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National Advocates for Asian American, Native Hawaiian & Pacific Islander Health

July 24, 2018

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Attention: HHS-OS-2018-0008

RE: Comments on Title X Family Planning Program Proposed Rule

I. Introduction

On behalf of the Asian & Pacific Islander American Health Forum (APIAHF), we appreciate the opportunity to comment on the Department of Health and Human Services' proposed rule on the Title X Family Planning Program, entitled *Compliance with Statutory Program Integrity Requirements* ("the proposed rule" hereafter). For over thirty years, APIAHF has served as the oldest and largest health justice organization working to improve the health and wellbeing of the over 20 million Asian Americans, Native Hawaiians and Pacific Islanders (AAs and NHPIs). With 40 community-based organization partners in 27 states and territories, APIAHF provides a voice in the nation's capital for AAs and NHPIs, who comprise the fastest growing groups in the nation. APIAHF believes that every individual, regardless of where they come from, their immigration status or the type of provider they see has the right to health and that includes whether and when to have a family.

Title X is the only federal program designed to provide family planning services to communities most in need, including those who are low-income, limited English proficient, and uninsured. Title X serves over 4 million people at nearly 4,000 clinics each year. The proposed rule runs counter to the intent and purpose of the program and would significantly block access to health care under Title X and denies women and gender non-conforming people of color complete information about their full range of reproductive health care options. This rule will have a devastating impact on women and families across the country, of which will drastically impact women of color in particular. For this reason and those expanded on below, we urge the Department of Health and Human Services to maintain the integrity of the Title X program in its current form and rescind the proposed rule.

II. Reproductive Justice

Reproductive Justice is a framework rooted in the human right to control our bodies, our sexuality, our gender, and our reproduction. Reproductive Justice will be achieved when all people, of all immigration statuses, have the economic, social, and political power and resources to define and make decisions about our bodies, health, sexuality, families, and

communities in all areas of our lives with dignity and self-determination. Access to affordable family planning services is essential to ensuring this right.

Every individual should have the right to make informed decisions about their fertility and to plan a family without coercion by either their doctor or government. They should be able to make decisions about their health care based on their own living conditions and circumstances. This also means that they should be able to plan whether or when to start or add to their family without outside interference, no matter where they seek care and without discrimination.

Communities of color need essential family planning services to plan their pregnancies, ensure quality health, and protect the future for themselves and their families. The proposed rule as currently written threatens to significantly harm this crucial health care right.

III. Title X Services and Community Providers

Title X is an essential health care program dedicated solely to providing family planning and related preventive services to individuals living with low-incomes. Due to the affordable cost and available services to communities with low-incomes, women of color make up more than half of Title X patients. The nearly 4,000 Title X-funded health centers in the United States are providers who specialize in reproductive health. State, county, and local health departments make up half of Title X service providers. Planned Parenthood health centers serve over 40 percent of Title X patients; hospitals, family planning councils, federally qualified health centers, and other private nonprofit organizations make up the rest of the Title X network. Title X is an essential source of public funding for communities of color, especially those living with low-incomes and living in poverty. The statutory language of Title X bars the use of Title X funds for the provision of abortion services, meaning that this proposed rule is not only discriminatory against women with low-incomes and communities of color but also is unnecessary.

Title X providers offer health care services to uninsured and underinsured individuals who otherwise would not have access to care because of the additional barriers communities of color face in accessing coverage. Under the Affordable Care Act (ACA), millions of women of color gained access to affordable coverage and critical health care. As a result, more than 80 percent of women of color ages 18–64 are now insured in the majority of states.[1] Under the ACA, marketplace plans are not able to deny coverage or increase premiums based on prior health conditions or medical history, including for pregnancy and childbirth. This has been critical for our communities choosing if, when, and how to parent. This proposed rule is an attack on the Title X program and a gamble with the health and economic stability of AA and NHPI, Black, and Latinx women, families, and communities. Women of color will be disproportionately impacted by the proposed rule and, if current protections and policies are eliminated, stand to lose the most. The implementation of this rule as written would put our health and lives on the line.

In addition to the many types of providers that make up the Title X network, Planned Parenthood health centers provide care to approximately 40 percent of Title X patients annually. Cutting off Planned Parenthood and other types of providers from Title X funds further threatens women of color's access to essential preventive health services and other health care needs. Title X funded health centers provide high-quality primary and preventive health care to many women of color who otherwise would have nowhere to turn for care. Defunding any Title X funded health centers, including Planned Parenthood, would remove access to critical health care services and providers that our communities rely on for trusted care.

Title X funded health centers are a lifeline for quality health care for underserved communities. For example, fifteen percent of Planned Parenthood patients are Black, 23 percent are Latinx, and four percent are Asian American and Pacific Islander (AAPI). Fifty-four percent of Planned Parenthood health centers are in underserved areas. In 21 percent of counties with a Planned Parenthood health center, Planned Parenthood is the only safety-

[1] National Women's Law Center. (2017, February). Affordable Care Act Repeal Threatens the Health and Economic Security of 5.1 Million Women of Color Who Recently Gained Insurance Coverage. Retrieved 17 March 2017, from http://nwlc.org/wp-content/uploads/2017/02/WOC-Health-Coverage-by-State.pdf

net family planning provider, and in 68 percent of counties with a Planned Parenthood health center, Planned Parenthood serves at least half of all safety-net family planning patients.[2]

Federally Qualified Health Centers (FQHCs) are currently a valuable component of federally funded health centers in the United States. FQHCs are community based organizations that provide affordable primary and preventive care for people of all socio-economic statuses and make up about 26 percent of the Title X network.[3] While they are an integral component of the health care safety net, if the current network of Title X providers are unable to receive funding under the proposed rule, FQHCs will not be able to absorb the sheer number of individuals needing health care services in the community. The burden of providing health care services to this amount of people would not only place unrealistic expectations on FQHCs that are already stretched thin in meeting the needs of their communities but would also jeopardize the quality of care provided.

The proposed changes to the Title X Family Planning Program would drastically impact the access and affordability of preventive and contraceptive care for communities of color with low incomes, communities that would not be able to be absorbed by other federally funded programs. Although FQHCs are critical for communities of color to access health care, transferring the care of individuals from Title X health care providers to FQHCs does not guarantee that a person can receive the same services at an FQHC. Not all FQHCs provide contraceptive care, a key component of the Title X Family Planning Program. In 2015, Guttmacher found that only six in 10 FQHC sites reported serving at least 10 contraceptive clients in a year; this subset of sites are then counted among the nation's safety-net family planning centers.[4] On average, a Planned Parenthood health center serves 2,950 contraceptive clients in a year, while an FQHC site providing contraceptive care serves 320.[5]

In response to a Senate Health, Education, Labor, and Pensions Committee request to better understand how FQHCs could absorb the mass number of individuals seeking Title X services, the Guttmacher Institute found that in twenty-seven states, FQHC sites would have to at least double their contraceptive client caseloads to do so, and in nine of those states, they would have to at least triple them.[6] As the only family planning program in our country's history, it is critical to understand the negative impact of these proposed changes to Title X on communities of color's access to care. As such, we ask that HHS answer the following question:

Question: What analysis has HHS done to determine the potential impact on FQHCs if individuals now served by Title X clinics are forced to seek care at FQHCs because Planned Parenthood is bared from the program under the proposed rule?

IV. Title X Provides Critical Services for Communities of Color, Supporting their Health and Economic Wellbeing

In many states, a Title X provider is one of the few places women of color can access reproductive health care and preventive health care services. Title X providers are bound by federal law to provide services in a linguistically-appropriate manner and offer a range of reproductive health and family planning services. For example, providers administer gynecological exams, contraception, counseling, pap tests, breast exams, and screenings for HIV/AIDS and other STIs and all services are provided confidentially. Title X health care providers also offer services for foreign-born individuals who are less likely to have coverage (46 percent) than

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[2] Hasstedt, Kinsey. *Understanding Planned Parenthood's Critical Role in the Nation's Family Planning Safety Net.* New York: Guttmacher Institute, 2017.
https://www.guttmacher.org/gpr/2017/01/understanding-planned-parenthoods-critical-role-nations-family-planning-safety-net

[3] Frost, Jennifer J., Frohwirth, Lori F., Blades, Nakeisha, Zolna, Mia R., Douglas-Hall, Ayana, and Bearak, Jonathan. *Publicly Funded Contraceptive Services at U.S. Clinics, 2015.* New York: Guttmacher Institute, 2017.

[4] Frost JJ and Zolna MR, Response to inquiry concerning the availability of publicly funded contraceptive care to U.S. women, memo to Senator Patty Murray, Senate Health, Education, Labor and Pensions Committee, New York: Guttmacher Institute, May 3, 2017, https://www.guttmacher.org/article/2017/05/guttmacher-murray-memo-2017.

[5] Frost JJ et al., *Publicly Funded Contraceptive Services at U.S. Clinics, 2015*, New York: Guttmacher Institute, 2017, https://www.guttmacher.org/report/publicly-funded-contraceptive-services-us-clinics-2015.

[6] Frost JJ and Zolna MR, Response to inquiry concerning the availability of publicly funded contraceptive care to U.S. women, memo to Senator Patty Murray, Senate Health, Education, Labor and Pensions Committee, New York: Guttmacher Institute, May 3, 2017, https://www.guttmacher.org/article/2017/05/guttmacher-murray-memo-2017.

U.S.-born people (75 percent).[7] For those who have limited options for care, these services, which are available at an affordable price at Title X funded health centers, can mean the difference of a person receiving care or going without.

Title X funded health centers offer a range of preventive services and life-saving care. Black women have higher breast cancer mortality rates compared to other racial and ethnic groups and Latina women experience cervical cancer at twice the rate of white women. Cancer is the leading cause of death for AAPI communities, and the cervical cancer incidence rate is higher in several AA and NHPI subgroups than in non-Hispanic whites. For instance, the incidence rate is twice as high in Cambodians as in non-Hispanic whites, and 40 percent higher among Vietnamese women. Title X funded health centers enable women of color to access essential health care including breast cancer and cervical cancer screenings. This is critical care since these cancers are highly preventable diseases, which Black, Latina and AAPI women experience at increased rates compared to white women. Title X providers are required to offer all family planning and sexual health services on a sliding fee scale, allowing prevention to be more accessible for those who need it most.

AA and NHPI Community

The thirteen percent of Title X patients who are Limited English Proficient (LEP) will also lose access to critical language assistance services, on which some AA and NHPI women rely to receive sexual and reproductive health services. One in three AAPIs are LEP, meaning they experience difficulty speaking, reading, writing, or understanding English.[8] According to U.S. Census data, 20 percent or more of Vietnamese, Korean, Chinese, Bangladeshi, Laotian, Thai, Hmong, Indonesian, and Cambodian households are linguistically isolated, meaning no one in the household 14 years and older speaks English very well. In addition, approximately 6 percent of NHPI households are linguistically isolated.[9] For these communities, the culturally and linguistically appropriate services that Title X provides offers the best option in seeking reproductive health care and family planning services that other centers may not include.

While AAPI women use contraceptives at a rate similar to other women, a closer look at the types of contraceptive use indicates that AAPI women use less effective contraceptive methods at much higher rates: on average, only 10 percent of women report relying on condoms as the main form of contraception, while AAPI women report using this method at 24 percent.[10] One in three AAPI women use the "calendar method" for pregnancy prevention, a rate approximately double the percentages of other racial and ethnic groups.[11] While these methods of contraception are inexpensive, they are also the least effective, placing AAPI women at greater risk of unwanted pregnancy. Only 57 percent of AAPI women have ever reported using birth control pills, a more effective pregnancy prevention method, compared to higher rates among women of other races.[12] AAPI women's rates of usage of non-pill hormonal contraception--such as intrauterine devices (IUDs) or implants, considered the most effective forms of contraception--are even lower.[13] These figures indicate that factors such as income and awareness often serve as barriers to effective, comprehensive, and affordable reproductive health services for AAPI women. For many, Title X funded health centers are the primary avenue through which they obtain these services affordably.

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[7] Kavanaugh, Megan, et al. *Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X–Funded Facilities in 2016.* New York: Guttmacher Institute, 2018. https://www.guttmacher.org/journals/psrh/2018/06/use-health-insurance-among-clients-seeking-contraceptive-services-title-x

[8] Karthick Ramakrishnan & Farah Z Ahmad, "Language Diversity and English Proficiency." Center for American Progress (27 May 2014). https://www.americanprogress.org/wp-content/uploads/2014/04/AAPI-LanguageAccess1.pdf (last visited Aug 15, 2017).

[9] *Ibid*.

[10] Jo Jones et al., "Current Contraceptive Use in the United States, 2006-2010, and Changes in Patterns of Use Since 1995." U.S. Department of Health and Human Services (Oct. 18, 2012). https://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf (last visited Aug 15, 2017).

[11] Kimberly Daniels et al., "Contraceptive Methods Women Have Ever Used: United States, 1982-2010." U.S. Department of Health and Human Services (Feb 14, 2013). http://www.cdc.gov/nchs/data/nhsr/nhsr062.pdf (last visited Aug 15, 2017).

[12] *Ibid*.

[13] Jo Jones et al., "Current Contraceptive Use in the United States, 2006-2010, and Changes in Patterns of Use Since 1995." U.S. Department of Health and Human Services (Oct. 18, 2012). https://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf (last visited Aug 15, 2017).

Black Women

Quality family planning services are essential to ensuring that Black women experience healthier pregnancies and improved post-natal health outcomes for both mothers and infants.[14] Family planning services are also life saving for early detection and treatment of STD/STIs and reproductive cancers, which disproportionately impact Black women.[1516] Of the 4.2 million people served through Title X funded health centers, 92 percent are women and more than 20 percent are Black.[17] Simply put, family planning and sexual health services provided by Title X-funded health centers are crucial for the health of Black women. Black women must be able to make our own family planning decisions, access contraceptives, and safeguard our sexual health. Family planning can play a critical role in the lives of Black women when providers and policies center women's rights and decision-making.[18] This proposed rule is a direct threat to family planning services for Black women and will disproportionately impact our health and lives.

Latinx Community

As the most uninsured group in the United States, Title X provides critical access to care for Latinxs,[19] who would otherwise be unable to access contraception, STI testing, and preventive services like cervical cancer screenings. Thirty two percent of Title X patients identify as Hispanic; the life-saving care of Title X clinics also expand to Puerto Rico, where 18,982 people were served in 2016.[20] The range of reproductive health services provided by Title X health care providers allow Latinxs to access services that address health disparities and provide preventive services.

Title X funded health centers allow many Latinxs to access contraception that they otherwise would have to go without. Because of the high uninsured rate in the Latinx community, seeing a provider and accessing birth control is not an option for many women and Latina youth experienced pregnancies at about twice the rate of their white counterparts.[21] Because of Title X funded health care centers, Latinxs can continue to receive linguistically-appropriate care and education to prevent against transmission of HIV, as well as receiving testing. Between 2011 and 2015, diagnoses of HIV among Hispanic/Latina women declined by 14 percent.[22] Latinas have higher rates of chlamydia (2.1 times), gonorrhea (1.8 times), and syphilis (3.3 times) than white women.[23]

Youth also rely on Title X centers for confidential and affordable services. In 2014, nearly half of U.S. born Latinos were younger than 18, about a quarter (14.6 million) of all Hispanics were Millennials (ages 18 to 33), and Latinxs comprise the youngest major ethnic group in the United States.[24] In 2015, more than three-fifths of Latino youth (62 percent) lived in families living with low-incomes (below 200 percent of the official poverty line), twice the proportion for white children (31 percent).[25] Title X providers provide critical services to

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[14] U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion, Healthy People 2020 Topics and Objectives: Family Planning, Rockville (MD): HHS, no date. Online: https://www.healthypeople.gov/2020/ topics-objectives/topic/family-planning.

[15] Centers for Disease Control and Prevention (CDC), Health Disparities in HIV/ AIDS, Viral Hepatitis, STDs, and TB - African Americans/Blacks, Atlanta: CDC, 2017. Online: http://www.cdc.gov/nchhstp/ healthdisparities/africanamericans.html.

[16] Centers for Disease Control and Prevention (CDC), Gynecologic Cancers: Cervical Cancer Rates by Race and Ethnicity, Atlanta: CDC, 2016. Online: www.cdc.gov/ cancer/cervical/statistics/race.htm.

[17] U.S. Department of Health & Human Services (HHS), Office of Population Affairs, *Title X Family Planning*, Rockville (MD): HHS, 2016. Online: https://www.hhs.gov/opa/title-x-family-planning/index.html#.

[18] In Our Own Voice. *Our Bodies, Our Lives, Our Voices: The State of Black Women & Reproductive Justice.* Washington, D.C., 2017.

[19] "Latinx" is a term that challenges the gender binary in the Spanish language and embraces the diversity of genders that often are actively erased from spaces. Due to the limitations of data collection, we use "Latina(s)" or "women" where research only shows findings for cisgender women, including Latinas.

[20] Office of Population Affairs. *Family Planning Annual Report: 2016 National Summary.* August 2017. https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2016-national.pdf

[21] Centers for Disease Control and Prevention. Reproductive Health: Teen Pregnancy. Social Determinants and Eliminating Disparities in Teen Pregnancy. https://www.cdc.gov/teenpregnancy/ about/social-determinants-disparities-teen-pregnancy.html

[22] Center for Disease Control and Prevention. "Women Among HIV." July 5, 2018. https://www.cdc.gov/hiv/group/gender/women/index.html

[23] Center for Disease Control and Prevention. "Health Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB: Hispanics/Latinos." February 1, 2017. https://www.cdc.gov/nchhstp/healthdisparities/hispanics.html

[24] http://www.pewhispanic.org/2016/04/20/the-nations-latino-population-is-defined-by-its-youth/

[25] Mather, Mark Trends and Challenges Facing America's Latino Children. Population Reference Bureau. https://www.prb.org/trends-and-challenges-facing-americas-latino-children/

uninsured and underinsured Latinxs, providing opportunities to make decisions about their bodies, sexuality, health, and families with dignity and determination.

As such, APIAHF requests that HHS answer the following questions:

QUESTION: What has HHS done to 1) understand the implications on access for racial and ethnic minorities and those who are linguistically isolated and 2) address these implications?

QUESTION: What has HHS done to address the public health impacts that could result from the proposed rule, including 1) HIV/STI rates, 2) cervical cancer rates, 3) breast cancer rates, 4) unintended pregnancy and 5) health disparities?

V. Impact of Title X Proposed Rule Changes

The proposed rule not only draws extensively on the Reagan-era domestic gag rule, but also includes new harmful restrictions and requirements that will burden communities of color. If implemented, the proposed rule would undermine the high-quality standards of the Title X program; create barriers for access to comprehensive reproductive health services, including full and accurate information on abortion care; and discourage our communities from accessing the confidential and linguistically-appropriate care that they need. The proposed changes will fundamentally restructure the Title X program as we know it, placing an emphasis on "natural family planning" and excluding necessary unbiased comprehensive counseling about pregnancy options. This is an attack on high-quality family planning, and communities of color will pay the steep price. For the following reasons APIAHF opposes the proposed rule:

This Rule would change the definition of "low-income"

Title X programs were designed to meet the needs of individuals below 100% Federal Poverty Level (FPL) or on a sliding scale for patients with incomes between 100% and 250% FPL. Supporting employers who refuse contraceptive coverage on religious or moral grounds, this proposed rule would redefine "low-income" to explicitly enable and may require Title X funded providers to provide free contraception services to individuals, regardless of income. This would ultimately increase the number of patients receiving Title X services at a multitude of income levels without increase resources for the program.

This proposed change is not only contrary to the Affordable Care Act (ACA) but also is contrary to the intent or capacity of the Title X program. Title X was not intended to, and cannot, absorb the cost of uninsured individuals with incomes above 250% FPL. The Title X program is already underfunded and the scarce resources available to women of color living with low-incomes should continue to support individuals living near the poverty line.

This Rule would create more barriers to legal abortion care

This proposed rule eliminates the Title X requirement for nondirective options counseling and abortion referral and instead replaces it with a draconian practice that will require all pregnant people to be referred for prenatal care and/or social services, regardless of their wishes to terminate a pregnancy.

Under current Title X regulation, Title X projects are required to offer "pregnant women the opportunity to be provided information and counseling regarding . . . prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination." This coupled with the requirement that such information and counseling is neutral, factual, and inclusive of nondirective options counseling on each of a person's options, allows recipients seeking Title X services to receive the information they need to choose if, when, and how to parent.

Furthermore, this proposed rule would make it illegal for Title X programs to provide information about access to safe and legal abortion care and/or necessary referrals for services. This change to the long-standing Title X requirements not only makes counseling individuals on their full range of reproductive health care options difficult, but also creates barriers to receiving the information needed to obtain abortion care.

This current standard puts an individual's own stated needs at the heart of options counseling and referral. It does not mandate the type of counseling or referral pregnant people receive; rather, it ensures that pregnant people are provided the opportunity to receive counseling on all options as well as receiving any referral they request. The proposed rule eliminates this long-standing and medically ethical requirement that Title X projects provide neutral, factual, and nondirective options counseling and referral on all of a pregnant patient's options—including abortion—upon request. By denying the availability of the full range of options, this proposed rule is, in essence, denying an individual's bodily autonomy and limiting their ability to make the best decisions for their own lives.

If implemented, this Rule would further undermine individuals' trust of providers because of providers withholding information

This proposed rule not only eliminates Title X's nondirective options counseling requirement but also withholds full and accurate information from individuals receiving services. Additionally, these changes would tip the providers towards recommending pregnant people carry all pregnancies to term. The elimination of counseling and referral requirements encourages Title X projects to withhold full and accurate information from a pregnant person.

For a pregnant person who has clearly stated that they have decided to have an abortion, a medical provider may provide a list of licensed, qualified, comprehensive health service providers. However, under the proposed rule, the list does not have to explicitly include abortion providers, despite the person's request. Even when abortion providers are included in the list, there can be nothing to identify them for patients. This is just another mechanism to withhold accurate and complete information from individuals, leaving our communities unable to make fully informed health care decisions and further eroding the trust between the provider and the individual seeking health care services.

It is critical that our communities can receive services from providers that will support a full range of reproductive health care services, including referrals for abortion care. Without these guarantees, people are not only denied the opportunity to decide if, when, and how to parent, but are also being misled by medical staff. Communities of color have an ongoing history of distrust of medical staff due to previous experiences of eugenics and the State's continued attempts to control the reproduction and fertility of women of color living with low-incomes. We oppose any effort to withhold information from individuals seeking health care services. It is critical that individuals have all the information they need to make any decisions about their reproductive health, and eliminating requirements that providers counsel individuals on all health care options will only create harm.

Additionally, the proposed rule's definition of "family planning" departs drastically from the original definition as intended during Title X's creation in 1970. Definitions in the proposed rule blur the lines of previously defined terms like "choices," "methods," and "services," allowing providers to place an emphasis on natural family planning, abstinence-only-unless-married education, adoption services, and other fertility-based awareness methods. Our communities do not need watered down sex education and sparse medical information; we demand HHS uphold the integrity of the Title X program and provide comprehensive, medically-accurate, evidence-based, culturally- and linguistically-appropriate care to communities of color living with low-incomes.

This Rule would create more barriers to Title X services for minors

The proposed rule would eliminate the ability for minors to seek services at a discount calculated by their own income and instead rely on parental consent and family resources. The proposed rule undermines patient confidentiality, particularly for minors, which could lead to many patients avoiding care in Title X settings. Youth already face unnecessary barriers to care, and further taking away a safe, trusted, and confidential space to seek services will only exacerbate already present health disparities in youth of color.

It is critical that youth have a provider where they can receive comprehensive, medically accurate, evidence-based information in their preferred language from a trusted health care provider. By increasing family involvement beyond what is required in the language of the Title X statute and subverting the judgment and expertise of Title X funded providers to family participation, the proposed rule could cause harm to minors. Providers have the expertise to evaluate the situation of each individual unemancipated minor, and we should defer to their judgment.

Providing confidential and affordable services to unemancipated minors is a critical tenet of the Title X program. The proposed rule has the potential to be especially harmful to unemancipated minors who are seeking confidential services that they would pay for using their own resources instead of their family's income. By eliminating the ability of minors to seek services independently and instead rely on parental consent and family resources, this proposed rule would seek to block unemancipated minors from receiving confidential services for free or at low cost, which is an essential part of accessing affordable and confidential care.

Without these protections, HHS is interfering in the provider/patient relationship unnecessarily and creating additional barriers to health care services like STI testing, contraception, and annual exams. All in all, Title X projects already have appropriate reporting measures in place that protect individuals; however, this proposed rule puts the notification and reporting laws ahead of an individual's needs.

Would create medically unnecessary restrictions for providers, creating more barriers for individuals seeking Title X services

The proposed rule would require "physical separation" of Title X funded health centers that separately provide abortion with non-federal dollars. These proposed changes would require strict physical and financial separation between Title X projects and activities associated with abortion, now prohibited under the proposed rule. Additionally, the proposed rule would give wide latitude to HHS to determine how the physical and financial separation requirement would be applied to activities and/or Title X-funded entities.

The proposed changes would impact all Title X funded health care providers and place onerous requirements on approximately one in 10 Title X sites that offer abortion using non-federal funds, including health centers operated not only by Planned Parenthood affiliates, but also by entities such as hospitals and independent agencies.[26]

In many states in the US, particularly in the South and Midwest, women must travel long distances in order to receive reproductive health services: one in five women in the US must travel at least 43 miles in order to reach an abortion clinic.[27] In 2014, 20 percent of women of reproductive age in Texas lived at least 89 miles from the nearest clinic.[28] For low-income women and many women of color, traveling these distances in order to receive reproductive health care services requires taking days off work and thus a loss in income in addition to transportation and lodging costs. Furthermore, undocumented individuals burdened with internal immigration checkpoints and who are restrained within state lines have increasingly limited viable options for health care within their reach. By physically separating Title X funded health care centers from abortion providers, the proposed rule exacerbates an already devastating burden on women of color in rural areas in need of timely, comprehensive reproductive health care services.

VI. Conclusion

Undermining Title X will create a scarcity of clinics where communities of color can access contraception, life-saving care, and education on abortion related services. Title X has been the only federal program responsible for providing family planning and related health care services to low-income individuals across the country for almost 50 years. The program is critical to a health care system for individuals who may not otherwise be able to access affordable care. As previously stated, Title X benefits individuals with low-incomes, communities of color, and youth populations, as one-third of Title X patients identify as people of color and one in 10 recipients have limited English proficiency. The proposed rule as written will drastically impact access to quality family planning and related health care services and will negatively impact our communities the most. Moreover, it denies people of color the ability to make healthy and fully-informed options for their bodies and their families, undermining individual agency and bodily autonomy. We demand the Department of Health and Human Services to rescind

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[26] Hasstedt, Kinsey. *A Domestic Gag Rule and More: The Administration's Proposed Changes to Title X.* New York: Guttmacher Institute, 2018, https://www.guttmacher.org/article/2018/06/domestic-gag-rule-and-more-administrations-proposed-changes-title-x.

[27] Guttmacher Institute. *Although Many U.S. Women of Reproductive Age Live CLose to an Abortion Clinic, A Substantial Minority Would Need to Travel Far to Access Services.* New York: Guttmacher Institute, 2017, https://www.guttmacher.org/news-release/2017/although-many-us-women-reproductive-age-live-close-abortion-clinic-substantial

[28] *Ibid.*

this proposed rule and preserve the integrity of the Title X program as it stands. Please do not hesitate to contact Amina Ferati, Senior Director of Government Relations & Policy (aferati@apiahf.org) if you have any questions.

Sincerely,

Kathy Ko Chin

President & CEO

Asian & Pacific Islander American Health Forum