

May 16, 2018

The Honorable Secretary Alex Azar
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C. 2020

Dear Secretary Azar,

As organizations dedicated to improving access to high-quality, affordable health care for all people, we write to register our grave concerns should your agency consider undermining the Title X family planning program by instituting a domestic “gag rule.” The rule, which was first advanced by the Reagan administration in 1988, is nothing less than an effort to eviscerate access to care and information for people with low incomes and underserved populations. In support of the millions of women, men, and young people who would be most harmed by this damaging policy, the more than 110 undersigned organizations strongly urge you to unequivocally reject calls for any iteration of the domestic gag rule.

Title X is the nation’s only program dedicated to providing affordable birth control and reproductive health care to people with low incomes or that are otherwise underserved. Every year, more than four million women, men, and young people go to Title X-funded health centers for basic, confidential preventive health care, including cancer screenings, birth control, sexually transmitted infection (STI) screenings, pregnancy testing, and well-woman exams.¹ Under Title X, program funds cannot be used to provide abortion.² Consistent with the highest medical and ethical standards of care, Title X-funded providers routinely offer pregnant patients counseling on and referrals for all of their options, including adoption, prenatal care, and abortion.³ Health centers that provide Title X-funded services are also permitted to separately provide abortions using non-federal funds.⁴

A domestic gag rule, if imposed, would compromise the program’s continued success and would unacceptably interfere with Title X-supported providers’ commitment to offering high-quality care. First, by denying Title X patients full information about their health care options, the domestic gag rule would force doctors, nurses, and other medical professionals to knowingly withhold important information from their patients. This means that the more than four million people that go to Title X-supported providers annually would be denied information or counseling on, and referrals for, safe and legal abortion. In doing so, the rule would contradict the primary purpose of Title X to provide the “educational, comprehensive medical, and social services necessary to aid individuals to freely determine the number and spacing of their children.”⁵ It would also contravene commonly accepted ethical and medical standards, such as those upheld by the American College of Obstetricians and Gynecologists and other professional medical organizations, which underscore informed consent as the cornerstone of

¹ Christina Fowler, et al., *Family Planning Annual Report: 2016 National Summary*, RTI International (Aug. 2017), available at <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2016-national.pdf> (“FPAR 2016”).

² 42 U.S.C. § 300a–6.

³ 42 C.F.R. § 59.5(a)(5).

⁴ See Standards of Compliance for Abortion Related Services in Family Planning Services Projects, 65 Fed. Reg. 41270 (Jul. 3, 2000).

⁵ 42 C.F.R. § 59.1.

medical care.⁶ This would consequently undermine the relationship of trust that patients need and should have with their healthcare professionals.

Second, the Reagan-era domestic gag rule sought to impose an onerous new “physical separation” requirement on providers that both offer Title X-funded services and separately provide abortion using non-federal funds. Given that the statute and regulations already explicitly bar providers from using Title X funds for abortion, this change serves no conceivable purpose except to try to make it impossible for abortion providers to participate in Title X. This accords with recent calls for the domestic gag rule’s revival from anti-abortion groups and lawmakers, which have touted it as a political measure expressly aimed at blocking Planned Parenthood health centers from seeing Title X patients—even though its impact would extend to the entire Title X network and the millions of people who rely on it for care. Because Planned Parenthood serves more than 40 percent of the program’s patients nationwide,⁷ its elimination from Title X would cause the remaining Title X provider network to face enormous challenges in trying to absorb the organization’s patients, and would likely lead patients to delay or even forgo critical Title X-funded care.

Together, these changes would further entrench inequity in our nation’s health care system, which too often denies high-quality care and information to people with low incomes and people of color. More than half of the estimated four million family planning patients served through Title X belong to groups that face health inequities by virtue of their race or ethnicity. Twenty-one percent of patients receiving care through Title X are African American, and 32 percent identify as Hispanic or Latino.⁸ People of color in particular are already more likely to face serious health challenges, including higher-risk pregnancies, resulting from systemic barriers reducing their access to quality and compassionate health care services and resources.⁹ And, consistent with Title X’s statutory purpose, most patients that receive Title X-supported care have low incomes or lack insurance coverage: nearly two-thirds of Title X patients have incomes at or below the federal poverty level, and 43 percent of patients are uninsured.¹⁰ Putting more obstacles in the way of these patients’ access to essential reproductive health care and information would only worsen the existing problem.

Outside of the United States, we have already seen the Trump administration re-impose and expand the global gag rule. The global gag rule blocks U.S. global health assistance to all foreign nongovernmental organizations that use their own funds to engage in any abortion-related service delivery or advocacy—including providing information, counseling and referrals. By forcing many of the most effective and trusted health care providers to forgo funding if they refuse to abide by the rule’s restrictive demands, the global gag rule threatens people’s access

⁶ Kinsey Hasstedt, *Unbiased Information on and Referral for All Pregnancy Options Are Essential to Informed Consent in Reproductive Health Care*, Guttmacher Institute (Jan. 2018), available at <https://www.guttmacher.org/gpr/2018/01/unbiased-information-and-referral-all-pregnancy-options-are-essential-informed-consent> (reviewing the policies of ACOG and other medical associations).

⁷ Jennifer J. Frost, et al., *Publicly Funded Contraceptive Services At U.S. Clinics, 2015*, Guttmacher Institute (Apr. 2017), available at https://www.guttmacher.org/sites/default/files/report_pdf/publicly_funded_contraceptive_services_2015_3.pdf.

⁸ FPAR 2016.

⁹ Vernellia R. Randall, “Inequality in Health Care is Killing African Americans,” American Bar Association (2009), available at https://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol36_2009/fall2009/inequality_in_health_care_is_killing_african_americans.html.

¹⁰ FPAR 2016.

to essential health services, including contraceptive and maternal and newborn health care.¹¹ Although different in many ways, the global gag rule and domestic gag rule are motivated by the same ideological agenda—an agenda that, whether imposed within the U.S. or abroad, we forcefully oppose.

The undersigned organizations therefore urge you to reject any proposals that would restrict access to high-quality, affordable family planning care under Title X, including the harmful domestic gag rule.

Sincerely,

Advocates for Youth
AIDS Action Baltimore
AIDS Foundation of Chicago
American Association of University Women (AAUW)
American Atheists
American Civil Liberties Union
American Humanist Association
American Psychological Association
American Public Health Association
American Sexual Health Association
Amnesty International USA
Anti-Defamation League
AVAC
Bailey House, Inc.
Big Cities Health Coalition
Black Women's Health Imperative
Black Women's Roundtable
Breakthrough
Catholics for Choice
Center for American Progress
Center for Biological Diversity
Center for Community Change Action
Center for Health and Gender Equity (CHANGE)
Center for Inquiry
Center for Reproductive Rights
Chicago Foundation for Women
Civil Liberties and Public Policy Program
Community Catalyst
Consortium of Universities for Global Health
Disability Policy Consortium of Massachusetts
Disciples for Choice
Disciples Justice Action Network
End Rape on Campus
Equality California
Families USA
Feminist Majority

¹¹ See, e.g., Sasha Ingber, “Kenyan Clinic Rejects Trump Abortion Policy, Loses \$2 Million In U.S. Aid,” NPR (May 2, 2018) available at <https://www.npr.org/sections/goatsandsoda/2018/05/02/604425181/kenyan-clinic-rejects-trump-abortion-policy-loses-2-million-in-u-s-aid>.

First Unitarian Church of Dallas
FORGE, Inc.
Girls Inc.
Guttmacher Institute
Harm Reduction Coalition
Health GAP (Global Access Project)
Hispanic Federation
HIV Medicine Association
Human Rights Campaign
In Our Own Voice: National Black Women's Reproductive Justice Agenda
International Women's Health Coalition
Ipas
IYAFP
Joint Action Committee
The Leadership Conference on Civil and Human Rights
Medical Students for Choice
MoveOn Civic Action
Muslims for Progressive Values
NARAL Pro-Choice America
National Abortion Federation
National Asian Pacific American Women's Forum (NAPAWF)
National Association of County and City Health Officials
National Black Justice Coalition
National Center for Lesbian Rights
National Center for Transgender Equality
National Council of Jewish Women
National Equality Action Team (NEAT)
National Family Planning & Reproductive Health Association
National Health Law Program
National Hispanic Medical Association
National Latina Institute for Reproductive Health
National LGBTQ Task Force
National Network of Abortion Funds
National Organization for Women
National Partnership for Women & Families
National Queer Asian Pacific Islander Alliance (NQAPIA)
National Women's Health Network
National Women's Law Center
New Voices for Reproductive Justice
NMAC
PAI
People For the American Way
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Council
Population Institute
Positive Women's Network - USA
Power to Decide, the campaign to prevent unplanned pregnancy
Project Inform
Raising Women's Voices for the Health Care We Need

Religious Institute
Reproaction
San Francisco AIDS Foundation
Secular Coalition for America
Sexuality Information and Education Council of the United States (SIECUS)
Sierra Club
SisterLove, Inc.
The Hunger Project
The United State of Women
Thrive Alabama
Transgender Law Center
Treatment Action Group
UltraViolet
Union for Reform Judaism
Unitarian Universalist Association
Unitarian Universalist Women's Federation
United We Dream
URGE: Unite for Reproductive & Gender Equity
Voices for Progress
Whitman-Walker Health
Women of Reform Judaism
Women's Law Project
Women's March
Woodhull Freedom Foundation
YWCA USA