

CRS Report for Congress

Title X Family Planning Program

Updated February 9, 2007

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Prepared for Members and
Committees of Congress

Title X Family Planning Program

Summary

The federal government provides grants for voluntary family planning services through the Family Planning Program, Title X of the Public Health Service Act, codified at 42 U.S.C. §300 to §300a-6. The program, enacted in 1970, is the only domestic federal program devoted solely to family planning and related preventive health services. The law prohibits the use of Title X funds in programs where abortion is a method of family planning.

Although the authorization for Title X ended with FY1985, funding for the program has continued to be provided through appropriations bills for the Departments of Labor, Health and Human Services, and Education (Labor-HHS-Education). The Title X program received appropriations of \$282.9 million for FY2006. The 110th Congress is still working on Labor-HHS-Education appropriations legislation for FY2007. Continuing resolution P.L. 109-383 extends funding for Labor-HHS-Education programs (including Title X) at FY2006 levels through February 15, 2007. For FY2008, the President's Budget requests \$283.1 million.

Several bills addressing Title X have been introduced in the 110th Congress. The Prevention First Act (S. 21/H.R. 819) would authorize Title X appropriations of \$700 million for FY2008 and "such sums as may be necessary for each subsequent fiscal year." Other introduced bills include H.R. 104, "[t]o require assurances that certain family planning service projects and programs will provide pamphlets containing the contact information of adoption centers," and S. 351, "[a] bill to amend Title X of the Public Health Service Act to prohibit family planning grants from being awarded to any entity that performs abortions."

This report was originally written by Sharon Coleman. It has been revised by Angela Napili.

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Title X Family Planning Program

Title X Program Administration and Covered Services

Title X is administered through the Office of Population Affairs (OPA) under the Office of Public Health and Science in the Department of Health and Human Services (DHHS). OPA administers three types of project grants under Title X: family planning services;¹ family planning personnel training;² and family planning service delivery improvement research grants.³

Grants for family planning services fund contraceptive services and supplies, and related services, such as patient education and counseling, infertility services, pregnancy diagnosis, special services to adolescents, adolescent and extramarital abstinence counseling and education, breast and cervical cancer screening and prevention, physical examinations, and sexually transmitted disease (STD) and HIV prevention education, screening, and referral.⁴ Priority for the provision of these services is to be given to lower-income families; grantees may use a sliding fee schedule for determining client contributions for care, but grantees may not charge low-income persons for care. The services must be provided “without coercion and with respect for the privacy, dignity, social, and religious beliefs of the individuals being served.”⁵

Grants for family planning personnel training are to be used to train staff and “to improve utilization and career development of paraprofessional and paramedical manpower in family planning services, particularly in rural areas.”⁶ Staff are trained through ten regional general training programs, one national clinical training program, and one national training program focused on improving Title X services for males.⁷ The family planning service delivery improvement research grants are to

¹ *Catalog of Federal Domestic Assistance (CFDA)* 93.217, [<http://www.cfda.gov>].

² *CFDA* 93.260

³ *CFDA* 93.974

⁴ DHHS, *Fiscal Year 2008: Health Resources and Services Administration: Justification of Estimates for Appropriations Committees*, p. 252. DHHS, OPA, *2006 Family Planning Program Priorities, Legislative Mandates, Key Issues*, at [http://opa.osophs.dhhs.gov/titlex/2006_ofp_priorities-mandates-keyissues.pdf], visited Feb. 9, 2007.

⁵ *CFDA* 93.217

⁶ *CFDA* 93.260

⁷ DHHS, *Fiscal Year 2008: Health Resources and Services Administration: Justification of*
(continued...)

be used to develop studies to improve the delivery of family planning services. These research grants target projects that enhance effectiveness and efficiency of the service delivery system.

Title X clinics provide confidential screening, counseling, and referral for treatment. In this regard, OPA has indicated that the program is committed to maintaining the integration of HIV-prevention services in all family planning clinics, particularly in areas with high rates of HIV and where racial and ethnic minorities are disproportionately affected. OPA has also affirmed that Title X's HIV/AIDS education activities should incorporate the "ABC" message. That is, adolescents and unmarried persons should receive a message incorporating abstinence (A); married persons and those in "committed relationships" should receive the message to "be faithful" (B); and those who engage in HIV risk behaviors should receive a message about "correct and consistent condom use" (C).⁸

All Title X service grantees were required by FY2002 to have at least one project that provides family planning/reproductive health services to males.⁹ In 2005, Title X grantees reported that 5% of their clients were male.¹⁰ Common services that family planning agencies offer to males include condom provision, STD counseling, contraceptive counseling, and STD treatment and testing.¹¹

Ninety percent of Title X funds are used for clinical services.¹² During FY2006, there were 87 Title X services grantees. Such grantees included 42 state or local health departments, 7 territorial health departments, 11 Planned Parenthood affiliates, and 27 other nonprofit organizations, such as hospitals, community health centers, family planning councils, Native American health facilities, and universities. Title

⁷ (...continued)

Estimates for Appropriations Committees, p. 251.

⁸ DHHS, OPA, *Examining HIV Prevention Activities in the Title X Family Planning Program: Executive Summary*, n.d., at [http://opa.osophs.dhhs.gov/pubs/eval/03may/HIV_FP%20Executive%20Summary.pdf], visited Feb. 9, 2007. DHHS, OPA, *2006 Family Planning Program Priorities, Legislative Mandates, Key Issues*, at [http://opa.osophs.dhhs.gov/titlex/2006_ofp_priorities-mandates-keyissues.pdf], visited Feb. 9, 2007.

⁹ DHHS, OPA/Office of Family Planning, *Male Involvement Projects: Prevention Services* (July 2000), at [http://opa.osophs.dhhs.gov/titlex/opa_male_projects_review_july2000.pdf], visited Feb. 9, 2007.

¹⁰ *Family Planning Annual Report: 2005 National Summary*, November 2006, p. 11, at [http://opa.osophs.dhhs.gov/titlex/FPAR_2005_National_Report_webPDF.pdf], visited Feb. 9, 2007.

¹¹ "Services for Men at Publicly Funded Family Planning Agencies, 1998-1999," *Perspectives on Sexual and Reproductive Health*, vol. 35, no. 5, Sept./Oct. 2003. DHHS, OPA/Office of Family Planning, *FY 2003 Office of Family Planning Male Grantees Program Summaries*, at [<http://opa.osophs.dhhs.gov/titlex/ofp-male-grantees.html>], visited Feb. 9, 2007.

¹² DHHS, *Fiscal Year 2008: Health Resources and Services Administration: Justification of Estimates for Appropriations Committees*, p. 251.

X grantees can provide family planning services directly or they can delegate Title X monies to other agencies to provide services. Although there are no matching requirements for grants, regulations specify that no clinics may be fully supported by Title X funds.¹³ In 2005, the latest year for which data is available, Title X provided services through more than 4,400 Title X clinics nationwide.¹⁴

In 2005, Title X served more than 5 million clients, primarily low-income women and adolescents. Ninety percent of clients had incomes at or below 200% of the federal poverty level; sixty percent of Title X clients had no health insurance. For many clients, Title X clinics are their only continuing source of health care.¹⁵

More information on the Title X program, including regional contacts, can be found on the Internet at [<http://opa.osophs.dhhs.gov/>].

Funding

Although the program is administered by OPA, funding for Title X activities is provided through the Health Resources and Services Administration (HRSA) in DHHS. Authorization of appropriations expired at the end of FY1985, but the program has continued to be funded through appropriations bills for the Departments of Labor-Health and Human Services, and Education (Labor-HHS-Education).

For FY2008, the President's Budget requests \$283.1 million for Title X. The Budget Justification proposes that the program become more efficient in the face of rising drug and medical costs, and that "[i]n order to provide services for the maximum number of clients, this will require limiting the availability of high cost, highly effective contraceptive methods and more expensive diagnostic technologies."¹⁶

The President's FY2007 Budget requested \$283.1 million for Title X. House Appropriations Committee report H.Rept. 109-515 (on H.R. 5647) and Senate Appropriations Committee report S.Rept. 109-287 (on S. 3708) would have also provided \$283.1 million for FY2007. However, the 109th Congress did not pass FY2007 Labor-HHS-Education appropriations legislation. Three continuing resolutions have extended funding for Labor-HHS-Education programs (including Title X) at FY2006 levels. The third continuing resolution, P.L. 109-383 (120 Stat.

¹³ 42 C.F.R. 59.7(c)

¹⁴ *Family Planning Annual Report: 2005 National Summary*, November 2006, pp. 8, at [http://opa.osophs.dhhs.gov/titlex/FPAR_2005_National_Report_webPDF.pdf], visited Feb. 9, 2007. A searchable directory of Title X providers is at [<http://www.opaclearinghouse.org/search/index.asp>], visited Feb. 9, 2007.

¹⁵ *Family Planning Annual Report: 2005 National Summary*, November 2006, pp. 1, 9, 11, 23, at [http://opa.osophs.dhhs.gov/titlex/FPAR_2005_National_Report_webPDF.pdf], visited Feb. 9, 2007.

¹⁶ DHHS, *Fiscal Year 2008: Health Resources and Services Administration: Justification of Estimates for Appropriations Committees*, p. 252.

2678), signed by the President on December 9, 2006, continues funding at the FY2006 level through February 15, 2007. The 110th Congress is currently considering H.J.Res. 20, which would provide funding through September 30, 2007.

FY2006 funding for Title X was contained in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006, P.L. 109-149 (H.R. 3010, 119 Stat. 2833, 2844). Title X was funded at \$282.9 million for FY2006, \$3.1 million less than in FY2005.¹⁷

The FY2006 appropriations conference agreement on H.R. 3010 (H.Rept. 109-337) repeated previous years' language that Title X funds not be spent on abortions, that all pregnancy counseling be nondirective, and that funds not be spent on "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." The agreement also repeated language requiring grantees to certify that they encourage "family participation" when minors decide to seek family planning services, and to certify that they counsel minors on how to resist attempted coercion into sexual activity. The language also repeated a clarification that family planning providers are not exempt from state notification and reporting laws on child abuse, child molestation, sexual abuse, rape, or incest.¹⁸

The conferees stated in H.Rept. 109-337 that family planning funds should be distributed to regional offices "in the same manner and time frame" as in FY2005 (when regional offices received their funding distribution within 60 days of the appropriations bill's enactment). In addition, the conferees said they intended that the same percentage of appropriated family planning funds be used for clinical services as in FY2005 (when 90% was used for clinical services).¹⁹

H.Rept. 109-337 stated that departments and agencies should also be guided by the language in the House and Senate committee reports accompanying H.R. 3010. In H.Rept. 109-143, the House Committee on Appropriations encouraged HRSA to work with the Centers for Disease Control and Prevention to include HIV/AIDS

¹⁷ This figure includes the 1% across-the-board rescission required for federal discretionary programs pursuant to P.L. 109-148, Division B, Title III, Chapter 8, Section 3801 (119 Stat. 2680, 2791-2792). Additionally, on June 14, 2006, the DHHS Secretary notified the Appropriations Committees that he would transfer funds among DHHS programs to finance activities related to the Medicare drug benefit call center. This transfer, authorized by Section 208 of P.L. 109-149 (119 Stat. 2833, 2858-2859), reduced Title X funding by 0.069%, or \$0.2 million.

¹⁸ The DHHS Office of Inspector General recently reviewed OPA's activities to address state reporting requirements. It found that "OPA has informed and periodically reminds Title X grantees of their responsibilities" regarding these requirements, and that OPA addresses state reporting requirements in its site visits and reviews of grantees. See DHHS, Office of the Inspector General, *Federal Efforts to Address Applicable Child Abuse and Sexual Abuse Reporting Requirements for Title X Grantees*, Report no. OEI-02-03-00530, April 2005, at [<http://oig.hhs.gov/oei/reports/oei-02-03-00530.pdf>], visited Feb. 9, 2007.

¹⁹ DHHS, *Fiscal Year 2006: Health Resources and Services Administration: Justification of Estimates for Appropriations Committees*, p. 74.

testing and counseling among the services provided in family planning clinics. The committee also directed the OPA to send Title X grantees a reminder that family planning providers are not exempt from state notification and reporting laws on child abuse, child molestation, sexual abuse, rape, or incest. The committee also requested that the DHHS Secretary audit a sample of Title X recipients to check compliance with these reporting requirements. The Senate Committee on Appropriations, in S.Rept. 109-103, noted that Title X “authorizes the provision of a broad range of acceptable and effective family planning methods and preventive health services. This includes FDA-approved methods of contraception. The Committee believes that the authority for making grants under title X must remain unchanged.”

Table 1. Title X Family Planning Program Appropriations
(in millions)

FY	Appropriation	FY	Appropriation	FY	Appropriation
1971	\$6.0	1984	\$140.0	1997	\$198.5
1972	\$61.8	1985	\$142.5	1998	\$203.5
1973	\$100.6	1986	\$136.4	1999	\$215.0
1974	\$100.6	1987	\$142.5	2000	\$238.9
1975	\$100.6	1988	\$139.7	2001	\$253.9
1976	\$100.6	1989	\$138.3	2002	\$265.0
1977	\$113.0	1990	\$139.1	2003	\$273.4
1978	\$135.0	1991	\$144.3	2004	\$278.3
1979	\$135.0	1992	\$149.6	2005	\$286.0
1980	\$162.0	1993	\$173.4	2006	\$282.9
1981	\$161.7	1994	\$180.9	2007	a
1982	\$124.2	1995	\$193.3	2008	b
1983	\$124.1	1996	\$192.6	—	—

Sources: Department of Health and Human Services, Office of Population Affairs, [<http://opa.osophs.dhhs.gov/titlex/ofp-funding-history.html>], and FY2007 Labor-HHS-Education appropriations reports.

- a. The FY2007 Budget Request, H.Rept. 109-515 and S.Rept. 109-287, would have provided \$283.1 million for FY2007. The 109th Congress did not pass FY2007 Labor-HHS-Education appropriations legislation. Continuing resolution P.L. 109-383 (120 Stat. 2678) continues funding at the FY2006 level through February 15, 2007.
- b. The FY2008 Budget request would provide \$283.1 million for FY2008.

Abortion and Title X

The law prohibits the use of Title X funds in programs where abortion is a method of family planning.²⁰ On July 3, 2000, OPA released a final rule with respect to abortion services in family planning projects.²¹ The rule updated and revised regulations that had been in effect since 1988.²² The major revision revoked the “gag rule,” which restricted family planning grantees from providing abortion-related information. The regulation at 42 C.F.R. §59.5 had required, and continues to require, that abortion not be provided as a method of family planning. The July 3, 2000 rule amended the section to add the requirement that a project must give pregnant women the opportunity to receive information and counseling on each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. If the woman requests such information and counseling, the project must give “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 woman indicates she does not wish to receive such information and counseling.”

According to OPA, family planning projects that receive Title X funds are closely monitored to ensure that federal funds are used appropriately and that funds are not used for prohibited activities such as abortion. The prohibition on abortion does not apply to all the activities of a Title X grantee, but only to activities that are part of the Title X project. The grantee’s abortion activities must be “separate and distinct” from the Title X project activities.²³ Safeguards to maintain this separation include (1) careful review of grant applications to ensure that the applicant understands the requirements and has the capacity to comply with all requirements; (2) independent financial audits to examine whether there is a system to account for program-funded activities and non-allowable program activities; (3) yearly comprehensive reviews of the grantees’ financial status and budget report; and (4) periodic and comprehensive program reviews and site visits by OPA regional offices.

It is unclear exactly how many Title X clinics also provide abortions through their non-Title X activities. In 2004, following appropriations conference report directions, DHHS surveyed its Title X grantees on whether their clinic sites also provided abortions with non-federal funds.²⁴ Grantees were informed that responses

²⁰ 42 U.S.C. § 300a-6. In addition, so-called “Hyde amendments” to Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations bills have also restricted federal abortion funding. For more background, see CRS Report RL33467, *Abortion: Legislative Response*, by Karen Lewis and Jon Shimabukuro.

²¹ “Standards of Compliance for Abortion-Related Services in Family Planning Services Projects,” 65 *Federal Register* 41270, July 3, 2000, and “Provision of Abortion-Related Services in Family Planning Services Projects,” 65 *Federal Register* 41281, July 3, 2000.

²² 42 C.F.R. Part 59, “Grants for family planning services.”

²³ 65 *Federal Register* 41281-41282, July 3, 2000.

²⁴ DHHS, *Report to Congress Regarding the Number of Family Planning Sites Funded Under Title X of the Public Health Service Act That Also Provide Abortions with Non-* (continued...)

were voluntary and “without consequence, or threat of consequence, to non-responsiveness.” The survey did not request any identifying information. DHHS mailed surveys to 86 grantees and received 46 responses. Of these, nine indicated that at least one of their clinic sites (17 clinic sites in all) also provided abortions with non-federal funds, and 34 indicated that none of their clinic sites provided abortions with non-federal funds; three responses had no numerical data or said the information was unknown.

Title X supporters argue that family planning reduces unintended pregnancies, thereby reducing abortion.²⁵ On the other hand, Title X critics argue that federal funds should be withheld from any organization that performs or promotes abortions, such as the Planned Parenthood Federation of America. These critics argue that if a family planning program is operated by an organization that also performs abortions, the implicit assumption and the message to clients is that abortion is a method of family planning.²⁶

Teenage Pregnancy and Title X

In 2005, 26% of Title X clients were aged 19 or younger.²⁷ Critics argue that by funding Title X, the federal government is implicitly sanctioning nonmarital sexual activity among teens. These critics argue that a reduced teenage pregnancy rate could be achieved if family planning programs emphasized efforts to convince teens to delay sexual activity, rather than efforts to decrease the percentage of sexually active teens who become pregnant.²⁸ (See CRS Report RS20873, *Reducing Teen Pregnancy: Adolescent Family Life and Abstinence Education Programs*, by Carmen Solomon-Fears, for a broader discussion of teen pregnancy.)

The program’s supporters, on the other hand, argue that the Title X program should be expanded to serve more people in order to reduce the rate of unintended pregnancies. According to DHHS, in FY2005, Title X family planning services

²⁴ (...continued)

Federal Funds, 2004. The DHHS was directed to conduct the survey by FY2004 appropriations conference report H.Rept. 108-401, pp.800-801.

²⁵ An example of this argument can be found in U.S. Senate, Committee on Appropriations, Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies, *Threat to Title X and Other Women’s Health Services*, Hearing, 104th Cong., 1st sess., Aug. 10, 1995. S.Hrg. 104-416 (Washington: GPO, 1996), pp. 16-21. See also Rachel Benson Gold, “Title X: Three Decades of Accomplishment,” *The Guttmacher Report on Public Policy*, vol. 4, no. 1 (Feb. 2000), p. 7.

²⁶ An example of these arguments can be found in *Threat to Title X and Other Women’s Health Services*, pp. 22-35.

²⁷ *Family Planning Annual Report: 2005 National Summary*, November 2006, p. 11, at [http://opa.osophs.dhhs.gov/titlex/FPAR_2005_National_Report_webPDF.pdf], visited Feb. 9, 2007.

²⁸ An example of these arguments can be found in *Threat to Title X and Other Women’s Health Services*, pp. 22-35.

helped avert 980,000 unintended pregnancies, including more than 250,000 unintended teen pregnancies.²⁹ Supporters of expanding family planning services argue that the United States has a higher teen pregnancy rate than some countries (such as Sweden) where a higher percentage of teens are sexually active, in part because U.S. teens use contraception less consistently.³⁰

Planned Parenthood and Title X

In May 2003, the General Accounting Office (GAO; now named the Government Accountability Office) updated a report on federal funds provided to several nonprofit organizations and their affiliates involved in health-related activities during FY2001.³¹ The report provides information on the Planned Parenthood Federation of America, the Population Council, the International Planned Parenthood Federation, the Alan Guttmacher Institute, Advocates for Youth, and the Sexuality Information and Education Council of the United States (SIECUS). Information was collected from each organization with respect to their expenditure of federal funds. Only Planned Parenthood and the Alan Guttmacher Institute reported spending Title X funds.

Planned Parenthood operates through a national office and 117 affiliates; these affiliates receive funds directly and indirectly from other Title X grantees, such as their state or local health departments. Planned Parenthood also operates more than 860 local health centers.³² The Alan Guttmacher Institute is an affiliate of the Planned Parenthood Federation and provides policy analysis and conducts research. According to the GAO report, in FY2001 Planned Parenthood spent \$58.7 million of Title X funds, and the Alan Guttmacher Institute spent \$315,320 of such funds; together this amounts to approximately 23% of Title X appropriations for that year.

²⁹ DHHS, *Fiscal Year 2008: Health Resources and Services Administration: Justification of Estimates for Appropriations Committees*, p. 429. See also the discussion of publicly funded family planning services in “Programs to Reduce Unintended Pregnancy,” in The Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families* (Washington: National Academy Press, 1995), p. 220, at [<http://books.nap.edu/catalog/4903.html#toc>], visited Feb. 9, 2007.

³⁰ An example of these arguments can be found in *Threat to Title X and Other Women’s Health Services*, pp. 16-21. See also Jacqueline E. Darroch et al., “Differences in Teenage Pregnancy Rates Among Five Developed Countries: The Roles of Sexual Activity and Contraceptive Use,” *Family Planning Perspectives*, vol. 33, no. 6 (Nov./Dec. 2001), pp. 244-251.

³¹ U.S. General Accounting Office, *Federal Funds: Fiscal Year 2001 Expenditures by Selected Organizations Involved in Health-Related Activities*, GAO-03-527R, May 16, 2003, at [<http://www.gao.gov/cgi-bin/getrpt?GAO-03-527R>], visited Feb. 9, 2007. This report has not been updated subsequently.

³² *Planned Parenthood by the Numbers*, at [<http://www.plannedparenthood.org/about-us/who-we-are/pp-numbers-5551.htm>], visited Feb. 9, 2007.

Legislation in the 110th Congress

Several bills on the Title X program have been introduced in the 110th Congress. The Prevention First Act (S. 21/H.R. 819) was introduced in the Senate January 4, 2007, and in the House February 5, 2007. The Prevention First Act would authorize Title X appropriations of \$700 million for FY2008 and “such sums as may be necessary for each subsequent fiscal year.” The bill also has provisions on several topics other than the Title X program, including Medicaid family planning services, emergency contraception, insurance coverage of contraceptives, and teen pregnancy prevention. S. 21 was referred to the Senate Committee on Health, Education, Labor, and Pensions. H.R. 819 was referred to the House Committees on Energy and Commerce, Ways and Means, and Education and Labor.

S. 351, the Title X Family Planning Act, was introduced January 22, 2007. It would prohibit Title X funds from going to entities that perform abortions or whose subgrantees perform abortions, except in certain physician-certified cases where the woman is “in danger of death unless an abortion is performed.” This prohibition would not apply to hospitals, unless the hospital subgrants to a non-hospital entity that performs abortions. S. 351 would require Title X grant applicants to certify that they and their subgrantees adhere to the abortion prohibition. It would also require the DHHS to provide Congress with an annual list of Title X grantees that perform abortions; if an entity appears on the list, it would be ineligible for subsequent fiscal year Title X funds unless it certifies that it no longer performs abortions. S. 351 was referred to the Senate Committee on Health, Education, Labor, and Pensions.

H.R. 104, the Adoption Information Act, was introduced January 4, 2007. It would require the DHHS Secretary to annually prepare, update, and distribute to each Title X service grantee pamphlets listing contact information for all adoption centers in the state where services are provided. Title X service projects would be required to provide “assurances satisfactory to the Secretary” that they will (1) give the pamphlet to each family planning client at the time the person inquires about services, (2) orally inform the client that the pamphlet is from DHHS and has a comprehensive list of adoption centers in the state, and (3) give the client “an opportunity to read the pamphlet.” H.R. 104 was referred to the House Committee on Energy and Commerce.

Summary of Title X of the Public Health Service Act

Below is a summary of Title X of the Public Health Service Act, codified at 42 U.S.C. §300 to §300a-6, Population Research and Voluntary Family Planning Programs:

Section 1001. Project Grants and Contracts for Family Planning Services

The Secretary may make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects to offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility

services, and services for adolescents). Entities which receive grants or contracts must encourage family participation in their projects.

Section 1002. Formula Grants to States for Family Planning Services

The Secretary may make grants to state health authorities to assist in planning, establishing, maintaining, coordinating, and evaluating family planning services. The state health authority must have an approved state plan for a coordinated and comprehensive program of family planning services.

Section 1003. Training Grants and Contracts

The Secretary may make grants to public or nonprofit private entities and enter into contracts with public or private entities and individuals to provide the training for personnel to carry out family planning service programs.

Section 1004. Research

The Secretary may conduct and make grants to public or nonprofit private entities and enter into contracts with public or private entities and individuals for projects for research in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population.

Section 1005. Informational and Educational Materials

The Secretary may make grants to public or nonprofit private entities and enter into contracts with public or private entities and individuals to assist in developing and making available family planning and population growth information (including educational materials) to all persons desiring such information.

Section 1006. Regulations and Payments

The Secretary may promulgate regulations and must determine the conditions for making payments to grantees to assure that such grants will be effectively utilized for the purposes they were made.

Grantees must assure that (1) priority will be given to the furnishing of services to persons from low-income families; and (2) no charge will be made in such project or program 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 the charge.

The Secretary must be satisfied that informational or educational materials developed or made available under the grant or contract will be suitable for the purposes of this title and for the population or community to which they are to be made available.

In the case of any grant or contract under Section 1001, such assurances shall provide for the review and approval of the suitability of such materials, prior to their

distribution, by an advisory committee established by the grantee or contractor in accordance with regulations.

Section 1007. Voluntary Participation

The acceptance by any individual of family planning services or family planning or population growth information (including educational materials) 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. Prohibition of Abortion

None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.