

## **Title X Expectations:**

### **Title X Statute, Regulations, Legislative Mandates, and Program Priorities**

#### **Title X Statute**

Expectations regarding the provision of family planning services under Title X are in the statute, [Title X of the Public Health Service Act, 42 U.S.C. 300 et seq.](#), which authorizes the Secretary of HHS to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families. Included below is a summary of the sections of the statute that apply to Title X service delivery grants funded under the authority of Section 1001.

Section 1001 of the PHS Act authorizes grants “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” In addition, section 1001 of the statute requires that, to the extent practicable, Title X service providers shall encourage family participation in family planning service projects. Finally, section 1001 assures the right of local and regional entities to apply directly to the Secretary for Title X grant funds.

Section 1006 of the PHS Act stipulates that priority will be given to the furnishing of Title X services to persons from low-income families and no charge will be made in a Title X project for services provided to any person from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized or is under legal obligation to pay such charge. This ensures that economic status shall not be a deterrent to participation in Title X programs. In addition, section 1006 requires that informational or educational materials developed or made available under a Title X grant will be suitable for the purposes of Title X and for the population or community to which they are to be made available, taking into account the educational and cultural background of the individuals to whom such materials are addressed and the standards of such population or community with respect to such materials. It also requires that Title X recipients shall provide for the review and approval of the suitability of such materials, prior to their distribution, by an advisory committee established by the recipient; such a committee shall include individuals broadly representative of the population or community to which the materials are to be made available.

Section 1007 of the PHS Act stipulates that Title X services and/or information “shall be voluntary and shall not be a prerequisite to eligibility for or receipt of any other service or assistance from, or to participation in, any other program of the entity or individual that provided such service or information.”

Section 1008 of the PHS Act stipulates that “[n]one of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”

The sections listed above are relevant to Title X recipients funded under section 1001. Other sections that are included in the Title X Statute relate to formula grants to State health authorities (section 1002), training for family planning services personnel (section 1003), family planning research (section 1004), and information grants (section 1005).

## **Regulations**

Expectations regarding the provision of family planning services under Title X are set out in the implementing regulations which govern project grants for family planning services (42 CFR Part 59, Subpart A). In addition, sterilization of clients as part of the Title X project must be consistent with PHS sterilization regulations (42 CFR Part 50, Subpart B). Grants administration regulations at 45 CFR Part 75 (“Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards”) and other relevant regulations also apply to Title X awards.

**2021 Title X Final Rule: 42 CFR Part 59, Subpart A - "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services"** On October 7, 2021, OPA published a [final rule](#) (86 Fed. Reg. 56144) to revise the regulations that govern the Title X family planning program by readopting the 2000 final rule with several revisions to ensure access to equitable, affordable, client-centered, quality family planning services for clients, especially low-income clients. The 2021 Final Rule went into effect on November 8, 2021.

The 2021 final rule includes a description of: to what programs the regulations apply (§ 59.1), definitions (§ 59.2), who is eligible to apply for a family planning services grant (§ 59.3), how one applies for a family planning services grant (§ 59.4), requirements that must be met by a family planning project (§ 59.5), procedures to assure the suitability of informational and educational material (print and electronic) (§ 59.6), criteria HHS will use to decide which family planning services projects to fund and in what amount (§ 59.7), how grants are awarded (§ 59.8), for what purposes the grant funds may be used (§ 59.9), confidentiality (§ 59.10), and additional conditions (§ 59.11).

**42 CFR Part 50, Subpart B - “Sterilization of Persons in Federally Assisted Family Planning Projects”** Title X recipients and subrecipients that provide sterilization services must be in compliance with [42 CFR Part 50, Subpart B](#). This rule includes a description of applicability (§50.201), definitions (§50.202), sterilization of a mentally competent individual aged 21 or older (§50.203), informed consent requirement (§50.204), consent form requirements (§50.205), sterilization of a mentally incompetent individual or of an institutionalized individual (§50.206), sterilization by hysterectomy (§50.207), program or project requirements (§50.208), use of federal financial assistance (§50.209), and review of regulation (§50.210). The required consent form is set out as an appendix to the regulation that Title X projects must use to obtain consent from their sterilization clients.

## **Legislative Mandates**

1. None of the funds appropriated in this Act may be made available to any entity under Title X of the PHS Act unless the applicant for the award certifies to the Secretary [of Health and Human Services] that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
2. Notwithstanding any other provision of law, no provider of services under Title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
3. That amounts provided to said projects under such title shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that such amounts shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office.

## **Program Priorities**

OPA program priorities represent Title X's overarching goals and are set out in the NOFO to which applicants apply for Title X grants. The program priorities set out below were included in the PA-FPH-22-001 NOFO, which was used to fund Title X service delivery grants starting on April 1, 2022, for an up to five-year project period. Future NOFOs may include the same or different program priorities.

Title X is and should be the gold standard of high-quality family planning and sexual and reproductive healthcare. Therefore, per regulation, Title X projects must ensure that services are provided in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care.

### **Advance Health Equity**

Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Advancing equity for all, including people from low-income families, people of color, and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority of HHS, OPA, and Title X. By focusing on advancing equity in Title X, we can create opportunities to support communities that have been historically underserved, which benefits everyone. Recipients are expected to ensure that the predominantly low-income clients who rely on Title X services as their usual source of medical care have access to the same quality healthcare, including full medical information and referrals, that higher-income clients and clients with private insurance are able to access. Key strategies for advancing equity include, but are not limited to, removing barriers to accessing services, improving the quality of services, and providing services that are client-centered.

### **Expand Access**

Improving and expanding accessibility of services for all clients, especially low-income clients, means providing client-centered services that are available when and where clients need them and can most effectively access them. Recipients are expected to implement their projects in ways that make services as accessible as possible for clients and are responsive to the diverse needs of the clients and communities served. This includes, but is not limited to, the location of services, hours of services, modality of service provision (eg., in-person, telehealth, drive-thru, mobile clinics), availability of ancillary services such as translation services and referral linkages, robust education and community outreach, ensuring access to a broad range of acceptable and effective family planning methods and services at service sites, and implementing billing and payment practices that expand access to services.

### **Deliver High-Quality Care**

Title X recipients are expected to provide quality family planning services that are consistent with nationally recognized standards of care. Quality healthcare is safe, effective, client-centered, timely, efficient, and equitable. Furthermore, client-centered care is respectful of, and responsive to, individual client preferences, needs and values and where client values guide all clinical decisions. Recipients and their subrecipients are expected to have the capacity to support implementation of nationally recognized standards of care and provide initial and ongoing training and professional development for their staff on these standards.