

Title X: The Nation's Family Planning Program

The Title X (ten) family planning program is the nation's only dedicated source of federal funding for family planning services and enables access to high-quality family planning and sexual health care to millions of people every year, with a priority given to people with low or no incomes. This fact sheet provides an overview of the program and how services are organized and delivered nationwide.



WHAT IS TITLE X?

The Title X family planning program, often referred to as Title X, is a federal grant program established under the Public Health Service Act that supports clinical family planning services, patient and public education, research, and training for family planning staff across the country.¹

The program became law in 1970² under President Richard Nixon with broad bipartisan support and has been funded by Congress every year since. Congress appropriated \$286.5 million for Title X in fiscal year (FY) 2026.³



WHY IS TITLE X IMPORTANT?

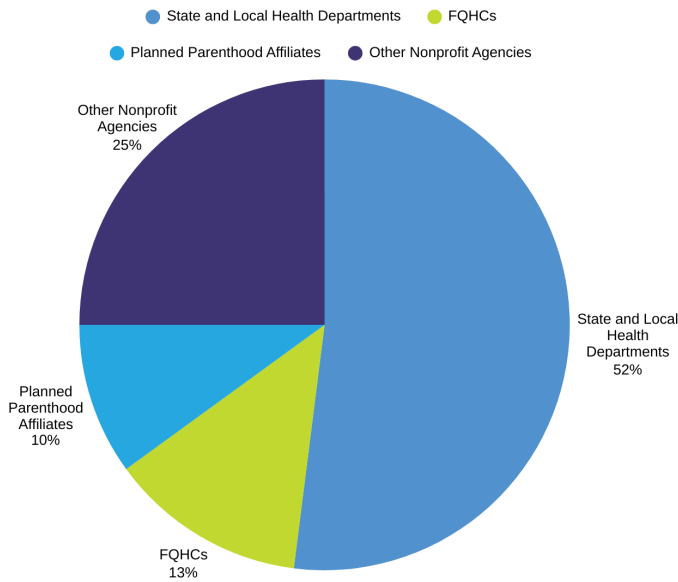
Title X is the only dedicated source of federal funding for domestic family planning. Title X programs serve all patients regardless of their insurance status, ability to provide citizenship documentation, or their ability to pay. Title X-funded providers are an essential, and often the only, source of health care for millions of people each year, with priority going to patients with no and low incomes.

A 2018 study found that 60% of women who received contraceptive services from a Title X-funded health center in 2016 had no other source of medical care in the prior year.⁴ In addition, Title X funded health centers may be among the few access points for people without insurance or with Medicaid to receive affordable care, as all Title X services are available at no cost to people living below the federal poverty line⁵ (\$15,960 for an individual in 2026 in the continental United States; higher in Hawaii and Alaska), and with a schedule of discounts for individuals with incomes up to 250% of the federal poverty line.⁶

Relative to other publicly funded health centers that offer family planning services, Title X-funded providers are more likely to stock a wide range of contraceptive supplies and to facilitate patients beginning their chosen contraceptive method the same day as their appointment—both critical factors to ensuring that patients can receive the method they want, when they want it.⁷

Unlike fee-for-service insurance reimbursements, Title X funds can be used for vital operational needs, such as rent and utilities, provider training, and community outreach.⁸

2026 TITLE X GRANTEES



HOW IS THE PROGRAM ADMINISTERED?

As with many safety-net health care programs, Title X funds are allocated to the Health Resources Services Administration through the discretionary appropriations process. However, the program is administered by the Office of Population Affairs (OPA) within the US Department of Health and Human Services (HHS). In addition to service delivery grants, the program funds training, research, and technical assistance projects.⁹

Any public or nonprofit entity is eligible to apply for a Title X service grant which are typically awarded as multi-year projects. The 79 current grantees, which hold 89 grants nationwide, support a diverse network of providers, from local and state health departments to federally qualified health centers. Grantees may provide clinical services themselves and/or support a network of subrecipient agencies that operate health centers across the grantee's service area. As of February 2026, 52% of grantees are state and local health departments, 13% are federally qualified health centers, 10% are Planned Parenthood affiliates, and 25% are other nonprofit agencies.^{10, 11} Title X projects must operate within the Title X statute and regulations set out by HHS. The program is currently operating under regulations finalized by the Biden administration in November 2021.¹²

WHO RELIES ON TITLE X?

OPA reported that in 2023, 2.8 million patients received Title X-supported services. The program continues to rebuild after two devastating blows: the Trump administration's 2019 rule, which drove out more than 1,000 service sites, and the COVID-19 pandemic.¹³ These events dramatically diminished the program's ability to serve patients, with only 1.5 million clients served in 2020 compared to the roughly 4 million served annually for several years prior to these disruptions. The Biden administration overturned the Trump-era rule in November 2021, and the program has been rebuilding ever since.¹⁴

In 2023, 60% of patients at Title X-funded health centers had incomes at or below the federal poverty level (FPL);¹⁵ that year, FPL was \$14,580 for an individual and \$24,860 for a family of three.¹⁶ These patients received services at no cost. Another 23% of patients had family incomes between 101 and 250% FPL and therefore received services at a discount.¹⁷

In 2023, 27% of Title X patients were uninsured, 46% were enrolled in Medicaid or other public health insurance programs, and 18% had private insurance.¹⁸ The number of uninsured patients has dropped dramatically since the passage of the Affordable Care Act and the resultant expansion of Medicaid eligibility in some states. With the exception of 2020-2021, Medicaid is consistently the largest revenue source, on average, for Title X-funded programs.¹⁹

Title X-funded health centers are key sources of care for people of color, with 23% of Title X patients identifying as Black or African American and 36% as Hispanic or Latino/a (with some individuals identifying as both). In addition, almost one in five patients using Title X-funded services speak little or no English.²⁰

Title X-funded health centers provide services to people of all ages. In 2023, 8% of patients were below age 18, 75% of patients were ages 18-39, and 17% of patients were 40 or older.²¹ Title X is particularly important for young people, as they may choose to access services without parental involvement and can use their own income, rather than their family income, to qualify for low- or no-cost care.²²

WHAT SERVICES DO HEALTH CENTERS PROVIDE?

Title X health centers provide access to contraceptive services, supplies, and information and related health care to all who need them. By law, however, priority is given to people with low or no incomes.²³

Title X-supported services include pregnancy testing and nondirective pregnancy options counseling, including patient-directed referral; contraceptive counseling and services; testing and treatment for sexually transmitted infections (STIs); pelvic exams; screening for cervical cancer, high blood pressure, diabetes, mental health, alcohol and other substance abuse and HIV/AIDS; basic infertility services; health education; and referrals for health and social services.²⁴

In 2023, 80% of female patients exited their appointment at a Title X-funded health center with an existing or new contraceptive method or were pregnant or seeking pregnancy.²⁵ In addition, these centers administered 461,085 Pap tests, more than 3.6 million STI tests, and an additional 986,897 HIV tests to patients of all genders.²⁶



The most recent federal estimates suggest that at least \$1.38 billion would be needed annually for the program to serve all people in need of publicly funded family planning services.

CHALLENGES FACING TITLE X-FUNDED PROVIDERS

Title X has been flat-funded since FY2014²⁷ and is currently funded at \$286.5 million,²⁸ \$31 million less than it was in FY 2010, not adjusted for inflation.²⁹ This is far below what is needed—the most recent federal estimates suggest that at least \$1.38 billion would be needed annually for the program to serve all people in need of publicly funded family planning services.³⁰

Actions by the Trump administration have made Title X funding increasingly unstable, disrupting or even shuttering access to care for patients. At the end of March 2025, 25% of Title X grants were unlawfully withheld due to baseless investigations, temporarily leaving approximately 842,000 people without access to Title X-funded services. Some health centers were forced to close entirely.³¹ Now, the entire Title X program faces major instability as the government still has not released the guidance for year five funding applications, which they were required to release no later than January 1. If funding scheduled to begin April 1 is delayed, health centers may be forced to scale back, pause, or shut down services completely.³²

Increased pressure on the safety net from broader health policy shifts enacted in last year's H.R. 1 reconciliation bill—including Medicaid coverage losses, new eligibility requirements, and efforts excluding certain abortion providers from Medicaid networks—compounded by the expiration of ACA enhanced premium tax credits are expected to increase the number of uninsured patients turning to Title X-funded health centers for care. At the same time, continued attempts to restrict or eliminate Title X funding threaten to reduce capacity even further, leaving the network strained just as demand for free or low-cost sexual and reproductive health services rises.³²

ENDNOTES

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