of 50 years. Please support the reproductive rights of all American women, with special consideration for the low-income, by supporting access to affordable and timely family planning.** Thank you.
- I am a woman from Nevada. I two have sisters and four daughters. We are capable, adept, and able to make decisions for ourselves. **We want to make informed decisions so all of the information on a subject is required. Withholding information is misinformation and manipulation.** I object to this rule change. It is a form of control and coercion. All of us are entitled to the freedom to make informed decisions for ourselves.
- I am writing to ask that you not cut funding to Title X. **It pays for many necessary services that ciswomen, some trans men, some nonbinary persons, some intersex persons, and especially women of color need.** The assistance it provides cannot be understated. There is simply no salient reason to not fund these vital programs.
- I cannot overstate my opposition to this proposed rule. **In a country with rising income inequality, this is another way in which the rich will be separated from the poor.** When a poor woman cannot access birth control and other family planning services, her life is worse off. Why would we threaten the possibility of reversing the three-decades long decline in teenage pregnancies? Why would we want a world where poor women have a more difficult time accessing the health care they need, thereby making it more difficult for them to finish high school, college, and the possibility of building skills that would give them the potential for higher incomes and greater financial independence?
- As a woman whose life was saved by an abortion, I am in very strong opposition to your proposed gag rule. **Every woman must have all the resources available to make informed decisions about her body and her future.** Having information about our options does not necessarily result in abortion. But we must have all information and opportunity to do what we think best. No one else knows better than the person whose life, health or future might be on the line.

**Providers: The Trump Administration's domestic gage rule will "interfere with the patient-provider relationship"... "not good policy"... "an infringement on the ethical principles that medical providers adhere to."**

- As a family physician who has worked with women of reproductive age for over 20 years, I am writing to oppose the Trump administrations proposed gag rule on health care providers that participate in Title X. **The proposed rule would interfere with the patient-provider relationship and deny Title X patients information they need to stay healthy.** It is clearly designed to make it impossible for reproductive health-focused

providers, including Planned Parenthood health centers and independent clinics, to continue to serve people through the program.

- Prior to my current job, I worked for 4 years as a social worker in a community health clinic. Title X funds provided many of my clients with access to much-needed resources and treatments that they would not otherwise have access to. These proposed rule changes are unfair and biased. They are largely targeted at the reproductive health of women and seek to revoke long-standing practices that have dramatically reduced the rate of unwanted pregnancy in this country. **Please listen to the words of the people who are directly utilizing these funds before deciding to move forward with these changes.** They can provide you with far more relevant and eloquent reasons for why these funds are an essential part of our country's health system.
- As a physician in a Title X clinic that serves adolescents and young adults, I am very concerned about the proposed Title X rule. Every American has a right to know their options for health care. **By leaving out some of those options, I would be denying this right to my patients and frankly I would be lying to them. I took an oath that says, First, do no harm. I believe that not telling my patients about the option of abortion, and not giving them clear information when requested, may be directly detrimental and harmful to them.**
- As a health care professional who has dedicated my career to improving the health of women and their families, I oppose this proposed federal rule. Politics has no place in the exam room. ... **Continued access to high quality, medically accurate reproductive and preventive health care from qualified Title X providers is essential to women's health.** Politicians should not be able to pick and choose among qualified health care providers or hold providers hostage by threatening to withhold critical health care funds. All patients deserve access to the best and most complete information available.
- I am a primary care doctor and I take care of many adolescent patients as well as many women of child bearing age, and in this current environment, many of my patients either can't afford health insurance, or if they have insurance, they have prohibitively high deductibles. Therefore, even though I do not work at a Title X program myself, many of my patients rely on Title X family planning programs. **One young woman in particular comes to mind: she could not afford to see an Ob/Gyn in a private practice to receive longterm contraception, and she certainly could not afford to have a child, so as a 17 year old, she visited a Title X family planning program and received an IUD, which provided contraception for her for 5 years.** During those 5 years she was able to go to graduate from high school, attend community college, graduate, and find a job that allowed her to get health insurance of her own as well as paying her own rent. Without the Title X program she would very likely have gotten pregnant, which would have kept her from being able to support herself and contribute to society.
- I am a family medicine provider working in rural New Mexico. I am writing today to express my strong opposition to the new HHS proposed rule ... This past week, I saw one of my regular patients who was deeply shaken by a positive pregnancy test. She was not ready emotionally or financially to have a child. **We talked about her various options, including keeping the pregnancy, adoption, and abortion, and I gave her appropriate information about all these options.** I let her go home to think and talk with her family. Yesterday, she came back to see me. She looked emotionally much better than when I saw her earlier this week. She said she appreciated our talk and my

willingness to talk her through all options, non judgmentally, and she decided she wanted to keep the pregnancy. **What is important about this story is that a patient and her physician had a comprehensive conversation about what might be best for the patient.** There was no pushing an agenda, no judgement, and the patient made the right decision for her. This proposed rule is threatening to compromise the sacred and important doctor-patient relationship.

- As a retired certified nurse-midwife, I dealt with many families during their childbearing years. Decisions they make about contraception and in rare cases, abortion, are deeply personal and NOT the government's business to decide. Women and their doctors must have privacy and freedom to make the best decision in the interests of health of the family. **Restricting birth control makes abortion seeking more likely. Restricting access to dsafe, legal abortion doesn't stop it, it makes it far more dangerous for the woman.** Title X is a vital program that helps individuals across the country to get critical family planning and related health care and information.
- I am an OB/GYN physician working in Baltimore, MD, and I am opposed to the proposed rule. I have several concerns about the rule. I have worked in clinics that depend on Title X funding to provide contraceptive services, STI testing/treatment, and preventative care. I have taken care of multiple patients who were found to be pregnant when they came to seek care. These patients deserve counseling on the FULL scope of evidence-based treatment options. **I object to the government interfering in the exam room, and interfering with my direct relationship with my patients.** By tying Title X funding to providing counseling on a full range of services, including abortion, the government is interfering with my rights as a medical provider, as a womens' health provider, and a citizen. **Gag rules are not good policy and are an infringement on the ethical principles that medical providers adhere to.**

**County and City Health Departments: Impact of this rule on our communities “may be irreversible” and “would roll back [] historic success” ... “jeopardizing the well-being of patients across the country – especially our poorest and most vulnerable individuals”**

- **Adair County, Missouri:** The Adair County Health Department urges withdrawal of the proposed federal rules to the Title X family planning program. ... The consequences of the proposed rule change would be swift and dramatic. Unintended pregnancies (which are at an all-time low) and STDs (which are already on the rise) could see significant increases. The change from non-directional, non-judgmental counseling would harm the patient/provider relationship, perhaps steering people away from Title X health care altogether. **The repercussions this could cause to low-income persons and families may be irreversible. The health care safety net is already strained in our state, especially since Missouri has yet to expand Medicaid.** The safety net cannot absorb additional patients if qualified providers are intentionally removed from the network. These proposed changes would add more demand, while also ensuring less supply- an equation that does not work. It will cause the safety net to break.
- **Tri-County Health Department (Adams, Arapahoe, and Douglas Counties, Colorado):** TCHD strongly opposes these proposed federal rule changes. The radical changes proposed would jeopardize the trusting relationship between women and their reproductive health care providers and put at risk the health of the 4 million women

nationwide who use Title X clinics. ... Nearly 40 percent of pregnancies in Colorado are unintended and this rate is higher among women who become pregnant as teenagers – when a lack of resources and support can make becoming a parent even harder. **Thanks in part to Colorado’s Title X program, Colorado’s teen birth rate was at an all-time low in 2016. Please do not make changes to the Title X program that would roll back this historic success.**

- **Kansas City, Boston, San Antonio, Chicago, Los Angeles County, Baltimore City, and Cleveland Health Departments:** On behalf of seven cities representing over 16.5 million people, we write with total opposition to the Department of Health and Human Services’ [proposed rule]. This rule, which would radically alter Title X funding for family planning, will do nothing to improve health outcomes throughout the country. To the contrary, it will prevent medical professionals from providing comprehensive care and deter the poor and vulnerable from seeking the family planning services that they need, thus diminishing the quality of health care in our country. ... In seeking to impose this rule on Title X recipients and those that rely on Title X services, **the Department of Health and Human Services is jeopardizing the well-being of patients across the country – especially our poorest and most vulnerable individuals who we serve in our Health Departments.** As public health leaders, we affirm that reproductive health is a critical part of every woman’s health care. Standard medical care should be based on science. The fundamental right to health cannot be an option reserved only for those who can afford it.

**Title-X Funded Health Centers: “clearly contrary to our goal to provide quality, evidence-based medical care”... would “impose unethical limits on pregnancy counseling”... “deeply concerned”**

- **New Jersey:** Zufall Health Center is a community health center with 8 clinical sites in New Jersey. Three of our sites receive funding support from the Title X program to ensure comprehensive and affordable family planning services to our residents. The program is an important part of our primary care service offerings as a patient centered medical home. **The proposed regulations to the Title X program that would limit the information providers could offer patients is clearly contrary to our goal to provide quality, evidence-based medical care. ... Since the individuals served in the Title X program are predominantly lowincome, the proposed rules, if implemented, put them at a distinct disadvantage as compared to their insured and higher income neighbors, who may visit a provider of choice and have access to all information.** There are already more hurdles for our low-income and uninsured patients. Limiting their access to information would put them at a further disadvantage and suggests that they are not capable of making their own health care decisions.
- **Illinois:** EverThrive Illinois is deeply concerned that the NPRM will have devastating negative effects on the Title X family planning program and the low-income patients for whom Title X provides critical health care. **The proposed rule attempts to impose unethical limits on pregnancy counseling and to mandate misleading information for patients, going beyond even the Reagan-era so-called “domestic gag” rule.** The rule would: move Title X away from its proper focus on making modern family planning tools available to all, regardless of income; create unworkable and unclear physical

separation and compliance requirements; prevent highly qualified, trusted family planning providers from continuing in their longstanding Title X roles; and destabilize the enormously effective network of Title X providers, thereby effectively destroying the program.

- **Connecticut:** [The Community Health Center Association of Connecticut (CHCACT)] works with Connecticut's seventeen federally qualified health centers ("health centers"), providing training and technical assistance, program support, strategic planning and other services to help health centers improve the health of their patients and communities. ... As you know, Section 330 of the Public Health Service Act requires health centers to offer voluntary family planning services to their patients, as part of a broad range of women's health services. In addition, many health centers participate in the Title X program in an effort to improve the quality and breadth of reproductive health and contraception services offered. Other health centers have formal or informal referral agreements with Title X providers in their communities. Please note that, in compliance with federal law, health centers in Connecticut and across the country do not provide abortion services. **CHCACT has significant concerns about the changes outlined in the proposed rule regarding the Title X program:**
- **Texas:** With more than 51,000 physician and medical student members committed to improving the health of all Texans, [Texas Medical Association (TMA)] is focused on all efforts to promote scientific and medically sound patient care. **We are deeply concerned that the changes to the Title X Family Planning Program outlined in the proposed rule will reduce the quality and the effectiveness of this critical public health program.** For decades, it has been a cornerstone in our state for ensuring statewide access to family planning and support services for hundreds of thousands of low-income women, men, and adolescents; improving infant and maternal health outcomes; and reducing teen pregnancy. ... In 2011, the Texas Legislature enacted sweeping programmatic and funding changes to Texas' women's health programs — changes analogous to those proposed for Title X. As a result of Texas' experiment, some 85 clinics closed, and fewer women received important preventive and reproductive health. Texas lawmakers reversed course two years later, recognizing the cuts had undermined Texas' progress toward improving women's health. We urge HHS to learn from Texas' mistake and reject the Title X proposed revisions.

**Religious Organizations and Individuals: “We are called by our faith to follow our conscience in all matters of moral decision-making and to respect the rights of others to do the same”... “with these changes our ministries will not be able to abide by medical standards of care for women and families.”**

- **From a Michigan Reverend:** I stand firmly in opposition to the proposed HHS effort to gut Title X and limit the information that medical personnel can give to their patients. **Today, as maternal health plummets in our country due to GOP funding cuts, funding limitations, and misguided social legislation, women (especially poor women) need more information and more affordable care, not less.** Eliminating Title X is a tremendous step back for our nation as a whole. Please record my opposition to this proposal.



- Like the majority of the 70 million Catholics in the United States, I support the right of each individual to make decisions about their healthcare according to their own conscience. **We are called by our faith to follow our conscience in all matters of moral decision-making and to respect the rights of others to do the same.** Moreover, my faith's compassion for the poor compels me to stand up against attacks on low-income access to comprehensive healthcare in this country. Therefore, I am deeply against the Department of Health and Human Services proposed rule regarding the Title X program. Our Catholic social-justice tradition compels each of us to advocate for policies that protect the least among us. Respecting the dignity and autonomy inherent in each person is essential.
- As a person of faith I support the right of each individual to make decisions about their health care with their family and medical provider, and according to their own conscience. I am called by my faith to follow my conscience in all matters of moral decision-making and to respect the rights of others to do the same. **Guided by my faith, I am deeply offended by the administrations most recent efforts to attack low-income access to comprehensive health care through the proposed Title X domestic gag rule that would prohibit Title X medical providers from discussing safe, legal abortion with their patients.** Respecting the dignity and autonomy inherent in each person is an essential Jewish value. The proposed rule attempts to control a womans behavior by limiting the information she receives and forcing her into a decision that may not be right for her situation and circumstance. The result of which would mean denying critical health care services such as contraception, breast cancer screenings and HIV and AIDS treatment and prevention and meaningful health care choices for over 4 million low-income Americans who receive their care through Title X clinics.
- I urge you to reject and withdraw the rule changes proposed to Title X because they will undercut our faiths commitment to ensuring access to affordable, quality reproductive health care for all. **The United Methodist Church affirm[s] the right of men and women to have access to comprehensive reproductive health/family planning information and services that will serve as a means to prevent unplanned pregnancies, reduce abortions, and prevent the spread of HIV/AIDS.** ... My faith calls me to stand up for the health and wellbeing of all people. Our church has and continues to demonstrate our commitment to healthcare through numerous hospitals and health care ministries. And, with these changes our ministries will not be able to abide by medical standards of care for women and families. I urge you to withdraw this proposed rule that would significantly decrease access to basic, preventative reproductive health care.