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Federal Impacts on Bodily Autonomy

- Attacks on independent clinics, Planned Parenthood and evidence-based family planning
 - Weaponizing Title X Funds
 - Defunding Planned Parenthood
- Attacks on gender affirming care
 - Focus on transgender youth
- Attacks on mifepristone access

Title X



- Title X (1970) – federal grant program to provide comprehensive and confidential family planning and preventive health services.
 - Administered by HHS
 - Main source of healthcare for people of color, LGBTQ+ folks, and people in rural areas



Lawsuits Challenging Notice of Funding Opportunity (NOFO)

- *National Family Planning & Reproductive Health Association et al. v. RFK Jr et al.* (June 2026)
 - Challenging priorities “alignment review”
 - Court considering Defendants’ MTD
- *PPFA v. US Dept. HHS* (July 2026)
 - Challenging targeting of PPFA
 - Awaiting hearing; Defendants have filed a MTD & MSJ
- *State of NY v. HHS* (August 2026)
 - Challenging Agency Priorities, including all of the ones in the other two lawsuits
 - Court is considering Defendant motion to transfer venue



National Family Planning & Reproductive Health Association et al. v. RFK Jr et al. (June 2026)

- Challenging HHS 2027 Notice of Funding Opportunity issued April 2026
 - Requires threshold “alignment review” assessing applicants’ agreement with agency priorities:
 - Ending DEI (including “health equity”)
 - Ending support for “gender ideology”
 - Dismissed Sept. 17th, 2026



PPFA v. US Dept. HHS (July 2026)

- Challenging revised HHS funding announcement July 2026 with new priorities
 - favoring fertility trackers over contraceptives
 - “Respecting biological reality”
 - Counseling marriage before childbirth
- PPFA arguments:
 - Disadvantages PPFA members in competing for Title X funding
 - Violates APA and Spending Clause of US Constitution
 - Priorities are not “client-centered” or “inclusive” as required by Title X’s implementing regulations



State of NY v. HHS (August 2026)

- States challenging the Agency Priorities in July 2026 NOFO:
 - Ending DEI policies
 - Ending support for “gender ideology”
 - Ending “overmedicalization” including hormonal contraception
 - Enforcing the Hyde amendment domestically
 - Adopting counseling directing people to marriage and parenthood
 - Advancing miscellaneous priorities such as understanding autism and ending crime and disorder on America’s streets

Defunding Planned Parenthood

- Hyde Amendment (1977)
- *Medina v. Planned Parenthood South Atlantic* (2025)
- *Planned Parenthood Federation of America, Inc., et al. v. Kennedy et al.* (2025)





Impacts

- **In 2025, 51 Planned Parenthood health centers closed across 18 states** — leaving patients with fewer options for essential health care, including birth control, abortion, cancer screenings, sexually transmitted infection (STI) testing and treatment, primary care, and behavioral health services.
- **Nearly 75% of closures** were in rural, medically underserved, or health professional shortage areas for primary care.
- **Planned Parenthood in Washington received \$11 million federally** – the state has committed to closing that gap
 - **27% of female Medicaid enrollees** in WA (ages 15-49) went to PP for contraceptive care in WA

Medicaid and CHIP Ban on GAC for Minors

- Federal funds will no longer cover GAC for minors on Medicaid under 18 and those with CHIP under 19
 - Excludes “necessary mental health services”
- Changes take effect **Oct. 13, 2026**
- *Illinois et al. v. HHS* (Sept. 2026)
 - Rule exceeds CMS’s statutory authority
 - Contrary to federal laws like ACA that grant states authority and discretion to use federal funding for healthcare
 - Arbitrary and capricious
 - Violates Spending Clause



Attacks on Mifepristone

- Commonly used in medication abortions which comprise almost 2/3 of all abortions in the United States
- Food and Drug Administration (FDA) imposes restrictions on drug usage based on safety records and studies
 - Mifepristone has consistently proven to be safe and effective, leading to the FDA lifting many restrictions on its use, including eliminating in-person requirements and expanding what kind of healthcare providers can administer the drug





Mifepristone Lawsuits & Federal Action

- *Louisiana v. FDA* (2025)
 - Block prescription of mifepristone via telemedicine nationwide
 - Oral argument Sept. 9, 2026
- *Missouri v. FDA & Florida v. FDA*
 - Reinstating in-person requirement, two in-person patient visits and 14-day follow-up, and limiting prescription to physicians only
 - Florida case stayed until Dec. 1 or FDA review is complete, whichever comes first; similar request from DOJ in Florida case
- FDA undertaking a “safety review” of restrictions on mifepristone
- EPA – potentially adding mifepristone to Contaminant Candidate List (list of water contaminants)