

Big moves will put an end to Title X physician “gag rule”

MAY 21, 2021

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What's the news: Actions taken by the U.S. Supreme Court and the Biden administration are putting an end to the harmful “gag rule” that has hampered patient access to essential care under the Title X family-planning program.

The AMA, Oregon Medical Association and others filed a lawsuit in 2019 seeking to block the Department of Health and Human Services (HHS) from implementing the gag rule that unlawfully dictated what physicians practicing at facilities funded by Title X grants cannot say, and must say, to their patients.

The U.S. Supreme Court agreed in February to review the case, *American Medical Association v. Cochran*, formerly known as *AMA v. Azar*.

Now the high court has dismissed the relevant cases as all the parties to the Title X litigation, including the Biden administration, filed a joint stipulation asking the justices to do so.

The dismissal marked “another important step forward for patients across the country who have been denied access to essential care during a pandemic,” says a joint statement from the AMA, Planned Parenthood Federation of America, National Family Planning & Reproductive Health Association, American Civil Liberties Union, Essential Access Health, and Feminist Women’s Health Center/Cedar River Clinics.

Then came a notice of proposed rulemaking from the HHS to revoke the rule issued in 2019. The AMA strongly supports the proposal and is urging the agency to finalize the new rule expeditiously.

Why it's important: “The ‘gag rule’ on the Title X program continues to bring immense harm to people across the country who depend on affordable sexual and reproductive health care—such as birth control, breast and cervical cancer screenings, and STI [sexually transmitted infection] testing

and treatment, among other essential health services that Title X provides,” says the joint statement from the AMA and others.

“Among many harmful restrictions, the ‘gag rule’ inappropriately interferes with the patient-provider relationship and conflicts with the ethical obligations of physicians and other health care providers—ultimately jeopardizing patient access to safe, confidential care,” the joint statement says.

“Tragically, but predictably, this rule has disproportionately harmed people of color, who are at the same time more likely to face the worst health and economic impacts from the COVID-19 pandemic. Title X has an essential role in ensuring that all Americans—regardless of where they live or how much money they make—have access to comprehensive sexual and reproductive health care

According to data cited by HHS in the preamble of its newly proposed rule, the 2019 rule had a massive impact on patients’ access to essential care.

Compared with 2018, in 2019:

- 625,802 fewer gonorrhea tests were performed.
- 276,109 fewer HIV tests were performed.
- 256,523 fewer chlamydia tests were performed.
- 225,688 fewer clients got oral contraceptives.
- 118,920 fewer clinical breast exams were conducted.
- 86,008 fewer clients got intrauterine devices.
- 77,524 fewer syphilis tests were performed.
- 71,145 fewer people who were pregnant or seeking pregnancy were served.
- 49,803 fewer clients got hormonal implants.

According to HHS, the 2019 rule may have led to as many as 181,477 unintended pregnancies. In addition to the 2019 rule’s inequitable impact by race and ethnicity, over 800,000 low-income patients saw their access to Title X services affected, as did more than 300,000 uninsured clients.

“It is clear that the numbers alone on the impact on access to Title X providers and family planning and preventive health services demonstrate that continued enforcement of the 2019 rule will harm more individuals seeking family planning services,” AMA Executive Vice President and CEO James L. Madara, MD, wrote in a letter to HHS Secretary Xavier Becerra.

Learn more: Read more about the AMA’s judicial advocacy and the work of the Litigation Center for the American Medical Association and State Medical Societies.

Discover what the AMA is doing to promote health equity.