June 29, 2022

Dear Title X Colleagues,

For more than 50 years, Title X family planning clinics have delivered a broad range of family planning and preventive health services for millions of low-income or uninsured individuals and others. In light of the Supreme Court’s consequential decision in Dobbs v. Jackson Women’s Health Organization, the U.S. Department of Health and Human Services (HHS) Office of Population Affairs (OPA) reaffirms its commitment to Title X, the nation’s family planning program, and the imperative to support communities’ access to equitable, affordable, client-centered quality family planning and related preventive health services.

OPA is keenly aware of the impact of the Court’s decision and is intent on maintaining Title X as a safe haven for robust, quality, client-centered family planning services. For example, all Title X recipients continue to operate under the federal requirements of the 2021 Title X rule, including the requirement to provide nondirective pregnancy options counseling in the event of a positive pregnancy test and client-requested referrals. The full text of the 2021 Title X rule is available at https://www.ecfr.gov/current/title-42/part-59/subpart-A. A few of the Title X requirements especially relevant given this recent decision are highlighted below and include:

- Providing a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, preconception health services, and adolescent-friendly health services). (42 CFR § 59.5(a)(1))
- Providing services in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care. (42 CFR § 59.5(a)(3))
- Offering pregnant clients the opportunity to be provided information and counseling regarding each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. (42 CFR § 59.5(a)(5))
- Ensuring that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual’s documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. (42 CFR § 59.10(a))
Prior to the Supreme Court decision, OPA had taken several meaningful actions to restore access to equitable, affordable, client-centered, quality family planning services, such as amending the Title X Family Planning regulations, awarding over $260 million in grant funding for Title X service delivery, and playing a vital role in the HHS Intra-agency Task Force on Reproductive Healthcare Access. Looking toward the future, we are committed to helping you bolster your efforts to maintain and expand access to equitable, affordable, client-centered, quality family planning services.

OPA’s charge for the field is threefold:

1. **Bolster access** - Including continuing to provide and/or expand mobile services, drive-thru services, and telehealth services; as well as thinking about how to expand access for additional subrecipients to join Title X networks by reducing burdensome paperwork and/or taking other steps to encourage new partners to join Title X networks.

2. **Advance equity** - Including engaging communities to ensure services are client-centered, using data to evaluate patterns in services provided, assessing clinic locations and hours, equity training for staff, and hiring staff specifically focused on equity work.

3. **Ensure quality** - Including updating clinical protocols, rethinking training, and providing ongoing support for clinical providers.

At OPA, we feel an immense responsibility to provide continued and timely support to assist you in providing access to equitable, affordable, client-centered, quality family planning services. To help you navigate this challenging time, OPA has prepared the attached list of Questions and Answers to provide additional guidance and clarity on the potential impact of the Supreme Court decision on the Title X program. We will continue to monitor how the Court’s decision impacts the family planning field and will provide updated guidance and technical assistance as needed. We encourage you to continue openly communicating with your OPA project officer so that we can stay abreast of what is happening in your communities and states.

Your project officer is on stand-by to answer any questions you may have and to support you in any way we can. In addition, both the Reproductive Health National Training Center (RHNTC) and the National Clinical Training Center for Family Planning (NCTCFP) are available to provide Title X recipients with a wide range of intensive and individualized technical assistance (TA) tailored specifically to meet your needs. Please reach out directly to your RHNTC grantee liaision via email or through [https://rhntc.org/contact-us](https://rhntc.org/contact-us), and reach out to the NCTCFP at [ctcfp-cahs@umkc.edu](mailto:ctcfp-cahs@umkc.edu) to begin discussing how these two OPA-funded training centers can help you.

Thank you for your commitment to serving your communities. We are grateful to have you as a part of the Title X network.

Sincerely,

Jessica Swafford Marcella, M.P.A.
Deputy Assistant Secretary for Health and Director,
Office of Adolescent Health
Office of Population Affairs