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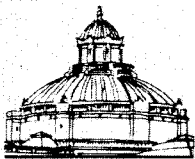
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FAMILY PLANNING: TITLE X OF THE PUBLIC HEALTH SERVICE ACT

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by

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FAMILY PLANNING: TITLE X OF THE PUBLIC HEALTH SERVICE ACT

SUMMARY

Title X of the Public Health Service Act provides support for family planning clinics, research related to family planning and population, training of family planning personnel, and development and dissemination of family planning information.

Congressional interest in the Title X program focuses on three activities: the reauthorization process, the appropriations process, and activities concerning recently published regulations.

Title X has not formally been reauthorized since the end of FY85. Instead, the program has been funded through appropriations by a series of continuing resolutions. Two bills to reauthorize Title X through FY91 have been introduced. S. 1366 was ordered to be reported favorably, as amended, by the Senate Committee on Labor and Human Resources on Nov. 12, 1987. H.R. 3769 was introduced and referred to the House Committee on Energy and Commerce on Dec. 15, 1987.

The FY88 appropriation for Title X is \$139.7 million. Title X has been funded throughout FY88 by continuing resolutions.

On Sept. 1, 1987, the Administration published proposed rules in the Federal Register (52 F.R. 33209) to amend the regulations governing the use of Title X funds, including amendments to prohibit Title X clinics from providing counseling and referrals for abortion services. The Public Health Service received about 75,000 comments on the proposed rule.

On Feb. 2, 1988, the Administration published final rules in the Federal Register (53 FR 2921). The rules will be effective Mar. 3, 1988, except for one provision which will be effective Apr. 2, 1988. A number of State governments and private organizations have taken court action to prevent the rules from going into effect.

The debates over Title X reauthorization, appropriations, and regulations have prompted Congress to consider a number of controversial issues. Many researchers have closely examined Title X to determine whether and to what degree the program is an effective one. There has been a great deal of discussion over the role the program has or should have with respect to abortion counseling and referrals and related activities. The issues of teenage pregnancy, parental notification and consent, and school-based health clinics have focused attention on the provision of family planning services to adolescents. There is disagreement over the desired level of Title X support for contraceptive research and development. Proposals to create a larger role for Title X clinics in adoption placement have also generated controversy.

ISSUE DEFINITION

Title X of the Public Health Service Act is an important source of Federal funding for family planning services. The program not only funds family planning clinics, but also research, training, and information and education activities. Congress has a number of opportunities to determine the composition of the Title X program and the level of support it will receive over the next few years. Likely avenues for congressional action include the reauthorization process, the appropriations process, and activities concerning recently proposed regulations. Controversial issues surrounding the Title X program include the program's effectiveness; the program's role with respect to abortion counseling, referral and related activities; a variety of issues concerning adolescents (teenage pregnancy, parental notification and consent, and school-based health clinics); the level of support for contraceptive research and development; and the role of family planning clinics in adoption placement.

BACKGROUND AND ANALYSIS

Major Features of Title X

Program Description

Title X of the Public Health Service Act provides support for family planning clinics, research related to family planning and population, training of family planning personnel, and development and dissemination of family planning information.

The agency within the Department of Health and Human Services responsible for administering the Title X family planning program is the Office of Family Planning. That office is under the auspices of the Office of Population Affairs within the Public Health Service. The authority for reviewing, awarding, and monitoring the family planning service grants has been delegated to the Public Health Service regional offices. The grant and contract activities related to research, training, and information and education are administered directly by the Office of Family Planning.

The Family Planning Services and Population Research Act of 1970 (P.L. 91-572) established Title X of the Public Health Service Act. In FY87, the Title X program spent \$142.5 million for family planning and related activities. The FY88 appropriation for Title X is \$139.7 million.

Family Planning Clinics

Most Title X dollars support project grants for services in family planning clinics. In FY87, \$136.0 million funded 89 grantees who provided services at approximately 3,900 clinic sites. In 31 States or territories, the grantees were State or territorial health departments. In 11 other States, the State agency was one of several grantees. No specific State

matching requirements exist for these grants; however, regulations specify that no family planning clinic project grant may be fully supported by Title X funds.

Participating clinics are required to offer a broad range of acceptable and effective family planning methods and services to all persons desiring such services. These services include natural family planning methods, nondirective counseling services, physical examinations (including cancer detection and laboratory tests), infertility services, services for adolescents, pregnancy tests, contraceptive supplies, periodic follow-up examinations, referral to and from other social and medical service agencies, and ancillary services. Clinics are required to encourage, to the extent practicable, family participation.

The Title X statute prohibits the use of any Title X funds in programs where abortion is a method of family planning. All family planning services must be voluntary and must not be a prerequisite for the receipt of any other services (e.g., the Aid to Families with Dependent Children program may not require an individual to use family planning services in order to receive its benefits).

Title X law requires that priority for the provision of clinic services be given to clients from low-income families. Clinics must provide services free of charge (except to the extent that Medicaid or other health insurers cover these services) to clients whose incomes do not exceed 100% of the Federal poverty guidelines (\$9,300 for a family of three in 1987). A sliding payment scale must be offered for those whose incomes are between 100% and 250% of the poverty level.

The Office of Family Planning estimates that Title X family planning clinics served 4.3 million individuals in FY87. Of these, it is estimated that over 85% were low-income women and approximately one-third were adolescents.

Training

Title X provides funding for training nurse practitioners and other clinic personnel to carry out family planning services. General training activities consist of one grant for each of the nation's ten regions on such topics as family involvement, program management, clinic management, counseling and client education, infertility, and natural family planning. A specific program, composed of five grants, exists to train nurse practitioners. In FY87, \$3.7 million funded general training for 14,000 personnel in addition to training for 140 nurse practitioners, according to Office of Family Planning estimates.

Research

Title X authorizes research activities in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population. The Office of Family Planning awards grants and contracts for research to help family planning providers deliver their services more effectively and efficiently. The National Institute of Child Health and Human Development, one of the National

Institutes of Health, is also authorized to award grants and contracts for Title X research. Such research includes biomedical research on the problems of human fertility and infertility, development of safe and effective methods for fertility regulation, evaluation of the benefits and risks of current contraceptive methods, and demographic and behavioral sciences research on the causes and consequences of population structure and change.

Information and Education

Title X provides funds to public or private organizations for the development and dissemination of family planning and population growth information and educational materials. Activities include the operation of the National Clearinghouse for Family Planning Information (funded at about \$257,000 in FY87), and the development of materials to help parents communicate with their children and assist in making responsible choices concerning sexuality, pregnancy, and parenthood.

Current Legislative and Regulatory Activities

Congressional interest in the Title X program currently focuses on three activities: the reauthorization process, the appropriations process, and activities concerning recently proposed regulations. Issues common to each of these are discussed in the "Major Issues" section.

Reauthorization

Congress has not officially reauthorized Title X since it passed P.L. 98-512, which extended the program's funding through the end of FY85. Since then, Congress has not been able to reach consensus on a number of controversial issues through the reauthorization process. Instead, Congress has extended funding for the program through the appropriations process by a series of continuing resolutions.

The President's FY88 Budget proposed that the functions of the Title X program be transferred to a Family Planning Block Grant, under which the Federal Government would provide funds to States and territories for family planning activities. Legislation would be required to enact this proposal; no such legislation has been introduced in the 100th Congress.

Two bills -- S. 1366 and H.R. 3769 -- have been introduced to reauthorize Title X through FY91.

On June 16, 1987, Senator Kennedy, Chairman of the Senate Committee on Labor and Human Resources, introduced S. 1366. S. 1366 would authorize funding for family planning clinic grants and contracts at \$155.5 million for FY88, \$163.0 million for FY89, \$171.0 million for FY90, and \$179.5 million for FY91. The bill would also revise Title X to (1) repeal existing provisions which allow the Secretary, at the request of a Title X grant recipient, to reduce the amount of the grant by the value of supplies or equipment (e.g., those purchased in bulk) furnished by the Secretary; (2) authorize funding for technical assistance and personnel

training (at \$4.3 million for FY88, \$4.5 million for FY89, \$4.7 million for FY90, and \$5.0 million for FY91); (3) repeal existing formula grant provisions; (4) authorize research in contraceptive development and evaluation (at \$10 million for FY88 and such sums as may be necessary for FY89, FY90, and FY91) and to improve clinical management and direct delivery of services; (5) authorize community-based information and education programs (at \$10 million for FY88 and such sums as may be necessary for FY89, FY90, and FY91); and (6) require data collection. Hearings on S. 1366 were held on July 30, 1987. The bill was ordered to be reported favorably by the Senate Committee on Labor and Human Resources, as amended, on Nov. 12, 1987.

On Dec. 15, 1987, Representative Waxman, Chairman of the House Committee on Energy and Commerce Subcommittee on Health and the Environment, introduced H.R. 3769. The bill would reauthorize funding for family planning clinic grants and contracts at \$148.3 million for FY89, \$156.2 million for FY90, and \$164.2 million for FY91. The bill would also revise Title X to (1) repeal existing provisions which allow the Secretary, at the request of a Title X grant recipient, to reduce the amount of the grant by the value of supplies or equipment; (2) repeal existing formula grant provisions; (3) authorize funding for technical assistance and personnel training (at \$4.7 million for FY89, \$4.9 million for FY90, and \$5.1 million for FY91); (4) authorize research in contraceptive development and evaluation (at such sums as may be necessary) and to improve clinical management and direct delivery of services; (5) authorize information and education programs (at such sums as may be necessary); and require data collection. The bill was referred to the House Committee on Energy and Commerce.

Appropriations

The FY88 appropriation for Title X is \$139.7 million. Title X has been funded throughout FY88 by a series of continuing resolutions. P.L. 100-120 (signed Sept. 30, 1987) funded Title X from Oct. 1, 1987, until Nov. 10, 1987. P.L. 100-162 (signed Nov. 10, 1987) extended funding through Dec. 16, 1987. P.L. 100-193 (signed Dec. 16, 1987) extended funding through Dec. 18, 1987. P.L. 100-197 (signed Dec. 20, 1987) extended funding through Dec. 21, 1987. P.L. 100-202 (signed Dec. 22, 1987) extends funding through the remainder of FY88.

On Sept. 18, 1987, the Senate Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies included an amendment to H.R. 3058 (Natcher) which would have required Title X funds to be spent in accordance with regulations and guidelines in effect as of Aug. 31, 1987. The subcommittee's language was approved by the full Senate Appropriations Committee on Oct. 1, 1987, and on the Senate floor on Oct. 14, 1987. If that language had been approved by the Conference Committee on H.R. 3058, it would have prevented regulations proposed by the Administration (see the following section) from going into effect; however, that language was not accepted. H.R. 3058 was then incorporated into P.L. 100-202, the continuing resolution which funds the Title X program through Sept. 30, 1988.

Regulations

On Sept. 1, 1987, the Administration published proposed rules in the Federal Register (52 F.R. 33209) to amend the regulations governing the use of Title X funds. Under these proposed rules, Title X clinics would be (1) prohibited from providing counseling and referrals for abortion services or for any other pregnancy-related services, including adoption or prenatal care; (2) required to keep their facilities physically and financially separate from those where abortions or related services are provided; and (3) prohibited from taking any action (including lobbying, paying dues to organizations, legal action, or developing or disseminating materials) which "encourages, promotes, or advocates" abortion. The comment period on the proposed rules ended Nov. 2, 1987. During that period, the Public Health Service received about 75,000 comments, including comments from Members of Congress. Critics of the proposed rules unsuccessfully tried to obtain appropriations language which would have blocked them from going into effect (see the preceding section).

On Feb. 2, 1988, the Administration published final rules in the Federal Register (53 FR 2921) which contained responses to the public comments. For example, one response specified that the prohibitions on counseling and referral for pregnancy care would not apply if a Title X clinic referred a woman with pregnancy complications to an emergency medical facility. The rules will be effective Mar. 3, 1988, except for the provision requiring physical and financial separation which will be effective Apr. 2, 1988. A number of organizations have taken court action to prevent the rules from going into effect. Those filing lawsuits include State governments in Massachusetts and New York, and private organizations such as the National Family Planning and Reproductive Health Association, the Planned Parenthood Federation of America, and the American Public Health Association.

Major Issues

The debates over Title X reauthorization, appropriations, and regulations have prompted Congress to consider a number of controversial issues. These issues include the effectiveness of the Title X program, the debate over abortion, a variety of issues concerning adolescents (teenage pregnancy, parental notification and consent, and school-based health clinics), the level of support for contraceptive research and development, and the role of family planning clinics in adoption placement.

Effectiveness of Title X

The Title X program is designed to provide Federal support for family planning services. There is debate over whether the current program is providing these services effectively. Underlying this debate is disagreement over which approaches to preventing pregnancy are most effective.

Title X advocates believe the program effectively prevents unintended pregnancies and reduces the incidence of abortion. These advocates, including representatives of medical specialty groups, say that the types of family planning services provided by Title X are correlated with improved maternal and infant health indicators (particularly reduced low birth weight and infant mortality). They emphasize that the Title X program is well-designed to target low-income women and teenagers, groups at high risk for poor pregnancy outcomes. They also discuss the importance of the other preventive health measures offered at Title X clinics, such as screening for cervical cancer and sexually transmitted diseases. While these advocates maintain that the Title X program is an effective one, they insist that it could be more effective with increased funding levels. They argue that increases are necessary to restore services which were curtailed in the early 1980s and to provide additional reproductive health services to additional clients.

Critics of the program are concerned that family planning programs promote the use of contraceptive services, without sufficient attention to disclosing the potential health hazards of using certain contraceptive methods (e.g., the risks to certain women smokers who use the birth control pill). Critics of the program question its effectiveness at reducing the rate of unintended pregnancies, particularly to teenagers. Some of these critics believe that it is not appropriate to provide contraceptive services to teenagers because they believe that teenagers are less likely to use contraceptives responsibly. They argue that reduced teenage birth rates may instead be attributable to an increased incidence of abortion. These critics believe that a reduced teenage pregnancy rate could be achieved if family planning programs placed greater emphasis on efforts to prevent teens from becoming sexually active, rather than on efforts to decrease the percentage of sexually active teenagers who become pregnant.

Abortion

Since the enactment of the program, use of Title X funds for abortion as a method of family planning has been prohibited by statute and regulation. Title X guidelines require clinics to provide nondirective counseling (i.e., counseling which does not favor one option over another) to women who request information on options for the management of their unintended pregnancy. These options include prenatal care and delivery; infant care, foster care, or adoption; and abortion. Title X clinics are also required, upon request, to provide referrals for these women.

Supporters of current policy say that Title X providers have been scrupulous in their adherence to the law and regulations regarding abortion. They argue in favor of clinic personnel being able to continue to offer nondirective counseling and referrals on options for unintended pregnancy, believing that these activities are important to maintaining medical standards and the patient's rights to informed consent.

Critics of current policy express their belief that there is not a clear enough separation between Title X clinics and abortion-related activities. In particular, they believe that restrictions on the "co-siting" of Title X clinics with free-standing abortion clinics are not

being administered strictly enough (i.e., they are concerned about the existence of family planning and abortion clinics which are located adjacent to one another or which share certain facilities, particularly those owned or operated by the same organization). They would like to see tighter restrictions on Title X participation by organizations which perform abortions with non-Title X funds. They oppose current guidelines that require Title X clinic personnel to offer nondirective counseling on and referrals for abortion.

In response to the concerns of these critics, the Administration published proposed rules on Sept. 1, 1987 (52 FR 33209) and final rules on Feb. 2, 1988 (53 FR 2921) in the Federal Register which would amend Title X regulations. The rules would prohibit Title X funding for clinics which provide counseling and referrals for abortion; require greater physical and financial separation between clinics with Title X funding and those which provide abortions; and restrict other activities, such as paying dues to an organization which "encourages, promotes, or advocates" abortion (these activities could be interpreted to include the current activities of such private organizations as Planned Parenthood).

Those opposing the proposed rules argue that they are contrary to an established record of legislative intent and court decisions in support of counseling and referrals on abortion. They believe the proposed regulations are unnecessary because Title X clinics currently do not promote abortion. On medical grounds, opponents believe that the provisions which prohibit family planning providers from offering information on options for unintended pregnancies would disregard ethical and legal standards of medical care and would interfere with a patient's continuity of care. They also believe that the provisions on physical and financial separation would require Title X clinics to choose between accepting government restrictions or foregoing Federal support.

Adolescents

Teenage Pregnancy. In recent years, greater attention has focused on increases in teenage pregnancy rates. Concern has been expressed over the consequences of teenage childbearing (particularly to unmarried and younger adolescents) and over the incidence of teenage abortions. The Adolescent Family Life program, funded under Title XX of the Public Health Service Act, is primarily intended to help prevent or delay sexual activity by teenagers. While Title X guidelines state that abstinence is a valid and responsible option and should be discussed, Title X family planning clinics are also required to offer a broad range of acceptable and effective family planning methods and services (including contraceptive services) to adolescents seeking such services. The Office of Family Planning estimates that approximately one-third of all clients served at Title X clinics in FY87 were adolescents.

Some support the availability and use of contraceptives by teenagers as one of the most effective ways to reduce unintended pregnancy and the incidence of abortion. They deny that access to contraceptives encourages sexual activity among teenagers; instead they believe it is a pragmatic response to minimize the risk for those teenagers who elect to be sexually

active. They also see an important role for Title X in education and outreach for teenagers.

Others disagree that increasing contraceptive services and information to teenagers has been demonstrated to be effective at reducing teenage pregnancy and abortion rates. They would prefer a greater emphasis to be placed on efforts to prevent teens from becoming sexually active, rather than on efforts to decrease the percentage of sexually active teenagers who become pregnant.

Parental Notification and Consent. Title X law requires family planning clinics to encourage, to the extent practical, family participation. In 1983, the Department of Health and Human Services issued regulations to implement this provision by requiring Title X clinics to notify parents of unemancipated minors when prescription drugs or devices are provided to these adolescents. Critics of the regulation maintained that the Department exceeded its statutory authority and contravened congressional intent by mandating, rather than simply encouraging, parental involvement. These critics sought and obtained a judicial remedy, preventing the regulations from taking effect.

Those who support parental notification or consent requirements contend that family planning clinics currently do not place enough emphasis on the need for family involvement. They believe that such requirements would encourage parents and teens to communicate better about the appropriate use of contraceptives. Some predict the greater communication which they believe would result could encourage teenagers to abstain from sexual activity. They dispute claims that parental notification or consent would result in increased pregnancies to teens, saying instead that the increased family participation as a result of parental notification or consent would allow Title X clinics to more effectively contribute to a reduced teenage pregnancy rate.

Those opposed to required parental notification or consent for Title X services say they agree with the value of encouraging family involvement, but do not believe that mandating such involvement will promote useful family participation (i.e., they are concerned that in some cases it may subject the teenager to family friction or abusive behavior). They state there is no evidence that parental notification or consent requirements will significantly reduce the number of sexually active adolescents or assist them in making responsible decisions; instead, the opponents argue, the requirements may compel teenagers who do not wish to involve their parents to forego contraception or to use less effective over-the-counter methods.

School-Based Health Clinics. Concern over adolescents without adequate access to health care services has generated an increasing number of school-based health clinics in the past few years. These clinics generally provide a variety of health care services, in many cases including family planning services. According to the Office of Family Planning, Title X funding supports few, if any at all, of these clinics (most Federal Government support comes from the Maternal and Child Health Services Block Grant and Medicaid programs; other funding has been available from foundations, private funds, and fees). The two bills to

reauthorize the Title X program, S. 1366 (Kennedy) and H.R. 3769 (Waxman), contain provisions which could fund information and education programs in the community. There is disagreement over whether or to what extent these new funds would be used to increase Title X support for school-based health clinics.

Some of those opposed to school-based health clinics say they are concerned that new funds for community-based information and education programs proposed in the current reauthorization bills would be used to increase Title X support for school-based health clinics which provide family planning services. Acceptance of Title X funding, they maintain, would require these clinics to provide abortion counseling and referrals. Those opposed to school-based health clinics which provide family planning services believe that they have not been demonstrated to be effective at reducing the adolescent pregnancy rate. They argue that it is unclear whether contraceptive services are being sought by those already sexually active or those contemplating the initiation of sexual activity because of the availability of contraception. Opponents of such clinics also believe that the provision of contraceptives by schools sends the wrong message to children and may, in fact, condone their use. They argue that the parental consent policies of some school-based health clinics (e.g., requiring blanket consent forms unrelated to any specific clinic visit or service) as well as their confidentiality procedures may undermine parental authority and responsibility.

Supporters of the reauthorization bills point out that Title X currently provides virtually no funding to school-based health clinics, and say they do not expect provisions in the reauthorization bills on community-based information and education programs to significantly increase the level of funding for school-based health clinics. Without regard to the debate over reauthorization, supporters of school-based health clinics which provide family planning services believe that their accessibility makes them particularly effective. The supporters say that teenagers are more likely to seek out the services of school-based health clinics because they are convenient (usually located on the school grounds), affordable, confidential, and staffed with health professionals who have experience with the special needs of adolescents. They favor the provision of reproductive health care services in such clinics, particularly in response to the concern over the rate of teenage pregnancy and the spread of sexually transmitted diseases, including AIDS. Supporters emphasize that school-based health clinics do not only provide family planning services, but also offer other comprehensive physical and mental health care services and referrals.

Contraceptive Research and Development

Title X supports family planning research in the biomedical, contraceptive development, behavioral, and program implementation fields. The Office of Family Planning awards grants and contracts for research to help family planning providers deliver their services more effectively and efficiently. The National Institute of Child Health and Human Development (NICHD), one of the National Institutes of Health, is also authorized to award grants and contracts for Title X research. S. 1366 would authorize new funds for NICHD programs for the development and evaluation of

contraceptives and for the improvement of clinical management and direct delivery of family planning services. There is debate over whether the support for such research needs to be increased and over how such added funding would affect the status of research on the antiprogestosterone drug RU-486, a drug whose potential uses include use as a contraceptive or abortifacient (i.e., a drug which can cause an abortion).

Those opposed to increased funding levels for contraceptive research and development say they are concerned that some of the new funding will not be limited to research on drugs and devices which prevent pregnancy, but instead may be used for research on abortifacients. In particular, they worry that some of the money may go toward researching RU-486, not in its potential capacity as a contraceptive, but as an abortifacient. They also believe that current funding levels for contraceptive research and development are adequate and express the possibility that a slower pace of contraceptive development may actually be desirable in helping to prevent potential damage to women and their children, such as the dangers posed in the past by thalidomide and diethylstilbestrol (DES).

Those in support of increased funding for contraceptive research and development believe such funding is necessary to find and make available new safe and effective contraceptives. They say they are concerned that contraceptive options are becoming increasingly limited (e.g., restrictions on the availability of intrauterine devices (IUDs) to U.S. women) and are concerned about the length of the regulatory approval process and the expenses incurred in obtaining product liability insurance. Supporters state that the language on abortion in Title X law, which prohibits the use of family planning funds in programs where abortion is a method of family planning, already prohibits NICHD from doing abortifacient research. They argue that limiting biomedical research on RU-486 and other antiprogestosterone drugs would be unwise because such research is in its early phases and may eventually demonstrate significant benefits resulting from RU-486 in the areas of reproductive health care services (e.g., contraception) and other health care services (e.g., breast cancer treatment).

Adoption

Title X clinics are required to offer nondirective counseling and, upon request, referrals to women requesting information on options for the management of an unintended pregnancy, including adoption. The clinics are also required to provide a broad range of acceptable and effective family planning methods and services, including infertility services. Although adoption may be one of the options available to both pregnant women and infertile couples, the law does not specify that Title X services may include adoption placement services. There is currently discussion over the role Title X clinics should have with respect to adoption placement services.

Legislative proposals to give Title X clinics the option to offer adoption placement services have been offered in the 100th Congress. Those in support of these proposals believe that a larger role for Title X clinics in adoption services would emphasize the importance of planning families through adoption, both by mothers facing an unintended pregnancy

and couples unable to otherwise establish a family. They argue that some teenagers may be currently discouraged from choosing to make adoption plans because the necessary services are not well integrated. They stress that the proposals would not oblige any Title X clinic to provide adoption services, but would only give them the option to do so. They say that because Title X clinics are required to offer a broad range of family planning services, these proposals would not allow Title X funds to subsidize projects which only provide adoption services.

Those opposed to Title X clinics providing adoption placement services argue that family planning practitioners are not generally trained or experienced in furnishing such services (including home studies and follow-up counseling). Opponents argue that funding for adoption services would divert Title X funding away from their primary purpose of providing contraceptive services and information to low-income women. They also point out that while family planning services are necessarily oriented to adults, adoption agencies are traditionally oriented toward the needs of the child.

LEGISLATION

P.L. 100-202, H.J.Res. 395

A joint resolution making continuing appropriations for FY88. Extends funding for the Federal Government's activities (including Title X), at the funding levels of the previous fiscal year, from Nov. 22, 1987, until Sept. 30, 1988. Signed into law Dec. 22, 1987.

P.L. 100-197, H.J.Res. 431

A joint resolution making continuing appropriations for FY88. Extends funding for the Federal Government's activities (including Title X), at the funding levels of the previous fiscal year, from Dec. 19, 1987, until Dec. 21, 1987. Signed into law Dec. 19, 1987.

P.L. 100-193, H.J.Res. 425

A joint resolution making continuing appropriations for FY88. Extends funding for the Federal Government's activities (including Title X), at the funding levels of the previous fiscal year, from Dec. 17, 1987, until Dec. 18, 1987. Signed into law Dec. 16, 1987.

P.L. 100-162, H.J.Res. 394

A joint resolution making continuing appropriations for FY88. Extends funding for the Federal Government's activities (including Title X), at the funding levels of the previous fiscal year, from Nov. 11, 1987, until Dec. 16, 1987. Signed into law Nov. 10, 1987.

P.L. 100-120, H.J.Res. 362

A joint resolution making continuing appropriations for FY88. Extended funding for the Federal Government's activities (including Title X), at the funding levels of the previous fiscal year, from Oct. 1, 1987, until Nov. 10, 1987. Signed into law Sept. 30, 1987.

H.R. 1279 (Bliley)/S. 271 (Humphrey)

Allows Title X family planning projects to offer adoption services. Requires such services to be nondiscriminatory as to race, color, religion, or national origin. H.R. 1279 introduced Feb. 26, 1987; referred to Committee on Energy and Commerce Subcommittee on Health and the Environment. S. 271 introduced Jan. 6, 1987; read twice and referred to Committee on Labor and Human Resources.

H.R. 1729 (Hyde)/S. 1242 (Humphrey)

President's Pro-Life Bill of 1987. Prohibits Title X funds from being awarded by grant or contract (except a grant or contract directly administered by a State or its political subdivision) to any organization providing abortions or abortion referrals, unless the life of the mother would be endangered by continuing the pregnancy. Prohibits the use of Federal funds for abortions, except when continuing the pregnancy would endanger the mother's life. H.R. 1729 introduced Mar. 19, 1987; referred to Committee on Energy and Commerce Subcommittee on Health and the Environment. S. 1242 introduced May 20, 1987; read twice and referred to Committee on Labor and Human Resources.

H.R. 3769 (Waxman)

Family Planning Amendments Act of 1987. Authorizes Title X family planning clinic services at \$148.3 million for FY89, \$156.2 million for FY90, and \$164.2 million for FY91. Removes provisions in Title X statute which currently allow the Secretary, at the request of a Title X grant recipient, to reduce the amount of the grant by the value of supplies or equipment furnished by the Secretary. Repeals existing formula grant provisions. Authorizes grants and contracts for technical assistance and personnel training at \$4.7 million for FY89, \$4.9 million for FY90, and \$5.1 million for FY91. Authorizes research grants and contracts for the development and evaluation of contraceptives and for the improvement of clinical management and direct delivery of family planning services at such sums as may be necessary. Authorizes grants or contracts for information and education programs at such sums as may be necessary. Requires the Secretary to collect specified data annually and provides for its availability to Congress and the public. Introduced Dec. 15, 1987; referred to Committee on Energy and Commerce.

S. 1366 (Kennedy)

Family Planning Amendments of 1987. Authorizes Title X family planning clinic services at \$155.5 million for FY88, \$163.0 million for FY89, \$171.0 million for FY90, and \$179.5 million for FY91. Removes provisions in Title X statute which currently allow the Secretary, at the request of a Title X grant recipient, to reduce the amount of the grant by the value of supplies or equipment furnished by the Secretary. Authorizes grants and contracts for technical assistance and personnel training at \$4.3 million for FY88, \$4.5 million for FY89, \$4.7 million for FY90, and \$5.0 million for FY91. Repeals existing formula grant provisions. Authorizes research grants and contracts for the development and evaluation of contraceptives and for the improvement of clinical management and direct delivery of family planning services at \$10 million for FY88 and such sums as may be necessary for FY89, FY90, and FY91. Authorizes grants or contracts for community-based information and education programs at \$10 million for FY88 and such sums as may be

necessary for FY89, FY90, and FY91. Requires the Secretary to collect specified data annually and provides for its availability to Congress and the public. Introduced June 16, 1987; read twice and referred to Committee on Labor and Human Resources. Hearings held July 30, 1987. Ordered to be reported favorably, as amended, Nov. 12, 1987.

CONGRESSIONAL HEARINGS, REPORTS, AND DOCUMENTS

U.S. Congress. Senate. Committee on Labor and Human Resources. The Family Planning Amendments of 1987. Hearings, 100th Congress, 1st session. July 30, 1987. [unpublished]

CHRONOLOGY

- 02/02/88 --- Administration published final rules in the Federal Register (53 FR 2921) to amend the regulations governing the use of Title X funds.
- 12/22/87 --- H.J.Res. 395, which extends funding for Title X until Sept. 30, 1988, signed into law as P.L. 100-202.
- 12/20/87 --- H.J.Res. 431, which extended funding for Title X until Dec. 21, 1987, signed into law as P.L. 100-197.
- 12/16/87 --- H.J.Res. 425, which extended funding for Title X until Dec. 18, 1987, signed into law as P.L. 100-193.
- 11/12/87 --- S. 1366, a bill to reauthorize Title X, reported favorably by the Senate Committee on Labor and Human Resources, as amended.
- 11/10/87 --- H.J.Res. 394, which extended funding for Title X until Dec. 16, 1987, signed into law as P.L. 100-162.
- 09/30/87 --- H.J.Res. 362, which extended funding for Title X until Nov. 10, 1987, signed into law as P.L. 100-120.
- 09/01/87 --- Administration published proposed rules in the Federal Register (52 F.R. 33209) to amend the regulations governing the use of Title X funds.
- 07/30/87 --- Hearings held on S. 1366, a bill to reauthorize Title X.

FOR ADDITIONAL READING

U.S. Library of Congress. Congressional Research Service. Legal analysis of H.R. 1729, the President's Pro-Life Bill of 1987, by Charles V. Dale. [Washington] June 16, 1987.

CRS Report 87-862 A

----- Legal analysis of the Department of Health and Human Services' proposed regulations to amend current regulations governing the use of Federal funds for family planning services under Title X of the Public Health Service Act, by Karen J. Lewis. [Washington] Oct. 19, 1987.

CRS Report 87-840 A

----- Teenage pregnancy: issues and legislation [by] Sharon Stephan and Ruth Ellen Wasem. [Washington] 1986. (Updated regularly)

CRS Issue Brief 86128