May 2025

TITLE X 101:
WHAT'S AT STAKE IN 2025

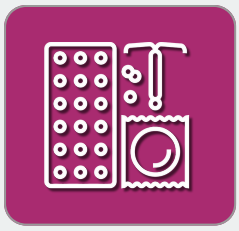
ABOUT THE TITLE X FAMILY PLANNING PROGRAM

Chances are that if you or someone you know have ever gone to a family planning clinic to get free or low-cost contraception, they benefited from Title X.

For more than fifty years, the Title X Family Planning Program has provided crucial reproductive health services to millions of low-income and working-class communities through thousands of clinics across the country. Signed into law in 1970 by President Nixon, the program is the United States' first (and only) federally funded program dedicated to family planning. The goal of the program is to provide access to reproductive care to the millions that cannot otherwise afford it.[1] Today, it continues to help bridge that gap.

In the US, more than 19 million women of reproductive age with low incomes are living in contraceptive deserts where they lack reasonable access in their county to a health center that offers the full range of contraceptive methods.[2] Approximately 1.2 million of these people live in a county without a single health center offering the full range of methods. For people in contraceptive deserts getting contraception and reproductive care means having to do more than show up to an appointment. At the minimum it involves travel expenses and planning, as well as potentially time off work and childcare costs.

Title X clinics offer expansive and comprehensive reproductive care, including:



Access to contraception and contraceptive education

Pregnancy tests and ultrasounds

STI screening and counseling

Cervical and breast cancer screenings

Who Title X Serves

The Title X network is an important source of care that primarily provides services to people who are young, female, and have low incomes.[3] Research has shown that 60% of Title X patients did not have another source of broader health care over the past year.[4]

In 2023, Title X clinics provided services to 2.8 million patients, the majority of whom were living at or below the federal poverty level (FPL). Most patients (60%) had a family income at or below the FPL (which corresponds to an annual income of approximately $15,650 a year) and received services at no cost. An additional 23% of patients reported an income between 101 to 250% of the FPL (corresponding to an annual income of $15,807 to $39, 125) and were charged using a sliding fee scale.[5]

Out of the 2.8 million patients served in 2023, 50.4% identified as white; 22.8% as Black; 2.5% as Asian; 1.4% as either Native Hawaiian or Other Pacific Islander; 1.3% as American Indian or Alaska Native; and 35.8 % identified as Hispanic or Latino; and 18.8 % had limited English proficiency.[6]

Beyond the vital role Title X plays in funding family planning for people with low incomes who are uninsured, it also benefits those with insurance. Title X is critical funding that helps clinics keep the doors open so that people with Medicaid and other insurance have places to get care in their community. With too many people living in contraceptive deserts already, cuts to Title X will only reduce the number of clinics that can afford to operate.

Challenges to the Title X Safety Net

Title X faces numerous challenges including chronic funding levels that are far below the need for services. However, now the program is facing new threats to its ability to even keep the doors open.

The US Department of Health and Human Services (HHS) is currently withholding $65.8 million in fiscal year (FY) 2025 Title X Family Planning Program grants to 16 grantees across the country. This means eight states have no Title X provider. It's estimated that these grants serve roughly 30% of all Title X patients.[7]

This is on top of the Title X program still struggling to recover from previous policy attacks and the COVID-19 pandemic. In 2019, HHS under the first Trump administration implemented a so-called "gag rule," which prevented doctors from referring pregnant patients to abortion providers or even telling them about abortion as an option. As a result, more than 900 clinics left the Title X program.[8] An HHS analysis found that 63% (1.5 million people) of the decrease in people served by Title X in 2020 was due to the Trump administration's gag rule. The remaining decline was attributed to the COVID-19 pandemic.[9]

While the Biden-Harris administration restored funding and eliminated the gag rule, the Title X Family Planning Program has not seen a funding increase in more than a decade, and anti-contraception policymakers have repeatedly attempted to eliminate the program entirely.[10]

What Title X Needs

As we navigate relentless attempts to decimate access to the full range of sexual and reproductive health care it is imperative that policymakers act on policies that support reproductive well-being. Bills such as the Women's Health Protection Act (WHPA), the Equal Access to Abortion Coverage in Health Insurance (EACH) Act, and the Stop Anti-Abortion Disinformation (SAD) Act are just some examples of bills that have been championed in the past that work towards restoring and expanding access to abortion. We encourage policymakers to support these and similar policies and to speak out against attacks on abortion care.

Despite the high value of the services that Title X provides, and the significant unmet need for these services, the FY 2025 funding level of $286.5 million is the eleventh consecutive year of stagnant funding. Current funding is 10% lower than the FY 2010 level ($317.5 million), which was already too low to meet the need.

A December 2024 study from the Office of Population Affairs estimates that in order to provide services to the 2.9 million people who need free or subsidized sexual and reproductive care, the government would need to allocate $1.38 billion annually.[11]

What Can Constituents Do?

Use your voice to advocate for full and necessary funding for Title X. Remind your representatives in Congress that they work for you. Remind them that they work for all the people who reside in their state or district, including those with low incomes. Remind them that it is their responsibility to ensure access to comprehensive reproductive care for those most in need.

What Can Policymakers Do?

Members of Congress have a duty to protect and fund Title X, which includes opposing legislation which seeks to cut funding to the program or impose new restrictions on these life-saving services.

Endnotes

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