

Congress of the United States

Washington, DC 20515

May 22, 2025

Dear Chair Aderholt and Ranking Member DeLauro:

As you develop the Fiscal Year 2026 (FY26) Departments of Labor, Health and Human Services, Education and Related Agencies appropriations legislation, we urge the committee to include increased funding for critical sexual and reproductive health programs, including the Title X Family planning program. Specifically, we request \$512 million for the Title X family planning program. Since FY15, this program has been flat funded, pushing access to family planning services out of reach for many.

Title X is the only federal program dedicated to providing domestic family planning services for people with low incomes and has received bipartisan recognition as a critical public resource. Title X-funded health centers are lifelines in their communities, providing high-quality family planning and sexual health care, including cancer screenings, testing and treatment for sexually transmitted infections, HIV testing, contraceptive services and supplies, pregnancy testing, and other essential health care services. In 2023 alone, Title X was able to support care at 3,853 health centers across all 50 states, the District of Columbia, and U.S. territories. Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* and the ensuing health care crisis, it is more essential than ever to protect and support access to all reproductive and sexual health care, including contraception.

These centers offer care to populations that often face severe structural barriers to accessing quality health care, such as people with low incomes, the uninsured or people with insufficient insurance, people of color, young people, people who live and work in rural areas, and LGBTQ+ people. Of the more than 2.8 million family planning users served in 2023, 48 percent identified as people of color and nearly 36 percent identified as Hispanic and/or Latino. Further, 60 percent of Title X users had household incomes at or below the federal poverty guidelines and 27 percent were uninsured (three times the national average).^[1]

Currently, Title X is flat funded at \$286.5 million for FY25, well below the \$1.38 billion that researchers from the Office of Population Affairs (OPA) and Mathematica determined in 2024 would be needed annually just to provide family planning care to individuals in need of free or subsidized family planning and sexual health care.^[2] This estimate is an update from a similar study conducted in 2016 that showed the program would need \$737 million to care for all low income women without insurance.^[3] Unfortunately, these critical family planning services are in serious jeopardy because of chronic underfunding to the Title X program. Additionally, the Title X network is still recovering from the harm of the first Trump administration's 2019 rule while managing the continued impacts of the COVID-19 pandemic and current health care workforce and system challenges.

Despite the crucial support Title X provides to communities, on April 1, the U.S. Department of Health and Human Services began withholding all, most, or a substantial portion of Title X funding in 23 states:

California, Hawaii, Maine, Mississippi, Missouri, Montana, and Utah are receiving no family planning dollars; while Alaska, Connecticut, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and West Virginia are experiencing reduced access to Title X-funded services. It is outrageous that the administration is weaponizing a false definition of DEI to target Title X service providers and the program itself. A federal program's ability to provide care to people from historically marginalized and underserved communities does not make it wrong or illegal. Withholding Title X funds will only harm communities that otherwise might not have access to care. It is critical that the program continues to be funded robustly, and the program's integrity and its providers protected.

Our request of \$512 million would give the program necessary resources to begin to better meet the true need in our communities. We thank you for your consideration of this request and look forward to working with you throughout the FY26 appropriations process.

Sincerely,



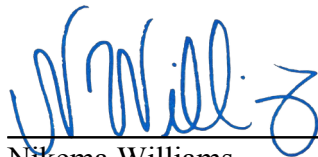
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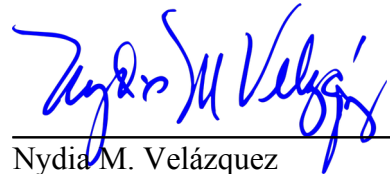
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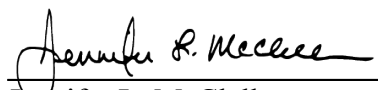
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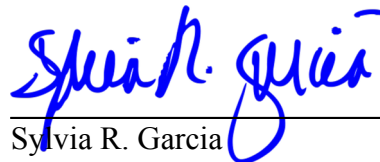
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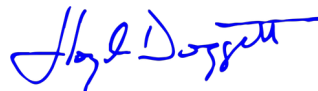
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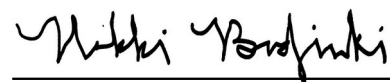
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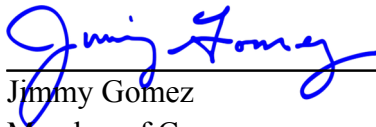
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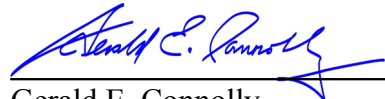
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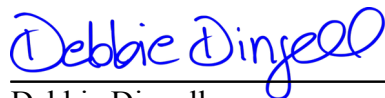
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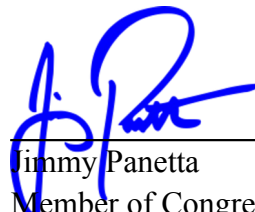
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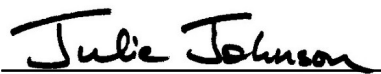
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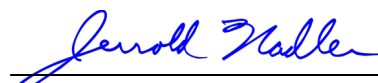
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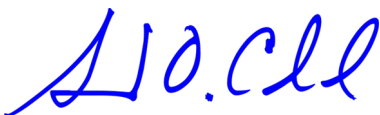
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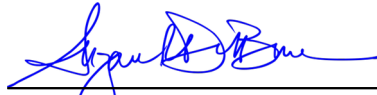
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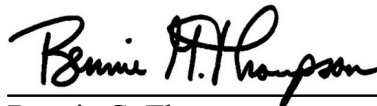
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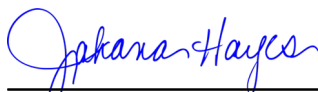
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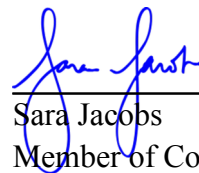
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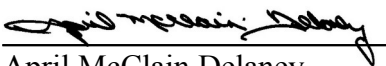
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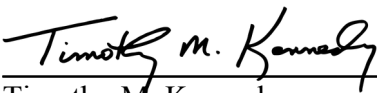
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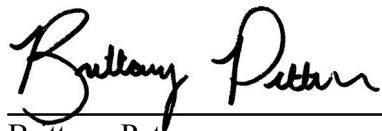
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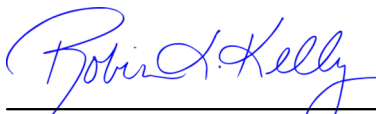
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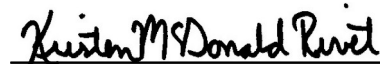
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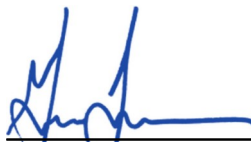
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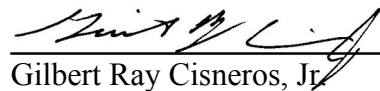
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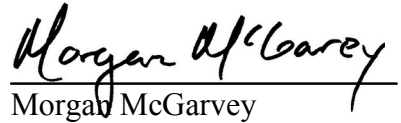
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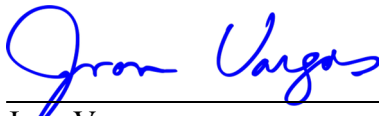
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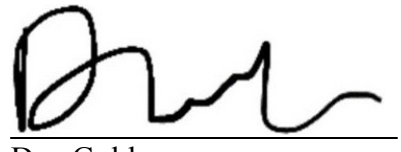
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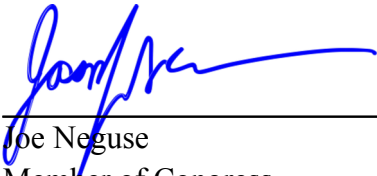
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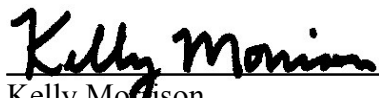
Brad Sherman
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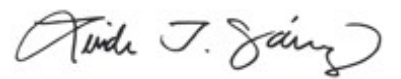
Frank Pallone, Jr.
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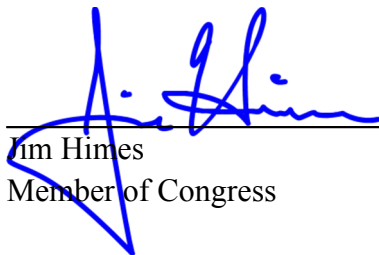
Kelly Morrison
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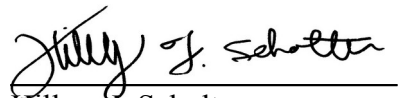
Linda T. Sánchez
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Alexandria Ocasio-Cortez
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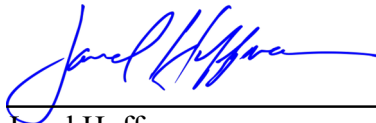
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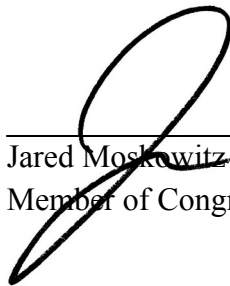
Troy A. Carter, Sr.
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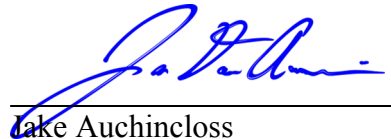
Rick Larsen
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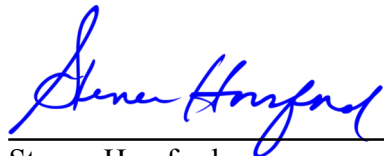
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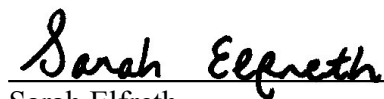
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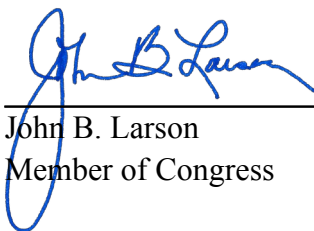
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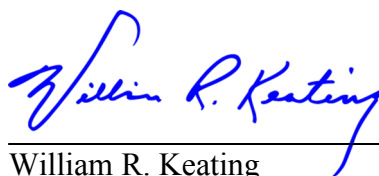
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[1] Killewald, P., Leith, W., Paxton, N., Rosenthal, I., Troxel, J., Wong, M., & Zief, S. (2024, September). Family planning annual report: 2023 national summary. Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services.

[2] Mileo Gorzig, M., Goesling, B., & Schellenberger, K. (2024, December). The need for free or subsidized sexual and reproductive health services in the U.S.: Updated Estimates. Mathematica.
<https://opa.hhs.gov/sites/default/files/2024-12/opa-cost-study-srh-services.pdf>

[3] Euna August, et al, "Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act," American Journal of Public Health (February 2016): 334-341.