

May 17, 2021

Attn: Title X Rulemaking
Office of Population Affairs, Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, D.C. 20201

RE: Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services, RIN 0937-AA11

Dear Assistant Secretary Levine,

Howard Brown Health is the largest LGBTQ health center in the Midwest United States, serving over 38,000 patients across 12 clinic locations in Chicago, Illinois. As a federally qualified health center, Howard Brown provides comprehensive, high quality and affordable care—including primary care, behavioral health, mental health services, HIV/STI prevention, and sexual and reproductive healthcare—to all of our patients, regardless of ability to pay. Howard Brown’s mission is to eliminate LGBTQ health disparities, and we believe that access to comprehensive sexual health services and patient autonomy are critical towards achieving health equity for LGBTQ people and other marginalized populations. For these reasons, we strongly support the proposed repeal of the 2019 Title X regulations, known collectively as the Domestic Gag Rule.

For over fifty years, Title X providers have played a critical role in expanding access to sexual and reproductive healthcare, especially for low-income people, people of color, people living in rural areas, LGBTQ people, and other traditionally underserved communities. Title X funding supports a wide range of healthcare providers that offer affordable and comprehensive sexual health services, such as contraception, family planning services, STI treatment and prevention, and cancer screening. For many people across the country, Title X sites are their main or only point of access to healthcare. A 2016 survey by the Guttmacher Institute found that 60% of patients who received contraceptive services from a Title X-funded site saw no other healthcare providers that year.¹ Additionally, 82% of Title X site patients reported that they were repeat patients who returned because of familiarity, high quality care, convenience, affordability, and availability of services.²

¹ Kavanaugh M, Zolna M, Burke K. (September 2018). Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016. *Perspectives on Sexual and Reproductive Health*. 50(3): 101-109.

² *Ibid.*

In 2019, the Trump Administration finalized the Domestic Gag Rule, which imposes several unnecessary, severe, and financially burdensome restrictions on Title X providers who offer a wide range of family planning services. These restrictions put the health and well-being of millions of people who rely on Title X sites at risk. Additionally, the Domestic Gag Rule allows Title X-funded entities to only provide pregnant patients with counseling on carrying a pregnancy to term or adoption—and prohibits referrals to other comprehensive family planning options—regardless of patients’ expressed wishes or needs. This rule jeopardizes the health of Title X patients and inappropriately infringes on patients’ bodily autonomy and right to information about all family planning options available to make informed healthcare decisions.

The Domestic Gag Rule created an ethical dilemma for Title X-funded healthcare providers who had to make a decision between finding a way to adhere to these new restrictions in order to stay in the program, or leaving the program and losing vital funding for providing comprehensive care to their patients. Ultimately, after the rule was finalized, about one in four Title X-funded sites decided to leave the program, slashing the Title X network’s capacity to provide reproductive healthcare by nearly 50%.³ Nearly two years after the finalization of the rule, six states continue to have no Title X-funded provider network (Hawaii, Maine, Oregon, Utah, Vermont, and Washington)⁴ and an additional six states have a very limited Title X-funded network (Alaska, Connecticut, Massachusetts, Minnesota, New Hampshire, and New York).⁵ The significant damage to the Title X provider network resulted in at least 1.5 million patients losing access to Title X-funded services.⁶ This disproportionately harmed marginalized and underserved communities, including LGBTQ people, who rely on Title X sites as their only source of healthcare. We know that stigma and discrimination create barriers to care for LGBTQ people,⁷ which contributes to disparities in sexual health outcomes. Title X clinics are often well-suited to provide comprehensive and affirming care to LGBTQ people because of their expertise in providing stigmatized health services such as HIV and STI screening, as well as their emphasis on patient bodily autonomy and informed consent.

³ Dawson R. (2020). Trump administration’s domestic gag rule has slashed the Title X network’s capacity by half, Guttmacher Institute, 2020, <https://www.guttmacher.org/article/2020/02/trump-administrations-domesti...>

⁴ Mia Zolna et al., *Estimating the impact of changes in the Title X network on patient capacity*, Guttmacher Inst., 2 (Feb. 5, 2020), https://www.guttmacher.org/sites/default/files/article_files/estimating_the_impact_of_changes_in_the_title_x_network_on_patient_capacity_2.pdf; see also *Title X Family Planning Directory*, n.5.

⁵ NPRM p. 19815.

⁶ *Title X: Key Facts About Title X*, n.5.

⁷ Mirza S and Rooney C. (January 18, 2018). *Discrimination Prevents LGBTQ People From Accessing Health Care*. Washington, DC: Center for American Progress.

In addition to the reversal of the Domestic Gag Rule regulations, Howard Brown also strongly supports the proposed rule’s revised definitions section in the Title X regulations, including updated definitions for health equity and inclusivity. In particular, the transition from using the word “women” to the more inclusive “client” is more reflective of the diverse population of patients served by the Title X program. Gender identity should never be a barrier to receiving the care one needs, and all people who are capable of becoming pregnant—including queer, transgender, and nonbinary people—may have a need for family planning care. The proposed rule’s definitions help to illustrate key aspects of quality care including the importance of client-centered, culturally appropriate, and trauma-informed care.

We are pleased that the Biden Administration has proposed repealing the 2019 Title X regulations that jeopardized the network of Title X providers and their ability to provide affordable and comprehensive sexual healthcare to vulnerable communities. This is in line with the Administration’s stated commitment to ensuring health equity, and is a step towards implementing the Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government, issued January 20, 2021.⁸ Sexual and reproductive healthcare is an essential component of overall health and well-being, and all patients should be able to access comprehensive sexual health services that work best for their own bodies.

If you have any questions or feedback about this comment, please feel free to reach out to Tim Wang, Director of Policy and Advocacy, at timothyw@howardbrown.org.

Sincerely,

David Ernesto Munar, President and CEO
Howard Brown Health

⁸ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>