

# TITLE X 101:

## WHAT'S AT STAKE IN 2026

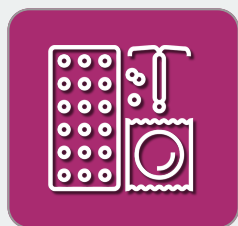
### ABOUT THE TITLE X FAMILY PLANNING PROGRAM

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 solely to family planning. The goal of the program is to provide [access to reproductive care](#) to the millions that cannot otherwise afford it.<sup>1</sup> 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 access gaps where they lack reasonable access in their county to a health center that offers the full range of contraceptive methods.<sup>2</sup> Approximately 1.3 million of these people live in a county without a single health center offering the full range of methods. For people in these areas, getting contraception and reproductive care means having to do more than show up to an appointment. At 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 screenings and counseling



Cervical and breast cancer screenings

### Who Title X Serves

Title X-funded health centers are an important source of care that primarily provide services to people who are young, female, and have low incomes.<sup>3</sup> Research has shown that 60% of Title X patients did not have another source of broader health care over the past year.<sup>4</sup>

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 \$15,960 a year in 2026 for an individual) 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 \$16,120 to \$39,900 for an individual) and were charged a reduced cost using a sliding fee scale.<sup>5</sup>

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.<sup>6</sup>

To date, HHS has not released this data for 2024. The Family Planning Annual Report (FPAR) is typically released in the fall of the following year, so the 2024 data is now more than 6 months delayed.

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 already living in contraceptive access gaps, cuts to Title X will only reduce the number of clinics that can afford to operate—leaving people with nowhere to go for care.

## Challenges to the Title X Safety Net

Title X has not seen an increase in funding for more than a decade. As medical costs and inflation rise, this means that Title X is actually significantly underfunded. Since April 2025, the Title X program has had to overcome several challenges imposed by the Trump-Vance administration, [including illegal withholding of Title X funds](#) and House appropriations bills proposing to eliminate the program entirely. However, the program is now facing new threats to its ability to keep the doors open.

After several administrative delays, the Trump-Vance Administration did release the congressionally appropriated Title X funds to grantees in April 2026. However, the administration also vowed that this would be the final year that any Title X funds went to Planned Parenthood, and also released [new guidance](#) about future funding for the program that is intended to remake Title X into a program that encourages people to get pregnant and funds so-called “crisis pregnancy centers” that use deceptive tactics to dissuade people from using contraception or having an abortion. The Trump-Vance Administration has also vowed to issue new regulations for Title X.

In 2019, under the first Trump Administration HHS 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.<sup>7</sup> 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.<sup>8</sup>

While the Biden-Harris administration [restored funding and eliminated the gag rule](#), significant damage has been done to the program’s capacity to meet the contraceptive needs, and policymakers have repeatedly attempted to eliminate the program entirely.<sup>9</sup>

## What Title X Needs

Despite the high value of the services that Title X provides, and the significant unmet need for these services, the FY 2026 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](#).<sup>10</sup>

Additionally, Title X needs to be free from additional attacks or efforts to remake the program in ways that are inconsistent and sometimes completely contradictory to its statutory purpose.

## 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, to ensure that their constituents can access contraception and other basic care regardless of their income. This includes opposing legislation that seeks to cut funding to the program or impose new restrictions on the program and its grantees.

## Endnotes

1. United States, Congress, Public Law 91-572, Family Planning Services and Population Research Act of 1970. Retrieved March 10, 2025, from <https://www.govinfo.gov/content/pkg/STATUTE-84/pdf/STATUTE-84-Pg1504.pdf>
2. Power to Decide, 2025. Contraceptive Deserts. Retrieved March 10, 2025, from <https://powertodecide.org/what-we-do/contraceptive-deserts>
3. Killewald, P., Leith, W., Paxton, N., Rosenthal, I., Troxel, J., Wong, M., & Zief, S. Family planning annual report: 2023 national summary. Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. 2024. Retrieved March 10, 2025 from <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report-fpar>
4. Kavanaugh, M. L., Zolna, M. R., & Burke, K. L. 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. 2018. Retrieved on March 17, 2025, from <https://pmc.ncbi.nlm.nih.gov/articles/PMC6135668/>
5. Killewald, P., Leith, W., Paxton, N., Rosenthal, I., Troxel, J., Wong, M., & Zief, S. Family planning annual report: 2023 national summary. Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. 2024. Retrieved March 10, 2025 from <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report-fpar>
6. Killewald, P., Leith, W., Paxton, N., Rosenthal, I., Troxel, J., Wong, M., & Zief, S. Family planning annual report: 2023 national summary. Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. 2024. Retrieved March 10, 2025 from <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report-fpar>
7. Power to Decide, 2020. Impacts of the Domestic Gag Rule. Retrieved on March 27, 2025, from <https://powertodecide.org/what-we-do/information/resource-library/impacts-domestic-gag-rule>
8. Fowler, C. I., Gable, J., & Lasater, B. Family Planning Annual Report: 2020 National Summary. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services. 2021. Retrieved March 10, 2025, from <https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf>
9. Fredericksen, B., Gomez, I., & Salganicoff, A. Rebuilding the Title X Network Under the Biden Administration. Kaiser Family Foundation, 2023. Retrieved March 10, 2025, from <https://www.kff.org/womens-health-policy/issue-brief/rebuilding-the-title-x-network-under-the-biden-administration/>
10. Gorzig, M. M., Goesling, B., Shellenberger, K., The Need for Free or Subsidized Sexual and Reproductive Health Services in the U.S.: Updated Estimates. Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services. 2024. Retrieved on March 10, 2024, from <https://opa.hhs.gov/sites/default/files/2024-12/opa-cost-study-srh-services.pdf>