THE STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL

THE STATE OF HAWAII
OFFICE OF THE ATTORNEY GENERAL

ROB BONTA
ATTORNEY GENERAL

ANNE E. LOPEZ
ATTORNEY GENERAL

May 1, 2025

Via U.S. Mail

The Honorable Robert F. Kennedy Jr.
U.S. Health and Human Services
200 Independent Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Kennedy:

We write to express serious concern with the U.S. Department of Health and Human Services' (HHS) decision to withhold tens of millions of dollars in funding under Title X of the Public Health Services Act, 42 U.S.C. §§ 300-300a-6, the nation's only federal program dedicated to family planning. On March 31, 2025, HHS issued letters to a wide range of grant recipients that fund nearly 25% of all Title X clinics, indicating that these grantees' Title X grants were being withheld.[1] The withholding of funds from these affected grantees will have devastating consequences in our States. In California, Hawaiʻi, and Maine, for example, affected grantees previously received all of the Title X funds allocated for these jurisdictions, meaning that Title X funding has now completely ceased in those States. Many other States have historically relied on grantees now cut out of the program for core parts of their public health infrastructure, requiring those States to scramble to fill the gaps or experience a reduction in services. For all affected States, the results will be the same: more unintended pregnancies, more sexually transmitted infections (STIs), increased rates of undiagnosed HIV, increased rates of cervical cancer, and a higher burden on over-stretched state budgets. There is no basis to cause these public health harms that disproportionately affect individuals with low income—HHS has failed to identify any actual wrongdoing by the affected grantees. We accordingly urge you to immediately reverse this decision and fully fund these critical programs.

I. Recent History Demonstrates That Cutting Title X Grantees Will Worsen Care

There is no need to speculate as to what will result from HHS's decision to cut out Title X grantees—recent history paints a grim picture. Before 2019, HHS funded 99 grantees

---

[1] Brittni Frederiksen *et al.*, *Title X Grantees and Clinics Affected by the Trump Administration's Funding Freeze*, KFF (Apr. 15, 2025), https://www.kff.org/womens-health-policy/issue-brief/title-x-grantees-and-clinics-affected-by-the-trump-administrations-funding-freeze/.

supporting approximately 4,000 Title X clinics nationwide.[2] But in 2019, a change to the administrative rules governing Title X forced similar numbers of Title X providers to lose funding. By 2020, the number of grantees, subrecipients, and service sites had dropped by nearly 25%—roughly equivalent to the percentage of Title X clinics affected by HHS's decision now. After 2019, the Title X program lost 24 out of 99 grantees; 261 out of 1,128 subrecipients; and 923 out of 3,954 service sites.[3] Six States—Hawai'i, Maine, Oregon, Utah, Vermont, and Washington—lost all Title X funding.[4] Six others—Alaska, Connecticut, Massachusetts, Minnesota, New Hampshire, and New York—lost grantees representing more than half of the Title X clinics in each State.[5]

Because of the mass loss of providers, the number of patients receiving Title X services fell drastically between 2018 and 2020. Nationwide, the number of Title X patients fell more than 60%, from 3.9 million to 1.5 million.[6] The decrease in individual States was often higher: 81% in California, 83% in Wisconsin, and 77% in Michigan.[7] Many other States also experienced significant drops in Title X patients; for example, Ohio, Arizona, South Carolina, and Kentucky each saw 40-65% fewer Title X patients.[8]

The 2019 loss of Title X care had serious consequences for public health, particularly for under-served communities. A 2016 survey showed that Title X clinics were the only source of

---

[2] Christina Fowler et al., *Title X Family Planning Annual Report: 2020 National Summary*, Office of Population Affairs, U.S. Dep't of Health & Human Servs., at 9 (2021); Brittni Frederiksen et al., *Data Note: Impact of New Title X Regulations on Network Participation*, KFF (Sept. 20, 2019), https://www.kff.org/womens-health-policy/issue-brief/data-note-impact-of-new-title-x-regulations-on-network-participation/.

[3] Fowler et al., *2020 National Summary*, *supra*, at 9, https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf, *with* Christina Fowler et al., *Title X Family Planning Annual Report: 2018 National Summary*, Office of Population Affairs, U.S. Dep't of Health & Human Servs., at 7 (2019), https://opa.hhs.gov/sites/default/files/2020-07/title-x-fpar-2018-national-summary.pdf.

[4] Brittni Frederiksen *et al.*, *Key Elements of the Biden Administration's Proposed Title X Regulation*, KFF (May 5, 2021), https://www.kff.org/womens-health-policy/issue-brief/key-elements-of-the-biden-administrations-proposed-title-x-regulation/.

[5] *Id.*

[6] Brittni Frederiksen et al., *Rebuilding Title X: New Regulations for the Federal Family Planning Program*, KFF (Nov. 3, 2021), https://www.kff.org/womens-health-policy/issue-brief/rebuilding-title-x-new-regulations-for-the-federal-family-planning-program/; Fowler et al., *2020 National Summary*, *supra*, Exec. Summary at ES-4, appendix B at B-2 to -3, appendix D at D-5 to -6, *with* Fowler et al., *2018 National Summary*, *supra*, appendix B at B-2 to -3.

[7] *Id.*

[8] *Id.*

comprehensive medical care for 60% of their patients.[9] After the 2019 Rule, many patients could not access any Title X provider and therefore incurred more out-of-pocket costs or experienced a disruption in the continuity of their care. Patients who obtained care from a provider that withdrew from the Title X program were often subject to increased fees due to the provider's need to compensate for the loss of Title X funding. *Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services*, 86 Fed. Reg. 56,144, 56,151 (Oct. 7, 2021). And patients ended up forgoing recommended tests, lab work, STI testing, clinical breast exams, and Pap tests in large numbers. *Id.* Between 2018 and 2019, Title X clinics performed 90,386 fewer Pap tests to screen for cervical cancer; 188,920 fewer breast exams; 276,109 fewer human immunodeficiency virus tests; and over one million fewer STI tests. *Id.* at 56,147; *see id.* at 56,171. In the same timeframe, 225,688 fewer Title X patients received oral contraceptives; 49,803 fewer patients received hormonal implants; and 86,008 fewer patients received intrauterine devices. *Id.* at 56,147; *see id.* at 56,171.

Low-income and rural communities shouldered the heaviest load. After the 2019 Rule, Title X providers saw 573,650 fewer patients under the federal poverty level, *id.* at 56,146, which in 2019 was an annual income of $25,750 for a family of four.[10] And Title X providers saw 324,776 fewer uninsured patients in 2019 as compared to 2018. 86 Fed. Reg. at 56,146-47. In rural areas, losses of Title X care—in Connecticut, a loss of all Title X providers in its rural areas—were of particular concern because of otherwise existing provider shortages and transportation challenges.[11]

There is every reason to believe that HHS's recent decision to cut significant numbers of Title X grantees out of the program will have an even more severe impact. Without these critical resources, providers report that there will be a harmful reduction in the health care workforce, increased wait times for appointments, elimination or severe cutbacks to community outreach and education and quality improvement activities, and more limited capacity to meet the family planning needs of patients. In California, nearly half (48%) of Title X providers report that there will be immediate or likely layoffs and more than 60% (62%) report that they will have immediate reductions in family planning services.[12] One service site anticipates closing. In

[9] Megan L. Kavanaugh et al., *Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X–Funded Facilities in 2016*, Perspectives on Sexual & Reprod. Health, Vol. 50, Issue 3, 101, 105 (2018), https://doi.org/10.1363/psrh.12061.

[10] *See 2019 Poverty Guidelines Computations Page,* Office of the Assistant Sec'y for Planning & Evaluation, U.S. Dep't of Health & Human Servs., https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2019-poverty-guidelines/2019-poverty-guidelines-computations-page.

[11] *See* American Coll. of Obstetricians & Gynecologists, Comm. on Health Care for Underserved Women, Comm. Op. No. 586, at 1 (2014), https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/02/health-disparities-in-rural-women.

Hawaii, without Title X funding, some facilities will have immediate layoffs and more than half will have immediate reductions in sexual and reproductive health services.[13] And in Maine, the loss of Title X funding will cause additional harm in rural areas; as the CEO of the Maine grantee explained, "If the funds dry out and we're unable to replace them, clinics will close. Access will be denied. And a lot of people are simply not going to get contraception if they have to get in the car and drive two hours away."[14]

In total, the Guttmacher Institute estimates that as a direct result of HHS's action, at least 834,000 patients, representing 30% of the total population served, will lose care in the first year alone.[15] This represents a catastrophic—and needless—loss that will ultimately be felt not only by the patients, but by the taxpaying public.

II. The States Will be Harmed by HHS's Decision

When providers were previously forced out of the Title X program, the consequences were also felt by the States, who were forced to scramble to cover the shortfalls and allocate scarce emergency funds from other critical public health and safety needs. While the 2019 rule was in effect, many States were forced to make emergency appropriations to cover for the loss of providers. New York, for example, made emergency appropriations of $14.2 million to cover the loss of Title X funds in 2021, and California provided $348,488 in one-time grants. Other States allocated substantial funds for one- to two-year periods: $400,000 in Colorado; $750,000 in Hawai'i; $5.8 million in Illinois; $8 million in Massachusetts; $1.6 million in Michigan; $9.5 to $19.5 million per year in New Jersey; $3 million per year in Oregon; $1.6 million per year in Vermont; $2.1 million in Connecticut; and $8.4 million in Washington.[16]

The States made these expenditures because Title X programs are a critical component of vital public health infrastructure. An important example is the role of Title X programs in detecting and preventing STIs. In 2010, 18% of all women who were tested, treated, or received

---

[12] *NFPRHA and ACLU Challenge Trump Administration Over Unlawful Withholding of Title X Family Planning Program Grants*, Nat'l Family Planning & Reprod. Health Assoc. (Apr. 24, 2025), https://www.nationalfamilyplanning.org/nfprha-and-aclu-challenge-trump-administration-over-unlawful-withholding-of-title-x-family-planning-program-grants?erid=3403134&trid=200bdec4-c8e9-436f-bde2-4f5f7e516081.

[13] *Id.*

[14] Alice Ollstein, *Clinics Begin Closing as Trump Admin Continues Freeze on Family Planning Funds*, Politico (Apr. 22, 2025), https://www.politico.com/news/2025/04/22/clinics-begin-closing-as-trump-admin-continues-freeze-on-family-planning-funds-00302504.

[15] Megan L. Kavanaugh et. al., *Trump Administration's Withholding of Funds Could Impact 30% of Title X Patients*, Guttmacher Inst. (April 2025), https://www.guttmacher.org/2025/04/trump-administrations-withholding-funds-could-impact-30-percent-title-x-patients.

[16] Comment Letter from 23 Att'ys Gen. at 7-9 (May 17, 2021), https://oag.ca.gov/system/files/attachments/press-docs/Letter%20from%2023%20State%20Attorneys%20General%20in%20Support%20of%20Proposed%20Title%20X%20Rule.pdf.

counseling for an STI did so at a Title X clinic, as did 14% of women tested for HIV.[17] In 2016 alone, Title X clinics prevented an estimated 100,000 chlamydia infections, 18,000 gonorrhea infections, 800 cases of HIV, and around 1,900 cases of cervical cancer.[18] Given that the population served by Title X is disproportionately low income—and therefore likely to be on Medicaid—the costs of treating an entirely predictable uptick in STI infections will inevitably be borne by the States. Indeed, given federal obligations to match certain state level expenses, there is every reason this decision will prove costly at *every* level of government.

The same goes for a rise in unplanned pregnancies. In 2016, publicly funded family planning services collectively yielded $11.9 billion nationally in government savings, or $4.83 for every public dollar spent. [19] Nationally, 68% of unplanned births are paid for with public funds.[20] The average public cost of an unintended pregnancy is $7,950, while every miscarriage costs the public treasury, on average, $1,252.[21] The most effective way to reduce costs associated with unintended pregnancy is by improving access to consistent, effective, and affordable contraception. In Colorado, family planning initiatives focused on providing long-acting contraception through family planning clinics allowed the State to avoid almost $70 million in public assistance costs.[22]

HHS's decision to cut off grantees—and to completely terminate Title X in several states—forces State governments into an impossible bind. They can either dip once again into thinly stretched public coffers to plug the gap, or preserve funds in the short term while bearing the long run costs of unplanned pregnancies and higher STI rates. HHS should reverse its decision to avoid presenting the states such a Hobson's choice.

---

[17] Kinsey Hasstedt, *Title X: An Essential Investment, Now More than Ever*, Guttmacher Policy Review, Vol. 16, Issue 3, 14, 15 (Summer 2013), https://www.guttmacher.org/sites/default/files/pdfs/pubs/gpr/16/3/gpr160314.pdf.

[18] Jennifer Frost et. al. *Publicly Supported Family Planning Services in the United States: Need, Availability, and Impact 2016*, Guttmacher Inst. at 19 (Oct. 2019), https://www.guttmacher.org/report/publicly-supported-FP-services-US-2016.

[19] *Id.* at 20.

[20] Adam Sonfield & Kathryn Kost, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care*, Guttmacher Inst. at 8 (Feb. 2015), https://www.guttmacher.org/sites/default/files/report_pdf/public-costs-of-up-2010.pdf.

[21] Jennifer Frost, et al., *Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program*, 92 Milbank Quarterly 667, 689 (2014), https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/MQ-Frost_1468-0009.12080.pdf.

[22] *Taking the Unintended Out of Pregnancy: Colorado's Success with Long-Acting Reversible Contraception*, Colorado Dep't of Public Health and Environment at 42 (Jan. 2017), https://chambersfund.org/wp-content/uploads/2017-Taking-the-Unintended-Out-of-Pregnancy.pdf.

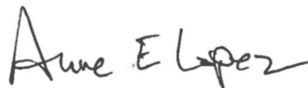
III. There is No Justification for the Terminations

HHS's notices to terminated grantees suggest violations of federal civil rights laws. Yet HHS has provided absolutely no evidence demonstrating that the grantees have engaged in unlawful discrimination or otherwise violated a federal statute. The notices—far from pointing to concrete examples or specific instances of discriminatory conduct—point to a handful of statements, usually plucked from grantee or unrelated websites. None of these statements comes close to evidence of misconduct. Some of them—such as the termination notice to Converge Access, which refers only to a statement on racism issued in the aftermath of the murder of George Floyd—are utterly pedestrian, and do not come close to violating civil rights laws as interpreted by any court. Indeed, the haphazard collection of statements leaves the impression that the invocation of civil rights violations is mere pretext to penalize specific providers that are deemed too controversial or that offer or refer for services, outside of the Title X program, that are disfavored by this administration. This will have widespread and devastating consequences for millions of patients that need access to these providers for basic healthcare. The suggestion of violations unsupported by any evidence cannot outweigh the immediate and empirically validated harms to patient care and state budgets that will result from the abrupt terminations.

Today marks one month since HHS suddenly decided to withhold vast amounts of Title X funding. The impact on the affected grantees is becoming severe and in the near future will likely become irreversible: with payrolls to meet and bills coming due, the grantees will be forced to lay off staff and shutter services to make ends meet. Although grantees have engaged in good faith with HHS, rapidly providing the requested information, there is no sign of any movement by the federal government. We accordingly request that HHS immediately reinstate the withheld funding, restoring funding to the Title X program.

Sincerely,

ROB BONTA
California Attorney General

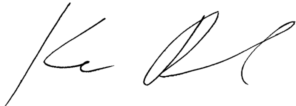

ANNE E. LOPEZ
Hawaii Attorney General

KRIS MAYES
Arizona Attorney General

PHIL WEISER
Colorado Attorney General

WILLIAM TONG
Connecticut Attorney General

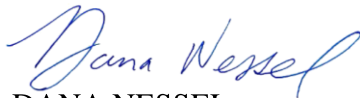
KATHLEEN JENNINGS
Delaware Attorney General


KWAME RAOUL
Illinois Attorney General

AARON M. FREY
Maine Attorney General

ANTHONY G. BROWN
Maryland Attorney General

ANDREA CAMPBELL
Massachusetts Attorney General


DANA NESSEL
Michigan Attorney General

KEITH ELLISON
Minnesota Attorney General

AARON FORD
Nevada Attorney General

MATTHEW J. PLATKIN
New Jersey Attorney General

RAÚL TORREZ
New Mexico Attorney General

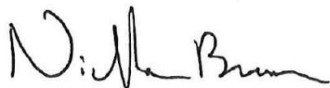
LETITIA A. JAMES
New York Attorney General

JEFF JACKSON
North Carolina Attorney General

DAN RAYFIELD
Oregon Attorney General

PETER F. NERONHA
Rhode Island Attorney General

CHARITY R. CLARK
Vermont Attorney General


NICK BROWN
Washington Attorney General