**Update emailed by Danna Drum to Health Administrators on August 2, 2018**

Good afternoon RH Providers and LPHAs:

I wanted to give you an update on Title X funding in light of potential rule change and impact to Oregon:

On June 1, 2018, the US Department of Health and Human Services (HHS) officially published a [Notice of Proposed Rulemaking (NPRM) for Title X](https://www.federalregister.gov/documents/2018/06/01/2018-11673/compliance-with-statutory-program-integrity-requirements%22%20%5Ct%20%22_blank). The NPRM not only reintroduces the majority of a 1988 Title X rule known as the “domestic gag” rule, but it expands those provisions and introduces numerous new and harmful requirements and restrictions.

Governor Kate Brown’s recent statement describing the new requirements and restrictions within the Title X 2018 NPRM as “unethical” and pledging to withdraw from the Title X program reflects her strong commitment to ensuring uncompromised access to quality family planning services for Oregonians.

As stated by the National Family Planning & Reproductive Health Association (NFPRHA):

*“Collectively, the provisions of the 2018 NPRM would undermine the high-quality standards of care in Title X and discourage and prevent highly qualified, trusted family planning providers from participating in the Title X program. Although the rule in many ways is designed to target abortion related activities and entities that provide abortion care, it is not limited to such activities and/or providers, and would have far-reaching implications for all Title X-funded entities, the services they provide, and the ability of patients to seek and receive high-quality, confidential family planning and sexual health care”*

If the NPRM were finalized, *all* agencies receiving any Title X funds would be required to adhere to the new regulations, not just those that provide abortion services. Most significantly, adherence to the new rule would have devastating effects on the quality of reproductive health care provided, would force providers to withhold critical health information from patients, and threaten patient confidentiality.

The required public comment period closed July 31 and the RH Program worked with Oregon’s Attorney General’s office to submit public comments opposing the proposed rule. HHS is obligated to review comments and respond prior to releasing a final rule. If a final rule is published, grantees would have 60 days to comply with all requirement except physical separation. It is anticipated that there will be legal challenges to any final rule.

What would a loss of Title X funds mean for Oregon

Currently, the Reproductive Health program utilizes Title X funds in 3 ways.

Due to Title X’s broad scope, Title X funds are prioritized to cover either individuals and/or services otherwise not covered by Oregon ContraceptiveCare (CCare) or HB 3391, including male clients, those interested in pregnancy/parenting, and STI treatment and rescreening pursuant to a family planning visit.

$1,400,000

In support of Public Health Modernization, the RH Program funds Local Public Health Authorities (LPHAs) to develop and maintain collaborative community partnerships to assure access to clinical preventive services. This is the work of Program Element 46 – set to be fully implemented as of September 1.

$675,000

The remaining funds cover staff (3.65), training, data contract and additional state level administration.

$1,000,000

In her July 30 statement, Governor Brown said, "I am not turning back on Oregonians’ access to quality health care. Regardless of what this administration does, I am prepared to work toward protecting and continuing access to family planning, reproductive and preventive health care for low-income and underserved Oregonians.”

While it is premature for us to discuss or speculate on how the Governor plans to ensure continued access to essential reproductive health services, in spite of a possible loss of funding, be assured that the RH program is working to support all efforts to continue state and local programs at current levels.

If you have questions regarding what is detailed here – please feel free to contact me.

Helene

Helene Rimberg, PsyD

Section Manager, Adolescent, Genetics & Reproductive Health

Public Health Division

OREGON HEALTH AUTHORITY

helene.m.rimberg@state.or.us

[800 NE Oregon St, Suite 370](https://maps.google.com/?q=800+NE+Oregon+St,+Suite+370+%0D%0A+Portland,+OR.+97232&entry=gmail&source=g)

[Portland, OR. 97232](https://maps.google.com/?q=800+NE+Oregon+St,+Suite+370+%0D%0A+Portland,+OR.+97232&entry=gmail&source=g)

Desk: 971 673 – 0364

Cell: 503 756 – 8248

[http://www.oregon.gov/OHA](http://www.oregon.gov/OHA%22%20%5Ct%20%22_blank)

**Governor Brown’s July 30th statement**



Governor Brown on Federal Title X Rollbacks on Access to Reproductive HealthJuly 30, 2018

Salem, OR—Governor Kate Brown released the following statement regarding the Trump Administration's plan to place funding restrictions on providers of reproductive health care who refer their patients to abortion providers:

“In Oregon we have made substantial progress to ensure that all Oregonians have the ability to seek health care and make their own decisions about their health care.

“If the Trump gag rule is adopted and legal challenges are unsuccessful, it would leave me no choice but to act in the best interests of the citizens of Oregon and our state law, and withdraw our state’s participation from an unethical, ineffective Title X program that reduces access to essential preventive health services.

"I am not turning back on Oregonians’ access to quality health care. Regardless of what this administration does, I am prepared to work toward protecting and continuing access to family planning, reproductive and preventive health care for low-income, and underserved Oregonians.”