

[Title X Family Planning Program \(1970–1977\)](#) ^[1]

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The Family Planning Services and Public Research Act of 1970, often called Title X Family Planning Program, is a US federal law that provides federal funding for [family planning](#) ^[3] services to low income or uninsured families. The US federal government passed the law, Public Law 91-572, in 1970 as an amendment to the Public Health Services Act of 1944. The Act created the Office of Population Affairs (OPA) under the Secretary of Health, Education, and Welfare (here called the Secretary). Through the Act, the OPA and the Secretary provide resources and policy advice to the US government on health issues. The OPA also issue grants and formed contracts with public and nonprofit organizations to assist in the establishment and operation of voluntary [family planning](#) ^[3] services. The Act helped to extend reproductive health services to low income individuals and to individuals who otherwise struggle to get such services.

In the 1950s, The US [Food and Drug Administration](#) ^[4] (FDA), headquartered in White Oak, Maryland, had yet to approve [birth control](#) ^[5] pills for contraceptive use. But in 1960, the FDA approved [Enovid](#) ^[6], a brand of [birth control](#) ^[5] pill, for contraceptive use. Later during that decade, oral contraceptives became a reliable method by which women could control their fertility and plan their families. Although available, oral contraceptives were costly.

In 1969, US President Richard Nixon in Washington, D.C., sent a letter to the US Congress, also in Washington, proposing reliable demographic research on the US population and to extend the scope of [family planning](#) ^[3] services. The US government was already gathering demographic data about [contraception](#) ^[7], population growth, and the latter's effect on the economy. However, in 1969, Nixon asked Congress to create the Commission on Population Growth and the American Future. It did so in 1970 with Public Law 91-213, which established the Commission on Population Growth and the American Future. The Commission researched population growth in the US and the effect of population growth on the economy, government resources, and the environment, but Congress later refused to adopt the Commission's recommendations.

In his 1969 letter, Nixon also proposed that US women should have available resources that could aid them in [family planning](#) ^[3]. He further emphasized that their economic conditions should not deter their access to those resources. Nixon urged Congress to provide adequate [family planning](#) ^[3] services within the next five years, and he further requested that Congress create legislation that would provide [family planning](#) ^[3] services to any US citizen who requests them. The initial legislative measure was sponsored in the US House of Representatives by James Scheuer, a Democrat from New York, and George H.W. Bush Sr., a Republican from Texas, and in the US Senate by Joseph Tydings, a Democrat from Maryland, and Charles Percy, a Republican from Illinois. In 1970, both chambers of Congress passed Public Law 91-572, the Family Planning Services and Population Research Act, with bipartisan approval.

The 1970 Act details amendments to the Public Health Services Act of 1944, effective with the passing of the revised Act in 1970. Titles I to X of the Public Health Services Act of 1944 were amended to include Title XI and rename Title X as Population Research and Voluntary Family Planning Programs. As the 1970 Act amended the 1944 Act to include the provisions of the amended Title X section, the Family Planning and Population Research Act of 1970 became called the Title X Family Planning Program, often shortened to Title X.

The Declaration of Purpose, written in Section 2 of the 1970 Act, details the purposes of the Act. The Act made comprehensive [family planning](#) ^[3] services available to low income and underinsured families, and it called for coordinated research with [family planning](#) ^[3] services. The Act also aimed to improve the administration and operation of domestic [family planning](#) ^[3] services and population research programs. The Act further enabled both public and nonprofit private organizations to plan and develop comprehensive [family planning](#) ^[3] programs with funding. The Act also aimed to develop information about [family planning](#) ^[3] and population growth, and to make that information readily available for all persons seeking it. Another aim of the Act was to enable the OPA to evaluate and improve the effectiveness of [family planning](#) ^[3] service programs and of population research. The Act emphasized the need for trained professionals to administer the dictates of the Act. Finally, the Act established the Office of Population Affairs as part of the Department of Health, Education, and Welfare. The Secretary of Health, Education, and Welfare received the power to appoint a Deputy Assistant Secretary for Population Affairs, who had the authority to implement the Act.

A provision of the amended 1970 Act gave the Secretary of Health, Education, and Welfare the ability to enter into contracts with public and private entities which would receive grant funds for [family planning](#) ^[3] services, education materials, and for training and research purposes. Items 1001–1005, of the amended Title X contained regulations about how the federal government enters into contracts with those organizations that either provide [family planning](#) ^[3] services or conduct training and research with grant funds. Items 1006 and 1007 of Title X stated that priority for [family planning](#) ^[3] services goes to those who qualify as low-income, and that those services are voluntary. Item 1008 of Title X stated that no funds appropriated under the Act may be used to fund abortions.

Title X provided those in the US, especially those in lower socio-economic classes, with access to [birth control](#)^[5] and education about [birth control](#)^[5]. As a result of Title X, the federal government regulated all clinics receiving Title X funds. Clinics that received Title X funds were required to follow uniform regulations and guidelines that guarantee women access to contraceptive counseling, a range of [contraception](#)^[7] options, confidentiality of services, and referral for other health and social services when necessary.

Any clinic that received Title X funds had to adopt the federal guidelines to remain eligible for continued funding, whether or not the clinic received supplementary funding from other sources. Furthermore, the clinic had to apply federal standards for treatment even if the women they served received services by other funds. By the twenty-first century, approximately sixty percent of these clinics were run by state, county, or local health departments, approximately twenty percent were run by Planned Parenthood, and the rest were run by other agencies and service providers.

All clinics receiving Title X funds had to provide services for all women, regardless of age, race, marital status, income, or health insurance status. Furthermore, all services had to be voluntary and health providers couldn't force women to choose one form of contraceptive over another. Title X stated that women needn't accept contraceptive services funded through a Title X program as a prerequisite for those women or their families to receive other government-funded benefits and services. This provision ensured that the government couldn't coerce women to receive or use [contraception](#)^[7], and that women could seek and receive contraceptive care voluntarily.

After 1978, the program required that [family planning](#)^[3] services be available to adolescents. Some early opponents to the Title X Program claimed that the program encouraged teenagers to have sex. Supporters of Title X cited the law as reducing unintended pregnancies and as providing access to reproductive services for low-income families who may otherwise not have access to care. Some people opposed federal legislation, such as Title X, that provides access to subsidized [birth control](#)^[5] services without being married. Those who argue against women's rights to [abortion](#)^[8] have also argued that though clinics could not use Title X funds for abortions, receiving Title X funds enabled clinics to use other funds for abortions. Throughout its history, concerns about providers offering [abortion](#)^[8] services resulted in contested funding for Title X. In 2011, the US House of Representatives passed a bill that would block all Title X funding to any service provider that also provided abortions. The bill did not pass in the US Senate.

When first signed into law, the Office of Population Affairs (OPA) administered Title X funds. Under the management of the OPA, Title X funded three types of grants, including grants for [family planning](#)^[3] services, grants for [family planning](#)^[3] personnel training, and grants for [family planning](#)^[3] research. Authorization to fund the Title X program through the OPA expired at the end of fiscal year 1985. After 1985, the administration of Title X funds went through the Departments of Labor, Health and Human Services, and Education. Though different departments later managed Title X, the primary measures within Title X remained.

Into the twenty-first century, Title X was a primary piece of federal legislation directly addressing [family planning](#)^[3] in the US. Through Title X, the US federal government continued to fund public and private nonprofit agencies to provide contraceptive services along with training, technical assistance, and other activities.

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Publisher

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Format

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Last Modified

Tuesday, July 3, 2018 - 21:40

DC Date Accessioned

Saturday, October 22, 2016 - 01:40

DC Date Available

Saturday, October 22, 2016 - 01:40

DC Date Created

2016-10-21

DC Date Created Standard

Friday, October 21, 2016 - 07:00

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