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ACNM Opposes New Title X Funding and Eligibility Rules

The American College of Nurse-Midwives supports policy solutions that ensure all people have access to a full-range of preventive, reproductive, and sexual health services, including full access to abortion services. As part of our commitment to comprehensive, evidence-based reproductive health for all individuals, ACNM strongly opposes new funding and eligibility rules put forth by the Department of Health and Human Services (DHHS) regarding new Title X funding and eligibility.¹

Title X provides nearly \$300 million dollars a year to 4,000 clinics nationwide, providing four million patients with reproductive health care services including contraception, sexually transmitted infection testing and treatment, cancer screening, and other routine reproductive health care. On February 22, 2019 the DHHS released an updated rule governing Title X eligibility and funding. These rules outline new restrictions on eligibility for all organizations applying for Title X funding. The new rule prohibits all Title X organizations from providing comprehensive options counseling or abortion referrals to pregnant patients, thus opening up Title X funding to anti-choice organizations who are not legally required to provide accurate information to their patients.² It also requires all providers to document DHHS-approved attempts to involve adult family members in minor's decision-making about reproductive health care, including STI testing, contraceptive counseling, and pregnancy-related decisions, regardless of the individual circumstances of the patient.³

The updated Title X rule mandates all organizations receiving Title X funding maintain physical and financial separation between Title X-funded operations -- such as cancer screenings, Pap tests, and STI testing -- and operations/locations providing abortion as a method of family planning. Providers at Title X-funded organizations are prohibited from offering abortions or providing referrals to abortion providers; if a patient specifically requests an abortion, a Title X organization may supply a list of providers but is not able to tell the patient what providers offer abortion services and must specifically state they are unable to refer for abortion. This stipulation puts providers in the untenable, unethical position of having to be deceitful or give incomplete information to patients, undermining patient-provider relationships and putting patient health and safety in jeopardy and harkens back to the pre-Roe era of secrecy around abortion provision. These restrictions can also cause delays in care provision leading to later term abortions.⁴

Of equal concern are new mandated reporting requirements in cases of rape, intimate partner violence, and trafficking as well as the mandate to encourage "family participation" in the reproductive health decisions of minors. These changes have the potential to cause survivors of

¹ <https://www.nytimes.com/2019/02/22/health/trump-defunds-planned-parenthood.html>

² <https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03>

³ <https://www.hhs.gov/opa/sites/default/files/title-x-notice-of-final-rule.pdf>

⁴ *Ibid.*

rape, human trafficking, and intimate partner violence to avoid seeking appropriate health care services in fear of being forced into interactions with local and state police and judicial forces, and are redundant to the existing mandated-reporting requirements of these jurisdictions.⁵ Similarly, the requirement to involve families of minors may serve to alienate minors seeking pregnancy and abortion care, STI screening, and contraceptive counseling for fear of being forced to involve parents or other adult caregivers who may be unaware or unsupportive of the choices these patients are making for their reproductive health care.⁶ Both of these remove the autonomy of state regulations around both mandated reporting and reproductive privacy, and place providers in an impossible legal and ethical position. In a state like Washington, for example, where reproductive privacy for minors is robustly supported by state law, why should DHHS regulations override the will of both the voters and the legislature of that state? How can midwives in such a state meet both their legal and ethical obligations to their patient's privacy and fulfill the mandates of these policies?

Title X provides family planning and reproductive health care services in high-need, low-resource communities, particularly to low-income people and people of color. The DHHS states in the newly published rule that the changes are designed to "protect vulnerable populations by ensuring Title X providers comply with State reporting requirements." This assumes -- without evidence -- that Title X providers are not complying with state requirements. In truth, this rule puts the health and well-being of millions of patients at risk.⁷ If Title X recipients such as Planned Parenthood lose this funding, millions will go without vital health care services, negatively affecting their health and economic well-being while increasing overall costs to the health care system. If Title X providers choose to follow the new guidelines to keep their funding, vulnerable individuals will go unserved. The consequences of these changes will fall hardest on low income and minority populations, potentially leaving millions of vulnerable people without access to basic health care.⁸ DHHS is forcing an impossible choice between serving the needs of pregnant patients and the needs of all other Title X patients, and we as providers are being asked to choose which of our patients we will prioritize. This is an impossible and unethical position to place midwives in, and a choice we cannot -- and will not -- make. Politicians should not be making decisions about individual citizens' reproductive health care.

ACNM strongly opposes the new DHHS rules.⁹ Forcing providers to lie to patients, silencing providers' provision of evidence-based care, placing already vulnerable communities at even greater risk, and undermining the right of all people to access safe and effective reproductive health care is antithetical to the principles of midwifery. Recognizing the vital role access to comprehensive reproductive and sexual health across the lifespan plays in reducing health and economic disparities, ACNM reaffirms our commitment to oppose all federal efforts to impede this access and threaten the health of millions.

⁵ <https://www.nytimes.com/2019/02/22/health/trump-defunds-planned-parenthood.html>

⁶ https://www.washingtonpost.com/health/2019/02/22/trump-administration-bars-family-planning-clinics-that-provide-abortion-referrals-million-program/?utm_term=.bd8e15845c92

⁷ <https://www.hhs.gov/opa/sites/default/files/title-x-notice-of-final-rule.pdf>

⁸ <https://www.nytimes.com/2019/02/22/health/trump-defunds-planned-parenthood.html>

⁹ <http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000007070/ACNM-Title-X-Comments-073118-FINAL.pdf>