

Title X Program Announcement Articulates New Priorities for Nation's Family Planning Program

In July 2003, the Office of Population Affairs (OPA) at the U.S. Department of Health and Human Services formally requested applications for \$49 million for family planning service delivery under the Title X program for FY 2004. The request for applications was in some respects routine, affecting the 24 competitive grants supporting service delivery that are up for renewal that year. (The rest of the FY 2004 appropriation will support the remaining 64 grants, which are not open to competition in FY 2004.) However, the announcement contains a number of new program priorities (affecting the 24 grants this year and, presumably, the remaining grants in subsequent years) that will affect the delivery of subsidized family planning services for millions of low-income women and teenagers in the years to come.

While continuing to acknowledge Title X's statutory mission of assuring access to a broad package of high-quality family planning and related preventive health services, the OPA announcement identifies several new overarching goals for the program that reflect the Bush administration's broader social agenda but do not appear in statute. Specifically, it stresses that the broad range of services includes "extramarital abstinence education and counseling" designed to "encourage abstinence outside a mutually monogamous marriage or union" (see related story, page 4). Building on the long-standing requirement to encourage family participation in the decision of minors to seek family planning services, funded programs will now also be required to include activities that promote positive family relationships. Finally, emphasis is placed on

partnering with faith-based organizations, which, the announcement also notes, are eligible to apply for Title X grants in their own right.

But perhaps most striking is the new language spelling out requirements for the integration of family planning and HIV prevention services.

Achieving such integration has been a priority for many family planning providers for several years. While noting that "HIV/AIDS education, counseling and testing either on-site or by referral should be provided in all Title X funded programs," the announcement states that HIV/AIDS education "should incorporate the 'ABC' message"—explaining further that "for adolescents and unmarried individuals, the message is 'A' for abstinence; for married or individuals in committed relationships, the message is 'B' for being faithful; and, for individuals who engage in behavior that puts them at risk for HIV, the message is 'C' for condom use."

This represents the first time that the administration has imported the ABC approach, derived from the international context and guiding U.S. policy for HIV prevention efforts overseas, to a domestic public health program (see related story, page 1, and "U.S. AIDS Policy: Priority on Treatment, Conservatives' Approach to Prevention," *TGR*, August 2003, page 1). It also represents the first time that the ABC message will shape counseling provided to individuals within the context of a medical family planning visit, rather than public education messages designed to respond to high rates of HIV.

Putting the ABC requirement into practice will pose key challenges for Title X providers, largely because the

grant announcement leaves many questions unanswered. While it spells out different HIV prevention messages to be provided to different subgroups, to what extent are these populations actually separate and distinct? Specifically, should "adolescents and unmarried individuals" who are also sexually active and, therefore, "engag[ing] in behavior that puts them at risk for HIV," be given messages about abstinence, condom use, or both? And, if HIV prevention and pregnancy prevention services are to be integrated within a family planning visit, does the ABC approach also become the primary strategy for pregnancy prevention? In other words, how are Title X providers expected to reconcile the new requirement to provide abstinence messages to all unmarried individuals for HIV prevention with the program's historic mandate to provide contraceptive methods and services to sexually active individuals, including teenagers? These are only a few of the questions confronting Title X providers that will be further explicated over time as the administration seeks to implement its new Title X program priorities. —C. Dailard ☉

Erratum:

The October 2003 issue incorrectly reported that the Arkansas Medicaid family planning waiver had an eligibility ceiling of 133% of the federal poverty level (page 12). In fact, the ceiling was increased to 200% of poverty when renewal of the state's waiver was approved by the Centers for Medicare and Medicaid Services. Corrected information on state programs may be found at <http://www.guttmacher.org/pubs/spib_MFPW.pdf>.