

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 6
(I-26)

Introduced by: Nikita Sood, MD

Subject: Protecting Evidence-Based Family Planning Services in Title X-Funded Programs

Referred to: Reference Committee

1 Whereas, Title X of the Public Health Service Act is the only federal program dedicated solely to
2 providing family planning and related preventive health services ¹⁻⁶; and
3

4 Whereas, Title X is intended to provide a broad range of effective family planning methods and
5 services, including highly effective contraceptive methods and services ¹⁻⁶; and
6

7 Whereas, Title X-funded health centers provide essential preventive and reproductive health
8 services to millions of patients, disproportionately serving individuals with low incomes and
9 those who face barriers to accessing health care ¹⁻⁷; and
10

11 Whereas, access to comprehensive contraceptive counseling and the full range of effective
12 contraceptive methods has been shown to reduce unintended pregnancy and improve
13 reproductive health outcomes ¹⁻⁸; and
14

15 Whereas, a 2022 analysis of 384 community health centers across 20 states found that Title X-
16 funded clinics provided the most effective contraceptive methods, including intrauterine devices
17 and implants, at higher rates than non-Title X clinics, with an even greater difference among
18 adolescents ⁹; and
19

20 Whereas, other studies have similarly demonstrated a difference in types of contraception
21 obtained at Title X-funded clinics compared to non-Title X clinics ¹⁰; and
22

23 Whereas, the US Department of Health and Human Services, which administers Title X funding,
24 announced new funding application requirements in April 2026, including “expanding access to
25 fertility-awareness–based methods (often referred to as natural family planning)” and “affirm[ing]
26 marriage and parenthood as meaningful and valued components of adult life, particularly in
27 counseling adolescents on long-term reproductive goals” ^{11, 12}; and
28

29 Whereas, these program requirements make access to Title X funding conditional on the
30 provision of non-evidence based clinical counseling ^{13, 14}; and
31

32 Whereas, on July 28, Planned Parenthood filed a lawsuit challenging the new application
33 changes and on August 27, officials from 23 states also filed a lawsuit to block the Title X
34 funding application changes, demonstrating that this is a timely and active issue ^{15, 16}; therefore
35 be it
36

37 RESOLVED, that our American Medical Association (AMA) oppose federal Title X funding
38 criteria that restrict, discourage, or otherwise condition funding on counseling that deviates from
39 evidence-based approaches; and be it further

RESOLVED, that our AMA advocate that Title X funding requirements preserve and support the clinical judgment of physicians and other qualified health professionals to provide individualized counseling and care based on the patient's medical circumstances, reproductive goals, preferences, and informed decisions; and be it further

RESOLVED, that our AMA collaborate with relevant medical specialty societies, state medical societies, public health organizations, and patient advocacy organizations to monitor changes to Title X requirements and the public health consequences of these changes; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.

Fiscal Note: Modest

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16. *Reuters. US states sue to block new conditions for family-planning grants*. Reuters. Published August 27, 2026. Accessed August 31, 2026. <https://www.reuters.com/legal/litigation/us-states-sue-block-new-conditions-family-planning-grants-2026-08-27/>

RELEVANT RFS POSITION STATEMENTS

Global HIV/AIDS Prevention 20.001R

That our AMA-RFS: (1) support continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives, or grantee pledges of opposition to prostitution, and (2), support comprehensive family-life education to foreign aid programs,

promoting abstinence as the best method to prevent sexually-transmitted disease transmission while also discussing the role of condoms in disease prevention.

Preserving Access to Reproductive Health Services 140.101R

That our AMA-RFS support our AMA: (1) Recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) Opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) Will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion; (4) Supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) Opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) Opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) Will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; (8) Will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at I-22.

Oppose Funding Reductions on Health Centers Receiving Title X and/or Medicaid Funding 140.105R

That our AMA-RFS supports access to preventative and reproductive health services for all patients; and that our AMA-RFS opposes restrictions for funding of all providers and clinics who provide preventive and reproductive health services, when those providers and clinics otherwise meet the usual standards for eligibility.

Fair Access to Evidence-Based Family Planning Methods 390.008R

That our AMA-RFS: (1) recognize that choices regarding family planning and medical or surgical termination of pregnancy are personal and autonomous and are to be made by a patient in concert with their health care provider; and (2) support changes to public and private payment mechanisms that would make evidence-based family planning methods and medical or surgical termination of pregnancy accessible to all patients, regardless of socioeconomic background.

Protection of Access and Coverage of Women's Preventative and Maternity Care 390.009R

That our AMA-RFS support legislation and regulations that ensures women have comprehensive coverage and access to preventative care, contraception, and maternity care with no cost sharing.

Contraceptive Access 390.015R

That our AMA-RFS support: (1) the continued use of public funding for affordable and accessible family planning services that are free of undue burden, in an effort to reduce the rates of unplanned pregnancies; (2) over-the-counter access to contraceptives; (3) policies and any work the AMA does with other interested organizations to increase access to and awareness of over-the-counter emergency contraception; (4) affordable Long-Acting Reversible Contraception access for all patients, including those in the immediate postpartum period; and (5) training and financial assistance for providers to offer Long-Acting Reversible Contraception

RELEVANT AMA POLICY

Preserving Access to Reproductive Health Services D-5.999

1. Our American Medical Association recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right.
2. Our AMA opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion.

3. Our AMA will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion.
4. Our AMA supports shared decision-making between patients and their physicians regarding reproductive healthcare.
5. Our AMA opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients.
6. Our AMA opposes the imposition of criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions and the termination of medical liability coverage or clinical privileges against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services.
7. Our AMA will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services.
8. Our AMA will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion.

Family Planning Clinic Funds H-75.992

Our American Medical Association supports the concept of adequate funding for family planning programs.

Preconception Care H-425.976

1. Our American Medical Association supports the 10 recommendations developed by the Centers for Disease Control and Prevention for improving preconception health care that state:
 1. Individual responsibility across the lifespan--each woman, man, and couple should be encouraged to have a reproductive life plan.
 2. Consumer awareness--increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts.
 3. Preventive visits--as a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.
 4. Interventions for identified risks--increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact).
 5. Inter-conception care--use the inter-conception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth).
 6. Pre-pregnancy checkup--offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy.
 7. Health insurance coverage for women with low incomes--increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and pre-conception and inter-conception care.
 8. Public health programs and strategies--integrate components of pre-conception health into existing local public health and related programs, including emphasis on inter-conception interventions for women with previous adverse outcomes.
 9. Research--increase the evidence base and promote the use of the evidence to improve preconception health.
 10. Monitoring improvements--maximize public health surveillance and related research mechanisms to monitor preconception health.
2. Our AMA supports the education of physicians and the public about the importance of preconception care as a vital component of a woman's reproductive health.

3. Our AMA supports the use of pregnancy intention screening and contraceptive screening in appropriate women and men as part of routine well-care and recommend it be appropriately documented in the medical record.
4. Our AMA will work with interested parties to encourage discussion of family planning counseling with all individuals with reproductive potential as part of routine health maintenance.

Truth and Transparency in Pregnancy Counseling Centers H-420.954

1. It is our American Medical Association's position that any entity that represents itself as offering health-related services should uphold the standards of truthfulness, transparency, and confidentiality that govern health care professionals.
2. Our AMA urges the development of effective oversight for entities offering pregnancy-related health services and counseling.
3. Our AMA advocates that any entity offering crisis pregnancy services
 - a. truthfully describe the services they offer or for which they refer—including prenatal care, family planning, termination, or adoption services—in communications on site and in their advertising, and before any services are provided to an individual patient.
 - b. be transparent with respect to their funding and sponsorship relationships.
4. Our AMA advocates that any entity licensed to provide medical or health services to pregnant people.
 - a. ensure that care is provided by appropriately qualified, licensed personnel.
 - b. abide by federal health information privacy laws.
5. Our AMA urges that public funding only support programs that provide complete, non-directive, medically accurate health information to support patients' informed, voluntary decisions.

Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools H-170.968

1. Our American Medical Association supports the concept of sexuality education in the home, when possible, as well as developmentally appropriate sexuality education programming in the schools at all levels, at local option and direction.
2. Our AMA urges schools at all education levels to implement comprehensive, developmentally appropriate sexuality education programs that:
 - a. are based on rigorous, peer reviewed science;
 - b. incorporate sexual violence prevention;
 - c. show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant;
 - d. include an integrated strategy for making condoms and other effective barrier protection methods available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases;
 - e. utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of LGBTQ+ youth;
 - f. appropriately and comprehensively address the sexual behavior of all people, inclusive of sexual and gender minorities;
 - g. include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program;
 - h. are part of an overall health education program; and
 - i. include culturally competent materials that are language-appropriate for Limited English Proficiency (LEP) pupils;
3. Our AMA will continue to monitor future research findings related to emerging initiatives that include abstinence-only, school-based sexuality education, and consent communication to prevent dating violence while promoting healthy relationships, and school-based condom

availability programs that address sexually transmitted diseases and pregnancy prevention for young people and report back to the House of Delegates as appropriate.

4. Our AMA will work with the United States Surgeon General to design programs that address communities of color and youth in high risk situations within the context of a comprehensive school health education program.
5. Our AMA opposes the sole use of abstinence-only education, as defined by the 1996 Temporary Assistance to Needy Families Act (P.L. 104-193), within school systems.
6. Our AMA endorses comprehensive family life education in lieu of abstinence-only education, unless research shows abstinence-only education to be superior in preventing negative health outcomes.
7. Our AMA supports federal funding of comprehensive sex education programs that stress the importance of preventing unwanted teenage pregnancy and sexually transmitted infections via comprehensive education, including contraceptive choices, abstinence, and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits.
8. Our AMA extends its support of comprehensive family-life education to community-based programs promoting abstinence as the best method to prevent teenage pregnancy and sexually-transmitted diseases while also discussing the roles of condoms and birth control, as endorsed for school systems in this policy.
9. Our AMA supports the development of sexual education curriculum that integrates dating violence prevention through lessons on healthy relationships, sexual health, and conversations about consent.
10. Our AMA encourages physicians and all interested parties to develop best-practice, evidence-based, guidelines for sexual education curricula that are developmentally appropriate as well as medically, factually, and technically accurate.