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TITLE X “DOMESTIC GAG RULE” IS AN ATTACK ON REPRODUCTIVE JUSTICE AND WOMEN OF COLOR

The Title X “domestic gag rule,” proposed by HHS in May 2018 [and finalized in February 2019](#), significantly blocks access to health care under Title X and denies women complete information about their full range of reproductive health care options. Title X funded health centers offer a range of preventive services and life-saving care. **Women of color will be disproportionately impacted by the proposed rule.**

For women of color and women of low income, Title X is a critical source of healthcare. **Of all female Title X patients, 32% are Latina, 21% are Black, and 4% are AAPI (Asian American and Pacific Islander).**¹

Thirteen percent of Title X patients are Limited English Proficient (LEP).² Title X providers are bound by federal law to provide services in a linguistically-appropriate manner and offer a range of reproductive health and family planning services. Title X health care providers also offer services for foreign-born individuals who are less likely to have coverage.³

Domestic Gag Rule is a medically unnecessary attack that, if implemented, will stop providers from offering a full range health care services. It is critical that communities of color can receive services from providers that will support a full range of reproductive health care services, including referrals for abortion care.

In many states, a Title X provider is one of the few places women of color can access reproductive and preventive health care services, and **this proposed rule would do nothing to address the health care needs of communities of color.**

- Black women use contraception at lower rates than women of other racial and ethnic backgrounds.⁴
- Latina youth experience pregnancies at about twice the rate of their white counterparts.⁵ Latinas also have higher rates of STI infection.⁶
- AAPI women use highly effective contraceptive methods at lower rates than women of other races and instead rely on inexpensive, less effective methods.⁷
- Black women have higher breast cancer mortality rates compared to other racial and ethnic groups.
- Latina women experience cervical cancer at twice the rate of white women.
- Cancer is the leading cause of death among AAPIs, and the cervical cancer incidence rate is higher in several AAPI ethnic subgroups than in non-Hispanic whites.⁸

Without access to Title X health care providers, health disparities will be further impacted. Additionally, people are not only denied the opportunity to decide if, when, and how to parent, but are also being misled by medical staff. Communities of color have an ongoing history of distrust of medical staff due to experiences of eugenics and the State’s continued attempts to control the reproduction and fertility of women of color living with low-incomes.

It is critical that individuals have all the information they need to make any decisions about their reproductive health, and eliminating requirements that providers counsel individuals on all health care options will only create harm.

¹ Office of Population Affairs. *Family Planning Annual Report: 2016 National Summary*. August 2017. <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2016-national.pdf>

² *Ibid.*

³ Kavanaugh, Megan, et al. *Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X–Funded Facilities in 2016*. New York: Guttmacher Institute, 2018. <https://www.guttmacher.org/journals/psrh/2018/06/use-health-insurance-among-clients-seeking-contraceptive-services-title-x>

⁴ Jones J, Mosher W, Daniels K, “Current Contraceptive Use in the United States, 2006-2010, and Changes in Patterns of Use Since 1995,” National Health Statistics Reports issue 25, Hyattsville (MD): National Center for Health Statistics, 2012; 60. Online: <http://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>.

⁵ Centers for Disease Control and Prevention. Reproductive Health: Teen Pregnancy. Social Determinants and Eliminating Disparities in Teen Pregnancy. <https://www.cdc.gov/teenpregnancy/about/social-determinants-disparities-teen-pregnancy.html>

⁶ Center for Disease Control and Prevention. “Health Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB: Hispanics/Latinos.” February 1, 2017. <https://www.cdc.gov/nchstp/healthdisparities/hispanics.html>

⁷ Kimberly Daniels et al., “Contraceptive Methods Women Have Ever Used: United States, 1982-2010.” U.S. Department of Health and Human Services (Feb 14, 2013).

<http://www.cdc.gov/nchs/data/nhsr/nhsr062.pdf> (last visited Aug 15, 2017).

⁸ American Cancer Society. (2016). Special Section: Cancer in Asian Americans, Native Hawaiians, and Pacific Islanders at 34. Retrieved 16 March 2017, from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/special-section-cancer-in-asian-americans-native-hawaiians-and-pacific-islanders-cancer-facts-and-figures-2016.pdf>