

## ONE YEAR LATER:

# The Title X “Gag Rule” and Access to Sexual and Reproductive Health Care





One year ago, the Trump-Pence administration began enforcing a long-threatened “gag rule” that gutted the federal Title X family planning program. This unethical and harmful rule prohibited health care providers participating in the program from telling patients how to safely and legally access abortion and giving women information about all their sexual and reproductive health care options.

**The “gag rule” put more than 4 million people in America—and more than 42,000 Planned Parenthood patients in Connecticut and Rhode Island—at risk of losing access to health care.**

This attack on sexual and reproductive health care forced Planned Parenthood and many other providers who refuse to mislead and lie to their patients out of the Title X program. For Planned Parenthood of Southern New England (PPSNE), this represented a loss of \$2.1 million in critical federal funding meant to keep birth control and lifesaving preventive services accessible and affordable to all.

**The Trump-Pence “gag rule” makes sexual and reproductive health care harder to access—and, in the last year, this crisis has only gotten worse.**

### WHO DOES TITLE X SERVE?

Title X is an incredibly effective federal public health program that has enjoyed bipartisan support for 50 years. PPSNE has been the Title X grantee in Connecticut since the state started receiving funding through the program.

Title X funding supports health care providers who provide free and low-cost sexual and reproductive health care, such as birth control, annual exams, STD/STI testing and treatment, and cancer screenings.

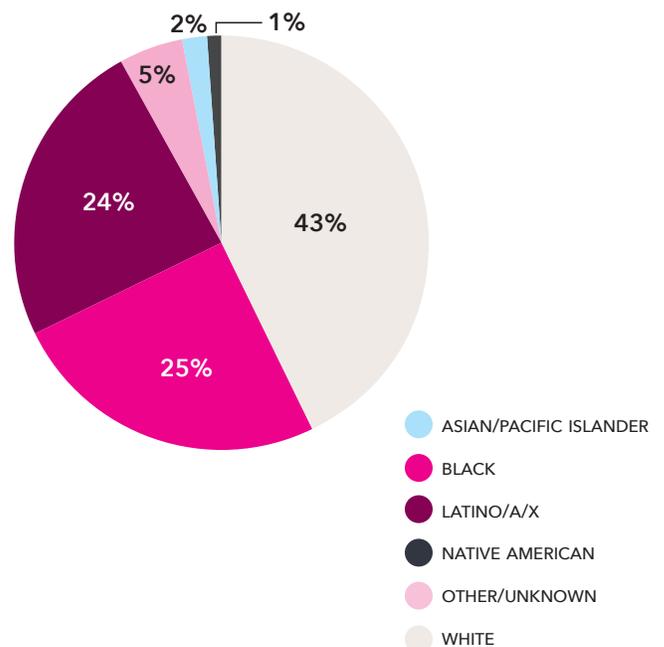
People with low incomes and those without health insurance depend on Title X to access essential health care. Title X funding is meant to keep these services affordable to everyone, regardless of income level. According to U.S. Census data, **10.4% of people in Connecticut and 12.8% of people in Rhode Island** live at the federal poverty level (FPL), making them eligible for care under Title X.<sup>1</sup> In Connecticut, PPSNE served 88% of the state’s Title X patients.

Because of social and economic inequality in America due to systemic racism, institutional bias, and generational poverty, people of color—in particular, Black and Latino/a/x people—are more

likely to face barriers to health care access and rely on public assistance programs like Title X.

**At 57%, more than half of Title X patients served by Planned Parenthood of Southern New England identify as people of color.**

PPSNE TITLE X PATIENTS BY RACE / ETHNICITY  
PATIENTS JULY 2019 TO JULY 2020



The “gag rule” is among the Trump-Pence administration’s continued assaults on sexual and reproductive health care, bodily autonomy, and fundamental human rights. Attacking the Title X program is another attempt to dismantle the country’s health care infrastructure and public health system to leave people without access to care.

## A CRISIS COMPOUNDED

The unexpected emergence of a global health crisis—the COVID-19 pandemic—has only worsened the health care disparities created by the Trump-Pence administration’s “gag rule.”

Communities most impacted by the “gag rule,” especially Black and Latino/a/x people, also face a higher risk of exposure to the coronavirus and experience worse outcomes from contracting COVID-19 due to systemic racism and bias in our health care system. In Connecticut:

- Black and Latino/a/x residents are **more than three times as likely** to have tested positive for COVID-19 as white residents.
- Black patients are more **2.5x as likely to die** from COVID-19 as white patients; Latino/a/x patients are **1.5x more likely**.<sup>2</sup>

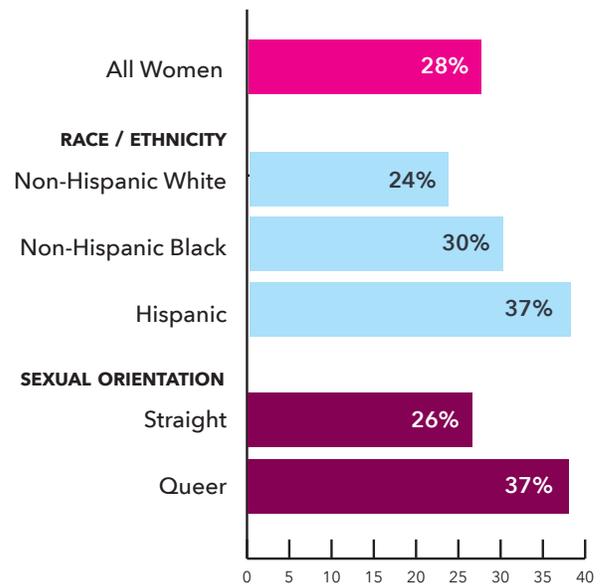
According to the Guttmacher Institute<sup>3</sup>, the pandemic has severely constrained women’s access to contraception and other sexual and reproductive health (SRH) care services—as well as their ability to pay.

A national study conducted between April 30 and May 6, 2020 among cisgender women ages 18-49 found that one in three women (33%) reported that because of the pandemic, they had to delay or cancel visiting a health care provider, or had trouble getting their birth control.

These delays especially impact people with low incomes. According to the study, women with lower incomes are more likely than women with higher incomes to report having experienced delays or being unable to get contraception or care because of the pandemic (36% vs. 31%).

**Over one-quarter (28%) of women said they worry more than they used to about being able to get care because of the COVID-19 pandemic.** In addition, 27% of women reported that because of the pandemic, they worry more than they used to about their ability to afford or obtain a contraceptive method.

**% INCREASE IN WORRY ABOUT GETTING CARE**  
FROM GUTTMACHER INSTITUTE NATIONAL STUDY



Keeping birth control affordable and accessible—one of the key components of the Title X program—is increasingly important during this pandemic.

In a time of economic uncertainty for many, the ability to control if and when to have children is crucial for financial security, advancement and, in a post-pandemic world, recovery.

**“ Women know what is best for them and for their families far better than this administration. ”**

- REP. ROSA DELAURO (CT-03)

## THE FUTURE OF ACCESS

In the year since the enforcement of the “gag rule,” Planned Parenthood of Southern New England has continued to provide high-quality and affordable care without adjusting its income-based sliding fee schedule. Title X patients still receive free and low-cost care at Planned Parenthood health centers despite the loss of federal funding.

**However, this is not a long-term sustainable solution without the critical government funding meant to keep these services accessible.**

If PPSNE were to raise fees to compensate for the loss of Title X, the projected impact on out-of-pocket costs for patients would be a significant expense. This expense would place many of the essential services covered by Title X out of reach for the same people the program was intended to serve.

### TITLE X SERVICES COST INCREASE FOR A CONNECTICUT RESIDENT MAKING UNDER \$12,760 A YEAR

MODEL ELIMINATES INCOME SLIDE LEVELS “0” AND “1” SUPPORTED BY FEDERAL TITLE X FUNDING

SERVICE OR PROCEDURE	CURRENT COST SUPPORTED BY TITLE X	PROJECTED COST	COST IN WORK HOURS*
 <b>Comprehensive Annual Exam</b>	\$0	\$216	18 hrs.
 <b>Birth Control</b> Evaluation and 3 months of oral contraception	\$0	\$144	12 hrs.
 <b>STD / STI Testing</b>	\$0	\$92	~8 hrs.
 <b>Pregnancy Test and Options Counseling</b>	\$0	\$96	8 hrs.
 <b>PrEP</b> Evaluation, testing, and 1 month of medication	\$470	\$574	~9 hrs.
 <b>Long-Acting Reversible Contraception</b> IUD or hormonal implant and procedure	\$0	\$324- \$564	27 - 47 hrs.

\*Estimated number of hours worked to afford the cost, or cost increase, assuming minimum wage of \$12/hr

**While the federal government continues to attack sexual and reproductive health care, states play a critical role in protecting access to care by providing state funding for these lifesaving services.**

## SUMMARY

The Trump-Pence administration's Title X "gag rule" has created significant barriers to accessing essential sexual and reproductive health care, which have only worsened in the year since due to the global COVID-19 pandemic.

The "gag rule" is just one example of continued attacks from the Trump-Pence administration on sexual and reproductive health and rights. States must step up to fulfill the government's role of keeping health care accessible and affordable for all—a crucial public health service.

Those most harmed by the "gag rule" are Black and Latino/a/x people, people with low incomes,

people without health insurance, immigrants, and members of the LGBTQ+ community—all of whom are also more likely to contract COVID-19 and suffer disproportionately worse outcomes, including mortality.

Cost remains a substantial factor that prevents people from receiving the care they need and deserve. Without government intervention, these disparities in health care access will continue to widen, putting people's health and lives at risk as preventive care becomes harder to access.



For more information, visit [ppsne.org](https://ppsne.org) and [nogagrule.org](https://nogagrule.org)

## REFERENCES

1. U.S. Census Bureau QuickFacts: Connecticut, <https://www.census.gov/quickfacts/CT>; U.S. Census Bureau QuickFacts: Rhode Island, <https://www.census.gov/quickfacts/RI>
2. Alex Putterman, "Racial disparities persist in Connecticut's COVID-19 outbreak, prompting concern about a potential second wave," *Hartford Courant*, July 13, 2020, <https://www.courant.com/coronavirus/hc-news-coronavirus-covid-racial-disparities-20200713-y722eyl3erekvn7qlwvl6a6akm-story.html>
3. Lindberg LD et al., *Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences*, New York: Guttmacher Institute, 2020, <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>.