



Memorandum

To: Interested parties

From: Mia Zolna, Senior Research Associate; Sean Finn, Research Assistant; Jennifer Frost, Principal Research Scientist

Date: February 5, 2020

Subject: **Estimating the impact of changes in the Title X network on patient capacity**

Corrected February 26. See note below.

This memo presents key findings, methodological details and limitations for an analysis of the impact of the Trump administration’s March 2019 overhaul of the regulations governing the Title X national family planning program, regulations collectively known as the “domestic gag rule.” The analysis draws primarily on information from the Office of Population Affairs’ (OPA) directories of Title X–supported clinic sites and data collected by the Guttmacher Institute as part of its 2015 census of publicly funded family planning clinics, supplemented by data from OPA’s 2018 Family Planning Annual Report (FPAR). This memo provides national and state-level estimates of the number of clinics that have likely left the Title X network because of the gag rule, the number of female patients who had been provided with contraceptive services by clinics that left the network and the resulting reduction in the Title X network’s capacity to serve female contraceptive patients. This memo does not address the impact on or fate of clinics that have withdrawn from the Title X network. Most continue to serve patients, but more research will be needed to fully understand the range of consequences that will likely be felt by clinics and patients for years to come.

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Key Findings

- In 2019, an estimated 981 U.S. clinics that had been receiving Title X funding, or approximately one-quarter of all sites that received Title X funding as of June 2019, likely left the Title X network because of the gag rule.
- Based on data available for 910 of those 981 sites, we estimate that these changes reduced the Title X network's capacity to serve female contraceptive patients by at least 46%, potentially affecting 1.6 million patients.
- In 17 states, clinics that left the Title X network because of the gag rule served at least half of the program's caseload of female contraceptive patients:
 - In six of these states (Hawaii, Maine, Oregon, Utah, Vermont and Washington), the entire network of Title X clinics no longer receives any Title X funding. The network in those states served 201,000 female contraceptive patients in 2018.
 - In another four states (Connecticut, Illinois, Maryland and New York), the Title X network's capacity has been reduced by 90–99%. The sites that no longer receive Title X funding in these states served some 452,100 female contraceptive patients in 2018.
 - In seven states (California, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey and Ohio), the Title X network's capacity has been reduced by 50–89%. The sites that no longer receive Title X funding in these states served some 796,900 female contraceptive patients in 2018.
- In nine states (Alaska, Arizona, Delaware, Indiana, Iowa, Missouri, Montana, Pennsylvania and Rhode Island), the Title X network's capacity has been reduced by 25–49%. The sites that no longer receive Title X funding in these states served some 110,600 female contraceptive patients in 2018.

Additional state-level findings on clinics that left the network and the resulting losses in the network's patient capacity can be found in the table at the end of this memo.

Methods

To determine which clinics withdrew from the Title X program because of the gag rule, we first compared the June 2019 OPA directory of clinics with the October 2019 OPA clinic directory and created a list of all sites that were included in June and not in October. This list was then reviewed to identify which sites belonged to a

grantee or sub-grantee that could be confirmed as having left the network because of the gag rule, as informed by media reports and Guttmacher communication with providers and provider associations. The list was further expanded to include clinics in one state (Hawaii) that remained on the October list but were confirmed as having withdrawn from receiving Title X funds. In total, we identified 981 sites that left the network because of the gag rule. The remaining sites that stopped receiving Title X funds during the period (51 sites) could not be confirmed as having left because of the gag rule and have been excluded from our estimates.

Next, we estimated the number of female contraceptive patients who were served by each of those sites. In the six states where we knew that all clinics withdrew from the network (282 sites across Hawaii, Maine, Oregon, Utah, Vermont and Washington), we relied on total female patient counts for each state as reported in FPAR 2018.

For the remaining states, we compared the list of 699 clinics that left the program in 2019 because of the gag rule with clinics in Guttmacher's database of publicly funded family planning sites. This comparison was made programmatically in Stata 16 using a matching algorithm to account for discrepancies in how clinics are listed across the two sources. Using this program, in addition to manual matching by a team of research assistants, we were able to identify 640 clinics that matched across the two sources. This left 59 sites that we were unable to match to the database.

For 628 of the 640 matched clinics, we obtained the number of female contraceptive patients reported by clinic or agency administrators to have been served by each clinic in 2015 during Guttmacher's most recent census of publicly funded clinics. Classification as a female patient was based on providers' own reporting in their patient encounter systems. The remaining 12 matched sites were not included in Guttmacher's last census, likely because they were not providing services in 2015. For the 628 matched sites with 2015 patient counts, we then estimated 2018 patient counts by adjusting each clinic's 2015 caseload count by the percentage change between the 2015 and 2018 state-level caseloads as reported in FPAR.

To calculate the percentage change in clinics by state, we divided the 910 clinics identified as having withdrawn from the program because of the gag rule and for which we report estimated patient counts by the number of service sites we were able to identify from the June 2019 OPA directory.

Included in the attached table are the number of sites that left the network between June and October 2019 because of the gag rule, excluding sites for which we cannot estimate patient counts; the resulting percentage

reduction in number of clinics in the Title X network; the number of patients served in clinics that left the Title X network because of the gag rule; and the percentage reduction in the Title X network's capacity to serve contraceptive patients because of the gag rule, nationally and for each state.

Limitations

- Both the number of clinics reported to have left the Title X network because of the gag rule and the percentage of capacity reduction in terms of patients served are not exact, and likely represent an undercount for several reasons:
 - There were 59 sites that stopped receiving Title X funding between June and October 2019 that we were unable to match to the Guttmacher database, and these are excluded from our counts of clinics that left and patient capacity reduction. This likely led to underestimates of the number and proportion of patients potentially affected by the changes to the Title X program.
 - There are 12 sites that stopped receiving Title X funding between June and October 2019 because of the gag rule that we were able to match to the Guttmacher database, but for which we do not have any patient counts for 2015. We were therefore unable to include their patient caseload totals, also resulting in a likely underestimate of the impact.
 - We cannot be certain that the OPA directory adequately captures all clinic closures, nor whether every clinic that was not listed in the October 2019 OPA directory that we identified as having left the network because of the gag rule did so for that reason. We excluded 51 sites from our analysis because we could not confirm the reason for their withdrawal. Some of these may have actually left the Title X program because of the gag rule, but other sites may have left for another reason. The impact of this limitation could result in an undercount or no net difference, depending on how many clinics were misclassified.
 - The number of patients represented in our analysis includes only female contraceptive patients served in the 50 states and the District of Columbia and is therefore an undercount of the full number of patients served by clinics that have left the Title X program because of the gag rule. All male patients and female patients receiving only noncontraceptive services (such as STI testing or treatment or other preventive gynecologic services), as well as patients served in U.S. territories, are not included.
- Patient estimates for 2018 for all but six states were based on data for 2015 and adjusted using state-level change in FPAR patient totals between 2015 and 2018. This adjustment assumes that change at the clinic level is similar across clinics and matches change at the state level. For individual clinics, this

assumption may not hold and also does not account for any state-level change that is due to an increasing or decreasing number of clinics during the 2015–2018 period.

Note

Changes were made to the classification of 20 clinics located in seven states. In these states, one or more clinics were mistakenly counted as having left the Title X network because of the gag rule. After correction, Georgia, Kansas, Nevada, North Carolina and Wisconsin had no sites classified as having left the network because of the rule, and Arizona and New Hampshire had one or two fewer sites classified as having left the network because of the rule. These corrections reduced by one percentage point both the national number of Title X–funded clinics estimated to have left because of the rule (from 23% to 22%) and the number of female contraceptive patients served annually by those clinics (from 47% to 46%).

Estimated number and percentage of Title X–funded clinics that left the Title X network because of the gag rule and estimated number and percentage of female contraceptive patients served at those clinics, nationally and by state*

State	Clinics		Female contraceptive patients	
	# of clinics that left the network because of the gag rule	% reduction in Title X–funded clinics	# of contraceptive patients served in 2018 by clinics that left the network	% reduction in Title X network's capacity to serve contraceptive patients because of the gag rule
Alabama	0	0%	0	0%
Alaska	4	67%	3,400	49%
Arizona	3	8%	11,400	39%
Arkansas	0	0%	0	0%
California	125	32%	567,200	67%
Colorado	5	7%	4,500	10%
Connecticut	16	70%	41,300	96%
Delaware	3	8%	5,500	32%
District of Columbia	0	0%	0	0%
Florida	2	1%	3,700	3%
Georgia	0	0%	0	0%
Hawaii	35	100%	14,100	100%
Idaho	1	2%	500	5%
Illinois	81	76%	94,100	93%
Indiana	5	14%	5,800	27%
Iowa	6	13%	10,800	37%
Kansas	0	0%	0	0%
Kentucky	0	0%	0	0%
Louisiana	0	0%	0	0%
Maine	52	100%	19,400	100%
Maryland	59	81%	59,900	95%
Massachusetts	41	41%	41,200	65%
Michigan	18	19%	28,300	52%
Minnesota	27	75%	41,100	87%
Mississippi	0	0%	0	0%
Missouri	5	7%	15,600	45%
Montana	5	15%	6,700	44%
Nebraska	0	0%	0	0%
Nevada	0	0%	0	0%
New Hampshire	5	25%	7,400	53%
New Jersey	19	36%	55,800	58%
New Mexico	0	0%	0	0%
New York	158	85%	256,800	93%
North Carolina	0	0%	0	0%
North Dakota	0	0%	0	0%
Ohio	16	19%	55,800	67%
Oklahoma	0	0%	0	0%
Oregon	90	100%	41,900	100%
Pennsylvania	22	9%	45,200	27%
Rhode Island	1	3%	6,300	28%
South Carolina	0	0%	0	0%
South Dakota	0	0%	0	0%
Tennessee	0	0%	0	0%
Texas	0	0%	0	0%
Utah	7	100%	31,400	100%
Vermont	11	100%	8,600	100%
Virginia	0	0%	0	0%
Washington	87	100%	85,700	100%
West Virginia	1	1%	1,300	2%
Wisconsin	0	0%	0	0%
Wyoming	0	0%	0	0%
Total	910	22%	1,570,600	46%

* Estimates based on documentation of clinics leaving the Title X network as of October 2019. Estimates exclude some 71 clinics that likely left the network because of the gag rule but for which patient data were unavailable.