



Planned Parenthood Federation of America, Inc.

June 13, 2025

VIA ELECTRONIC TRANSMISSION

Robert F. Kennedy, Jr., Secretary of Health and Human Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 716G
200 Independence Avenue SW
Washington, D.C. 20201

Dear Secretary Kennedy,

Planned Parenthood Federation of America (PPFA) submits this comment letter in response to the Notice titled “Agency Information Collection Request. 30-Day Public Comment Request,” related to the Family Planning Annual Report (FPAR) project, published in the federal register by the Department of Health and Human Services (HHS) on May 14, 2025.¹ PPFA submits comments on topics that would impact the overall health and well-being of the communities that Planned Parenthood affiliates serve across the country.

PPFA is a 501(c)(3) charitable organization that serves as the nation’s leading sexual and reproductive health (SRH) care advocate and supports the independently incorporated Planned Parenthood affiliates operating health centers (Planned Parenthood health centers) in communities across the United States. Planned Parenthood health centers² are a trusted, nonprofit source of health care care for people of all genders, and they are also the nation’s largest sex educator and provider of information on healthy relationships. As a trusted advocate of sexual and reproductive health and national representative for Planned Parenthood health centers, we appreciate HHS’s ensuring that the Family Planning Annual Report (FPAR) data collected through the Title X Family Planning Program (Title X) serves the program’s objectives while safeguarding patient privacy.

Each year, Planned Parenthood health centers provide affordable birth control, lifesaving cancer screenings, testing and treatment for sexually transmitted infections (STIs), abortion, and other essential care to more than two million patients, including via telemedicine. Notably, one in three women in the United States has visited a Planned Parenthood health center. The majority (nearly 70%) of Planned Parenthood patients have incomes at or below 150 percent of the Federal Poverty Level (FPL).

I. PPFA reaffirms the critical role of Title X in the nation’s health care system.

¹ Fed. Reg. 90 FR 20477 (document identifier 0990-30D).

² Planned Parenthood health centers are 501(c)(3) charitable organizations.

Title X is the nation’s only federally-funded family planning program. As of the program’s 50th anniversary in 2020, Title X had provided family planning services to 190 million people.³ Essential health care services provided through Title X include birth control, cancer screenings, STI testing and treatment, and other preventive services.⁴ Since the Title X program’s inception, Planned Parenthood health centers have played a central role in fulfilling the program’s mission and served a significant number of Title X patients. At a time when health care infrastructure generally and family planning safety net providers specifically are underresourced and patient access to SRH care is under threat, PPFA strongly urges HHS to remain committed to a Title X program that can deliver on its mandate of making “comprehensive voluntary family planning services readily available to all persons desiring such services.”⁵

II. PPFA recognizes FPAR data as important to ensuring that Title X fulfills its mandate.

Annual submission of the Family Planning Annual Report (FPAR) is required of all Title X family planning services grant recipients.⁶ Planned Parenthood affirms the utility of this data collection for two distinct purposes: (1) monitoring and improving Title X program performance, including advancing SRH research, and (2) demonstrating the importance of the Title X program to Congress.

FPAR enables HHS and Title X stakeholders to monitor program performance by tracking service provision.⁷ The Title X program is designed to ensure that every person—regardless of their income or whether or not they have health insurance—can access basic, preventive reproductive health care.⁸ How well Title X meets that mandate is known because of FPAR.⁹ As noted in the 2023 Family Planning Annual Report, Title X served 2.8 million people in 2023, “an increase of... 80% from 2020.”¹⁰

³ Office of Population Affairs, “50 Years of Title X: A Timeline of Key Events” (2020), <https://opa.hhs.gov/sites/default/files/2020-11/opa-titex-2020-timeline.pdf>. Adding the 2021, 2022, and 2023 number of patients served – an additional 7.1 million total according the Family Planning Annual Reports – indicates that more than 197 million patients have been served through the Title X program since its founding.

⁴ These services are consistent with “OPA Program Policy Notice 2024-02—Implementing Quality Family Planning Services Recommendations within Title X Projects” (Nov. 19, 2024) and “Providing Quality Family Planning Services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024).”

⁵ Pub. L. No. 91-5722 §2, 84 Stat. 1504 (1970).

⁶ 45 CFR Part 74 and 45 CFR Part 92

⁷ Jamie Kim, Office of Population Affairs, “Supporting Statement: Family Planning Annual Report 2.0” (Jan. 6, 2025).

⁸ Serving patients with low incomes is a central aim of the Title X program. See 42 U.S.C. §300a-4 (priority will be given... to the furnishing of such services to persons from low-income families”).

⁹ According to FPAR data, in 2023, 60% of Title X users lived with income below 101% of the federal poverty level, and an additional 12% lived with income between 101-150% of the federal poverty level. That same year, 27% of Title X users were uninsured, and 67% relied on public insurance. That data also establishes that the Title X program plays a critical role in serving communities of color and other populations that, by virtue of race or ethnicity, may otherwise face systemic barriers to accessing health care. Leith P. Killewald et al, “Family Planning Annual Report: 2023 National Summary,” Mathematica for the Office of Population Affairs (Sept. 2024), <https://opa.hhs.gov/sites/default/files/2025-05/2023-FPAR-National-Summary-Report.pdf>.

¹⁰ “Family Planning Annual Report: 2023 National Summary,” p.10; See Brittni Frederiksen et al., “Rebuilding the Title X Network Under the Biden Administration,” KFF (May 25, 2023), <https://www.kff.org/womens-health-policy/issue-brief/rebuilding-the-title-x-network-under-the-biden-administration/>.

Title X's mandate includes not only service provision but also population research.¹¹ FPAR data provides insight into SRH trends and needs within the Title X patient population, such as that Title X patients are trending older than in past years, and that the number of syphilis tests performed is rising.¹² It is deeply important that HHS collect aggregate data on all Title X patient populations, including LGBTQ+ populations, in order to better understand and resolve health disparities – including HIV/AIDS, STI, and cancer rates.¹³

Finally, FPAR data is important for demonstrating the importance of Title X to Congress and the public. FPAR data enabled calculations demonstrating that the Title X program's true fiscal need is nearly five times the program's current annual appropriation.¹⁴

III. PPFA emphasizes the importance of data privacy in FPAR data.

Since January 2022, all Title X service grant recipients have been required annually to submit encounter-level data about patients served and services provided. In this "FPAR 2.0" model, five data elements must be reported, and 36 others "should" be.¹⁵ Several of those data elements are sensitive, as they relate to sexual behaviors and other deeply personal topics. PPFA urges HHS to return to requiring grantees to share data in the aggregate rather than at the encounter level. That degree of specificity is inessential for any of Title X's purposes of providing quality care and poses risk of misuse that outweighs any potential research or program benefit. Moreover, the clinical staff entering encounter-level data face an underestimated burden on a taxed health care workforce. If HHS continues to collect data at the encounter level, it is imperative that this data continue to be deidentified before being sent to HHS. Otherwise, data should be shared only when a patient grants explicit consent, in order to safeguard the confidentiality of individuals who receive Title X-funded services.¹⁶

Planned Parenthood Federation of America strongly urges HHS to put the health and lives of all people in this country—including women, people of color, young people, people with disabilities, and LGBTQ+ communities—first and foremost, and to work towards fulfilling, rather than undermining, HHS' core mission of improving the health and wellbeing of all people. For these reasons, HHS should collect, and ensure strong privacy protections of, FPAR data.

¹¹ Pub. L. No. 91-5722 §2, 84 Stat. 1504 (1970) ("An Act - To promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government").

¹² See "Family Planning Annual Report: 2023 National Summary," p. 80. Title X is an important source of STI testing and treatment as the nation grapples with historic STI rates. See Centers for Disease Control and Prevention, "National Overview of STIs in 2023" (Nov. 12, 2024), <https://www.cdc.gov/sti-statistics/annual/summary.html>.

¹³ See "FPAR 2.0 Frequently Asked Questions," Office of Population Affairs (updated Jan. 2025), <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/fpar2/faq#2024> ("In January 2025, Data Elements 42 and 43 were removed.").

¹⁴ Marina Mileo Gorzig et al., "The Need for Free or Subsidized Sexual and Reproductive Health Services in the U.S.: Updated Estimates," Office of Population Affairs Working Paper, Mathematica (Dec. 2024), <https://opa.hhs.gov/sites/default/files/2024-12/opa-cost-study-srh-services.pdf> (noting that though some federal and state programs have been designed to increase access to SRH services, barriers to accessing SRH services persist, and there remains a deep need for publicly funded SRH service providers and estimating that 2.9 million people in the U.S. may need free or subsidized sexual and reproductive health (SRH) services, and that to provide that care would cost \$1.38 billion annually).

¹⁵ See, e.g., "FPAR 2.0 Encounter-level Data Reporting Guidelines," Office of Population Affairs (accessed June 10, 2025), https://opa.hhs.gov/sites/default/files/2022-11/FPAR2-Encounter-Report-Guide_0.pdf (removing two questions from FPAR).

¹⁶ "How are FPAR data kept safe?" Office of Population Affairs (July 2024), <https://opa.hhs.gov/sites/default/files/2024-07/How-are-FPAR-data-kept-safe.pdf>.

Respectfully,

Laurel Sakai

A handwritten signature in black ink, appearing to read "Laurel Sakai". The signature is fluid and cursive, with the first name "Laurel" being more prominent and the last name "Sakai" following in a similar style.

Laurel Sakai
National Director, Public Policy
Planned Parenthood Federation of America