Children's Hospital of Philadelphia PolicyLab

Adolescent Access to Federally Funded Clinics Providing Confidential Family Planning Following Changes to Title X Funding Regulations

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IMPORTANCE: In May 2019, new federal regulations regarding Title X funding were introduced. There has been no formal evaluation of the impact of this regulatory shift as it pertains to minors' access to services. OBJECTIVE: To explore the geography of federally funded clinics providing confidential reproductive care to adolescents following changes to Title X funding regulations. DESIGN, SETTING AND PARTICIPANTS: This retrospective cross-sectional study used a population-based sample of US Census tracts. All clinics participating in the Title X program in August 2018 and August 2020 were included in the analysis. Data were analyzed from January to December 2021. EXPOSURES: Period, defined as before and after the 2019 Title X rule change (August 2018 and August 2020, respectively). MAIN OUTCOMES AND MEASURES: US Census tracts were evaluated for the availability of confidential family planning care within a 30-minute drive, according to the presence of a Title X clinic or a permissive state law. Census tracts in which minors lost access to confidential care after the rule change were characterized in terms of demographic characteristics. Univariate logistic regression evaluated associations between Census tract characteristics and the odds of losing vs maintaining access to legally protected confidential minor services. RESULTS: The study included 72 620 Census tracts, accounting for approximately 324 697 728 US residents (99.96% of the population). After the Title X rule change, 1743 clinics in the Title X program left (39.0%) and minors living in 6299 Census tracts (8.7%) lost access to confidential family planning care, corresponding to an estimated 933 649 youth aged 15 to 17 years. Minors living in rural Census tracts (odds ratio [OR], 1.27; 95% CI, 1.18-1.36) and those in the Midwest (OR, 2.41; 95% CI, 2.24-2.60) had higher odds of losing access to care. Minors living in Census tracts with a higher Social Vulnerability Index (OR, 0.51; 95% CI, 0.47-0.55), a larger proportion of Black individuals (OR, 0.34; 95% CI, 0.31-0.37), and/or a larger proportion of Hispanic individuals (OR, 0.45; 95% CI, 0.42-0.49) were less likely to lose access to care. CONCLUSIONS AND RELEVANCE: These findings suggest that there were losses in access to legally protected confidential reproductive health services for youth after the 2019 Title X rule change. Although evidence-based Title X guidelines have since been reinstated, state laws that ensure adolescent confidentiality in obtaining family planning services may protect youth from future alterations to the Title X program.

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