October 7, 2016

Submitted Electronically
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Department of Health and Human Services
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Re: Public Comment Regarding the Notice of Proposed Rulemaking "Compliance with Title X Requirements by Project Recipients in Selecting Subrecipients"
ID: HHS-OS-2016-0014-0001
RIN: 937-AA04

Dear Sir or Madam:

The Family Research Council, the Susan B. Anthony List, the Charlotte Lozier Institute, and the March for Life Education and Defense Fund respectfully submit the following comments regarding the Notice of Proposed Rulemaking (NPRM) issued by the Department of Health and Human Services (HHS) entitled, "Compliance with Title X Requirements by Project Recipients in Selecting Subrecipients" at 81 Fed. Reg. 61639, September 7, 2016.

The proposed regulation would add the following to 42 C.F.R § 59.3:

> *(b) No recipient making subawards for the provision of services as part of its Title X project may prohibit an entity from participating for reasons unrelated to its ability to provide services effectively.*

We strongly oppose the proposed rule, which if finalized, would illegitimately prevent numerous states and private entities from being eligible for grants under Title X of the Public Health Service Act (PHSA) without statutory basis. In addition, the rule would disrupt the current health care arrangements of tens of thousands of women who obtain services that are uniquely provided to them by current Title X recipients, a component of "effective services" the proposed rule fails to take into account.

Without explicitly naming Planned Parenthood or the issue of abortion, and without mentioning which states this proposed regulation is intended to target, this proposed regulation is clearly intended to "eliminate the ability of states to restrict" abortion providers from receiving Title X

funds. In the NPRM, HHS objects that "[s]ince 2011, 13 states have taken actions to restrict participation by certain types of providers as subrecipients in the Title X program" whether by outright prohibition or by a "tiered approach" "whereby entities such as comprehensive primary care providers, state health departments, or community health centers receive a preference in the distribution of Title X funds." States that fail to "come into compliance with this regulation" could lose their Title X funding and then HHS would choose from "other organizations [which] could compete for Title X funding" that would be willing to give that money to organizations that participate in abortion.

We strongly oppose this proposed regulation for the following reasons:

1. The Title X statute does not require states to provide funding to abortion providers.

Title X does not require grant recipients, including states, to provide family planning funds to organizations that provide or refer for abortion. The authorizing statutory language of Title X stipulates that "[n]one of the funds appropriated under this subchapter shall be used in programs where abortion is a method of family planning."[1] Indeed, the statute makes it clear that the Title X family planning program must be separate from abortion.

Historically, the regulations first implemented by President Ronald Reagan and continued by President George H.W. Bush enforced a clear separation of family planning funds and abortion by preventing Title X recipients from being co-located with abortion services or from counseling or advocating for abortion.[2] The Supreme Court upheld these regulations in *Rust v. Sullivan* (1991) saying "[I]f one thing is clear from the legislative history [of Title X], it is that Congress intended that Title X funds be kept separate and distinct from abortion-related activities."[3] The Court further held that "Title X's broad language plainly allows the abortion counseling, referral, and advocacy regulations" and that "the Secretary's interpretation of the statute that separate facilities are necessary, especially in light of the express prohibition of 1008, cannot be judged unreasonable."[4]

President Bill Clinton later rescinded these regulations, in effect allowing Title X family planning providers to be co-located with abortion facilities. Worse still, these regulations illegally require family planning clinics to "refer" for abortion.[5] Nothing in the statute allows such a construal. However, this new NPRM takes the Clinton regulations one step further by threatening to withhold funds from states which prioritize funding to family planning providers that do not participate in abortion. This proposed regulation pressures states into a choice between losing Title X funding or providing funding to organizations that participate in abortion.

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[1] U.S. Code 42, §§ 300a–6, accessed online October 6, 2016, https://www.law.cornell.edu/uscode/pdf/uscode42/lii_usc_TI_42_CH_6A_SC_VIII_SE_300a-6.pdf.
[2] *Federal Register* 53, no. 21 (February 2, 1988): 2944-2946, accessed online October 6, 2016, https://archive.org/stream/federalregister53aunit#page/n1694/mode/1up.
[3] *Rust v. Sullivan*, 500 U.S. 173 (1991), Opinion of the Court, accessed online October 6, 2016, https://www.law.cornell.edu/supct/html/89-1391.ZO.html.
[4] Ibid.
[5] *Federal Register* 42, §§ 59.5 (a)(5)(i)(C), "A [Title X] project must… [o]ffer pregnant women the opportunity to be provided information and counseling regarding… [p]regnancy termination," accessed online October 6, 2016, http://www.hhs.gov/opa/pdfs/42-cfr-59-b.pdf.

2. The Title X statute does not preclude grant recipients, including state and local governments, from prioritizing subgrants to organizations that do not perform abortions.

A number of states, counties, and private entities have chosen to prioritize Title X funds toward non-abortion organizations for multiple reasons, one of which is because money is fungible. States, for this reason, may determine through their legislative process to prioritize Title X grants to organizations which offer the full spectrum of health care, but do not participate in abortion. When Planned Parenthood or other abortion facilities receive Title X grant funding, it frees up their resources to spend more on promoting and carrying out abortion. In fact, HHS admits that not all of their Title X appropriations are used for clinical family planning services.[6] Moreover, nothing under the current Title X funding scheme prevents Planned Parenthood and other abortion providers from folding their overhead costs into the costs of the health services, items, and administrative fees which they bill under Title X. This, in turn, allows Planned Parenthood to generate additional revenue from the abortions they perform in the same facilities that receive Title X funds, and often with the same personnel. Planned Parenthood, in fact, generates the majority of its non-governmental "health services" revenue from performing abortions (approximately half or 48%).[7] This, in turn, gives abortion centers a strong financial incentive to use financial gimmicks with Title X funding to free up money for abortion activities. States should be able to prioritize subgrants to organizations that do not participate in abortion in order to achieve Title X's clear statutory requirement to keep abortion entirely separate and not funded in family planning programs.

3. The proposed regulation disregards the holistic health care goals of states.

The purpose of Title X is to fund family planning, excluding abortion. The program is based on a grant and sub-grant structure, reflecting the principle that states, local governments, and regional entities are better suited than federal bureaucrats in HHS to allocate funding to local providers most effectively and appropriately. The states, for instance, provide greater expertise and taxpayer-accountable knowledge of how to implement Title X and which particular providers will use resources for family planning most effectively. So long as states are providing family planning services consistent with Title X's goals, HHS should not prevent them from achieving additional health care goals for its citizens. This is especially true when states attempt to meet both Title X and state healthcare goals together, which generally improves overall health outcomes.

There is no statutory restriction on Title X funds being used in ways that give priority to organizations which offer a broad array of health care services to meet women's needs in particular. Indeed, in the NPRM, HHS ignores a 2014 Center for Disease Control (CDC) report which recommends that basic family planning services include "related preventive health services, such as breast and cervical cancer screening for female clients" including

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[6] HHS, Health Resources and Services Administration, "Fiscal Year 2017 Justification of Estimates for Appropriations Committees," p. 394, accessed October 6, 2016, http://www.hrsa.gov/about/budget/budgetjustification2017.pdf.

[7] This estimate is based on the revenue and abortion statistics provided in Planned Parenthood's 2014-2015 Annual Report, and estimating the cost and frequency of abortions based on the latest CDC and Guttmacher data. See: "2014-2015 Annual Report," Planned Parenthood Federation of America, accessed online October 6, 2016, https://www.plannedparenthood.org/files/2114/5089/0863/2014-2015_PPFA_Annual_Report_.pdf.

mammograms and laboratory testing.[8] Anticipating the shortfalls of so-called "reproductive-focused" clinics to meet the full scope of basic family planning requirements, the CDC guidelines recommend that "[p]roviders of family planning services that do not have the capacity to offer comprehensive primary care services should have strong links to other community providers to ensure that clients have access to primary care."[9] Since FQHCs already offer comprehensive primary care on-site, they do not need to refer their patients away for such basic services, thereby providing individuals with both family planning and primary health care seamlessly, while excluding abortion.

Abortion providers such as Planned Parenthood offer a narrower scope of health care services than FQHCs or the CDC-recommended basic family planning services, and most importantly they fail to offer mammograms. In its most current annual report, Planned Parenthood lists the following categories for services it offers: STI/STD testing and treatment, contraception, cancer screening and prevention, other women's health services, abortion, and other services.[10] While Planned Parenthood offers basic breast exams, they only provide referrals for mammograms.[11] Cecile Richards, president of Planned Parenthood, herself admitted: "We do not have mammogram machines at our health centers and we've never stated that we did…. To the best of my knowledge not any Planned Parenthood facilities have mammogram machines."[12]

Basic health services also have been decreasing significantly at Planned Parenthood facilities in recent years. From 2009 to 2014, breast exams at Planned Parenthood consistently decreased and dropped by over half (56%), cancer screening and prevention programs at Planned Parenthood consistently decreased and dropped by close to two-thirds (63%), and prenatal services steadily decreased and dropped by more than half (57%). Planned Parenthood performs 18 times more abortions than the prenatal services it provides. Moreover, according to Planned Parenthood's 2014-2015 report, out of total services for pregnant women (adoption referrals, prenatal services, abortion), abortion made up over 94%.[13]

While Planned Parenthood's actual services have been trending downwards, the national trend is moving toward more comprehensive healthcare services rather than programs which direct patients to family planning-only clinics or clinics which offer family planning and abortion together. States have been accomplishing that by directing funds to Federally Qualified Healthcare Centers (FQHCs) and Rural Health Clinics (RHCs). FQHCs are required by the *Public Health Service Act* and regulatory guidance not only to offer preventative services, pap

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[8] Center for Disease Control and Prevention, "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs," *Recommendations and Reports*, April 25, 2014, "TABLE 2. Checklist of family planning and related preventive health services for women," accessed online October 6, 2016, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm#Tab2.

[9] Ibid.

[10] "2014-2015 Annual Report," Planned Parenthood Federation of America, accessed online October 6, 2016, https://www.plannedparenthood.org/files/2114/5089/0863/2014-2015_PPFA_Annual_Report_.pdf.

[11] "Services," Planned Parenthood Federation of America, accessed online October 6, 2016, https://www.plannedparenthood.org/files/4013/9611/7243/Planned_Parenthood_Services.pdf

[12] Cecile Richards, Testimony before the U.S. House Oversight and Government Reform Committee, September 29, 2015, accessed October 6, 2016, https://www.c-span.org/video/?328410-1/planned-parenthood-president-cecile-richards-testimony-taxpayer-funding.

[13] "The Real Planned Parenthood: Leading the Culture of Death 2016 Edition," Family Research Council, accessed October 6, 2016, http://downloads.frc.org/EF/EF15F70.pdf.

smears, cancer screenings, breast exams, and prenatal services, but also to offer a full spectrum of other primary care services, including: mammograms; a variety of immunizations; diagnostic laboratory and radiologic services; diabetes and glaucoma screenings; cholesterol screenings; cardiovascular screening blood tests; thyroid function tests; eye, ear and dental screenings; preventive dental services; well-child services; medical nutrition services; bone mass measurement; social worker services; mental health services; substance abuse services; emergency medical services; and others.[14] Planned Parenthood does not provide such services.

FQHCs serve 21.1 million individuals per year across the United States; this is nearly eight times more individuals than are served by Planned Parenthood centers (2.8 million).[15] There are 662[16] Planned Parenthood facilities nationwide compared to the 13,540 FQHCs and RHCs. This means there are 20 community health clinics offering women comprehensive care for every one Planned Parenthood facility offering limited options.[17]

In the NPRM, HHS justifies its proposed regulation on the basis that 13 states have taken actions since 2011 to redirect Title X funds away from Planned Parenthood. However, states do not need to give Title X grant money to Planned Parenthood to meet the requirements of the Title X law. Data in these 13 states, cited as the basis for the NPRM, serves as a good example of how health care services are provided to many more patients by FQHCs than by Planned Parenthood centers:[18]

- Ohio already has 36 FQHCs at 204 service sites serving 508,333 individuals per year. There are only 28 Planned Parenthood centers.
- Tennessee already has 26 FQHCs at 187 service sites serving 367,754 individuals per year. There are only 4 Planned Parenthood centers.
- Kansas already has 16 FQHCs at 50 service sites serving 162, 573 individuals per year. There are only 2 Planned Parenthood centers.

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[14] 42 USC 254b : Health centers," United States Code, accessed October 6, 2016, http://uscode.house.gov/view.xhtml?edition=prelim&req=42+usc+254b&f=treesort&fq=true&num=20&hl=true; "Medicare Benefit Policy Manual," Centers for Medicare and Medicaid Services, accessed October 6, 2016, https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/bp102c13.pdf; "Federally Qualified Health Center," Centers for Medicare and Medicaid Services, https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/fqhcfactsheet.pdf; "Medicaid Service Delivery: Federally Qualified Health Centers," Centers for Disease Control and Prevention, accessed October 6, 2016, http://www.cdc.gov/phlp/docs/presentation-fqhc.pdf.

[15] "Federal Obligations to and Expenditures by Selected Entities Involved in Health-Related Activities 2010- 2012," Government Accountability Office, March 20, 2015, accessed October 6, 2016, http://www.gao.gov/products/GAO-15-270R. Cited in "Missouri: Comparison of Planned Parenthood and Federally Qualified Health Centers (FQHCs)," Charlotte Lozier Institute, accessed October 6, 2016, https://lozierinstitute.org/wp-content/uploads/2015/07/MO_Comparison-of-Planned-Parenthood-and-Federally-Qualified-Health-Centers.pdf.

[16] http://downloads.frc.org/EF/EF15F70.pdf

[17] "Maps: Health Clinics Nationwide Compared to Planned Parenthood Centers," Charlotte Lozier Institute, August 21, 2015, accessed October 6, 2016, https://lozierinstitute.org/health-clinics-nationwide-compared-to-planned-parenthood-centers.

[18] FQHC state data provided by "Key Health Center Data by State, 2013: Federally-Funded Health Centers Only," National Association of Community Health Centers (NACHC), accessed October 6, 2016, http://web.archive.org/web/20160309021859/http://nachc.com/client/2013%20key%20facts%20by%20state%20data.pdf. Planned Parenthood state clinic data was collected by the Charlotte Lozier Institute from Planned Parenthood's website in January 2015.

- Wisconsin already has 16 FQHCs at 96 service sites serving 284,072 individuals per year. There are only 22 Planned Parenthood centers.
- Texas already has 68 FQHCs at 405 service sites serving 1,124,022 individuals per year. There are only 39 Planned Parenthood centers.
- Louisiana already has 24 FQHCs at 200 service sites serving 442,058 individuals per year. There are only 14 Planned Parenthood centers.
- Indiana already has 19 FQHCs at 108 service sites serving 364,112 individuals per year. There are only 23 Planned Parenthood centers.
- Arizona already has 17 FQHCs at 137 service sites serving 43,260 individuals per year. There are only 11 Planned Parenthood centers.
- Florida already has 48 FQHCs at 429 service sites serving 1,128,651 individuals per year. There are only 22 Planned Parenthood centers.
- Arkansas already has 12 FQHCs at 99 service sites serving 163,797 individuals per year. There are only 2 Planned Parenthood centers.
- Oklahoma already has 18 FQHCs at 84 service sites serving 162,871 individuals per year. There are only 8 Planned Parenthood centers.
- North Carolina already has 33 FQHCs at 201 service sites serving 454,675 individuals per year. There are only 9 Planned Parenthood centers.
- New Hampshire already has 10 FQHCs at 51 service site serving 70,884 individuals per year. There are only 5 Planned Parenthood centers.

Of these 13 states above that have taken legislative, executive, or regulatory actions since 2011 to prioritize Title X funding toward comprehensive "whole woman" service providers and away from abortion providers, five states have had their laws blocked by courts (Louisiana, Indiana, Arizona, Florida, and North Carolina). One state (New Hampshire) terminated its Title X Planned Parenthood contracts and later restored them. Another state (Wisconsin) pre-emptively excluded funding for abortion providers, though they were not receiving Title X funds. Another state (Texas) had its $6.5 million Title X grant rescinded as a result of its prioritization law.[19]

However, five state have laws currently in effect while also receiving Title X grants to their state health agencies. These five states (Tennessee, Kansas, Oklahoma, Arkansas, and Ohio) would be most directly impacted by the proposed rule. The regulation jeopardizes $2.3 million in Title X funding in Kansas, $6.7 million in Tennessee, over $4 million in Oklahoma, $3.9 million in Arkansas, and over $3 million in Ohio.[20] Tennessee has prioritized Title X funds to county health departments, which in turn, have chosen to award funds to non-Planned Parenthood entities.

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[19] Jordan Smith, "Women's Coalition Wins Fed Family Planning Funding," *The Austin Chronicle*, March 25, 2013, accessed October 6, 2016, http://www.austinchronicle.com/daily/news/2013-03-25/womens-coalition-wins-federal-family-planning-funding/.

[20] "The Impact of Title X Funding Cuts in Kansas," National Family Planning and Reproductive Health Association, September 2015, accessed October 6, 2016, http://www.nationalfamilyplanning.org/file/Kansas_ImpactMap_FactSheet_R7.pdf;
"The Impact of Title X Funding Cuts in Tennessee," accessed October 6, 2016, http://www.nationalfamilyplanning.org/file/Tennessee_ImpactMap_FactSheet_R8.pdf;
"The Impact of Title X Funding Cuts in Oklahoma," accessed October 6, 2016, http://www.nationalfamilyplanning.org/file/Oklahoma_ImpactMap_FactSheet_R5.pdf;
"The Impact of Title X Funding Cuts in Ohio," September 2015, accessed October 6, 2016, http://www.nationalfamilyplanning.org/file/Ohio_ImpactMap_FactSheet_R3.pdf.

Ohio, Oklahoma, and Kansas have prioritized their awarding of Title X subgrants to wholly public entities first (state, county, local health departments, and health clinics), and second to multi-service FQHCs. Arkansas passed a law to defund abortion providers from receiving contracts through state agencies, including Title X contracts.[21] Together these five states account for nearly $16 million in annual Title X funding and serve over 279,000 individuals every year.[22]

In addition, all the governmental and private Title X grant recipients in 10 other states do not subaward their funds to Planned Parenthood, yet they do not do so by law or regulations (Wyoming, South Dakota, South Carolina, North Dakota, New Mexico, Nevada, Mississippi, Louisiana, Georgia, and Colorado).[23] Of these states, eight have governmental entities that are Title X grantees (South Dakota, South Carolina, North Dakota, New Mexico, Mississippi, Louisiana, Georgia, and Colorado), and two states (Wyoming and Nevada) have private organizations as the sole grantees. All the governmental and private Title X grant recipients in these states have decided to subaward the funds to comprehensive health care clinics instead of Planned Parenthood, not by any state law or regulation, but because they have determined that such clinics are more effective and beneficial to women. Together these 10 states account for nearly $35 million in annual Title X funding and serve over 381,000 individuals every year.[24] Under HHS' proposed regulation, it is unclear how these 10 states would be impacted since none of them explicitly sets "criteria" to exclude Planned Parenthood or other abortion providers from Title X funding. Would HHS punish such states or private grant recipients, as the NPRM threatens, for implicitly "using criteria in their selection of subrecipients that are unrelated to the ability to deliver services to program beneficiaries in an effective manner"?

It is possible that, despite the NPRM's limited discussion of the 13 states which have taken legislative, executive, or regulatory action (five of which stand to lose their funding), the state and some private grant recipients in 10 more states could lose their Title X funding. It is possible that HHS could use the proposed regulation to take away and redirect Title X funding of the grantees in as many as 15 states for no other reason than that HHS wants to fund organizations that perform and promote abortion. This new regulation could potentially impact nearly 660,000 individuals and affect approximately $51 million in Title X grants in these 15 states.[25]

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[21] Erica Sweeney, "Gov. Hutchinson Directs DHS to End Planned Parenthood Contract," AMP, accessed October 6, 2016, http://amppob.com/gov-hutchinson-directs-dhs-to-end-planed-parenthood-contract.

[22] Calculations from data obtained at the National Family Planning and Reproductive Health Association, "Title X in Your State," accessed online October 6, 2016, http://www.nationalfamilyplanning.org/pages/issues/nfprha-interactive-map.

[23] "Title X-Funded Service Sites by State," National Family Planning and Reproductive Health Association, January 2016, accessed October 6, 2016, http://www.nationalfamilyplanning.org/file/National_ImpactMap_8-5x11_R2.pdf.

[24] Calculations from data obtained at the National Family Planning and Reproductive Health Association, "Title X in Your State," accessed online October 6, 2016, http://www.nationalfamilyplanning.org/pages/issues/nfprha-interactive-map.

[25] Ibid.

4. HHS' claims about family planning "effectiveness" lack proper evidence and clear definition.

HHS justifies its proposed regulation on an insufficiently defined notion of "effectiveness" and dubious statistical findings. HHS claims "[r]esearch has shown that providers with a reproductive health focus provide services that more closely align with the statutory and regulatory goals and purposes of the Title X Program …. provide a broader range of contraceptive methods on-site… [and] provide higher quality services as stipulated in national recommendations." Nowhere in the NPRM does HHS identify how "effective" or "high quality" is defined for the purpose of Title X. Of the demographic data cited related to Title X funding policies, this too has incomplete hard data on health outcomes necessary to make a proper causal assessment. A May 2009 report from the Institute of Medicine, in fact, found that "the program [Title X] does not collect all the data needed to monitor and evaluate its impact."[26]

As numerous members of Congress wrote to HHS concerning this NPRM, if HHS itself fails to define "effectiveness" "it is unclear to us how state and local project grantees are supposed to do so in order to comply with this proposed rule" or to determine whether they "have considered inappropriate criteria in evaluating subrecipients."[27]

5. The proposed HHS regulation itself would undermine health care access and potentially cause a disruption in current healthcare services.

HHS claims that redirecting Title X funding to comprehensive care clinics, and away from abortion providers could cause a "disruption in service." However, there are many ways for HHS to ensure that states continue to distribute Title X funds without interruption in services and without forcing them to hand out money to abortion providers. Furthermore, HHS offers no explanation for how the proposed rule would not cause a "disruption in service" for the 660,000 individuals every year who have come to rely on the services of the FQHCs and public health clinics in states whose private and public grantees could lose Title X funding as a result of having their funds redirected to Planned Parenthood and abortion providers.[28] The proposed regulation, in fact, would undermine the healthcare access it is purportedly created to protect for those in need, by directing Title X funds away from FQHCs that offer a full scope of healthcare services in addition to family planning services.

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[26] Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program, Institute of Medicine, *A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results* (2009), edited by Butler A. Stith and Clayton E. Wright (Washington, DC: National Academies Press, 2009), accessed online October 6, 2016, https://www.nap.edu/read/12585/chapter/2.

[27] Rep. Diane Black, Sen. Joni Ernst, and other Congressmen and Senators, "Letter to Secretary Sylvia Burwell Concerning the Proposed Title X Regulations," September 23, 2016, accessed online October 6, 2016, http://www.ernst.senate.gov/public/_cache/files/30333488-4454-40e1-96c6-a80a8f2d24de/14BA04D2CBE35BC5E3B3A14E0446BA00.hhs-letter.pdf.

[28] See Footnote 24.

Conclusion

The proposed rule is unwarranted based on the statute governing the Title X program. It also conflicts with the legitimate choice of states to determine which entities best provide family planning services within a more holistic health care approach for individual clients, without subsidizing abortion. States should be able to prioritize Title X funding to health care providers they find most effective at offering comprehensive services without being forced to comply with a federal program intent on funding abortion providers. While all Title X family planning programs should be reviewed for effectiveness, the NPRM does little to define "effectiveness" and is aimed more clearly at redirecting federal funds to abortion providers such as Planned Parenthood. The rule would disrupt the current health care arrangements of tens of thousands of women who obtain services that are uniquely provided to them by current Title X recipients, a component of "effective services" the proposed rule fails to take into account. Therefore, we urge HHS to reconsider and rescind this NPRM and ensure that states have the freedom as Title X grant recipients to prioritize their subawards to clinics that provide comprehensive healthcare instead of those centers, like Planned Parenthood, which use abortion, the killing of an innocent unborn human being,[29] as a form of "family planning."

Respectfully submitted,

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[29] "Plan Your Children for Health and Happiness, distributed by Planned Parenthood Federation of America (New York, October 1952); at http://liveaction.org/blog/planned-parenthood-1952-abortion-kills-baby/. Under FAQs asking whether birth control is abortion, the pamphlet states, "Definitely not. An abortion requires an operation. It kills the life of a baby after it has begun." Accessed online October 6, 2016. Section 1008 of Title X was adopted to ensure that this distinction would be preserved in any family planning programs subsidized with taxpayer dollars.