ST. CLAIR COUNTY HEALTH DEPARTMENT

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June 10, 2026

MEMORANDUM FOR: St. Clair County Advisory Board of Health and Liz King, Health Officer

FROM: Remington Nevin, MD, MPH, DrPH, Medical Director

SUBJECT: Recommendation to Discontinue Title X Contraceptive Activities

Among my responsibilities as Medical Director is the periodic review of the medical services delivered by the St. Clair County Health Department ("the Department") and the recommendation of changes where appropriate. I have previously exercised that responsibility in, for example, my August 1, 2025 memorandum on the consolidation of clinical services.[i] In furtherance of that responsibility, I am now recommending that the Department discontinue its Title X contraceptive activities. These changes are, in my judgment, necessary to permit a refocusing of the Department's limited resources on its core public health activities in a cost-effective and sustainable manner.

A brief description of the program is in order. "Title X" refers to Title X of the Public Health Service Act, codified at 42 U.S.C. § 300 *et seq.*, and enacted as the Family Planning Services and Population Research Act of 1970 (PL 91-572). It is the only federal grant program dedicated solely to contraceptive and related preventive health services, and is administered by the Office of Population Affairs ("OPA") within the U.S. Department of Health and Human Services ("HHS") under regulations at 42 CFR Part 59, Subpart A.[ii] Among the services that Title X funds is the provision of long-acting reversible contraceptives ("LARCs")—intrauterine devices ("IUDs") and the etonogestrel subdermal implant (Nexplanon®)—which are placed and removed by a clinician in an office procedure. In Michigan, the Michigan Department of Health and Human Services ("MDHHS") is the sole statewide grantee and distributes Title X funds to a network of subrecipients—Federally Qualified Health Centers ("FQHCs"), hospitals, nonprofits, and local health departments—on multi-year cycles with twelve-month budget periods aligned to the federal fiscal year (October 1 – September 30). The Department has been one such subrecipient.[iii]

Six considerations support this recommendation. They are operational, clinical, and statutory in character, and mutually reinforcing: (1) the recent loss of the Department's experienced contraceptive-services Nurse Practitioner ("NP") forces a near-term staffing decision incompatible with the continued exclusive use of an NP for Title X services; (2) the new family medicine residency at McLaren Port Huron is the logical community home for the procedural component of contraceptive care, and the program's trainees—who require a minimum volume of LARC placements and removals for clinical competency and graduation—would benefit from access to a procedure pool of the size the Department has historically performed, should appropriate logistical arrangements be made to receive these patients in the residency clinic setting; (3) the contraceptive marketplace has changed materially since 2023, with daily oral and emergency contraception now broadly available over the counter throughout the County; (4) the Department's reliance on Title X to cross-subsidize its core sexually transmitted infection ("STI") work is structurally unsound, and the per-encounter cost of the program is not defensible as a use of public funds; (5) acceptance of Title X funds binds the Department to federal confidentiality and

policy requirements at odds with Michigan law and this community's values, and that swing abruptly with each change in federal administration—a pattern only sharpened by the recently published FY 2027 Notice of Funding Opportunity ("NOFO") and the litigation likely to follow; and (6) contraceptive provision is neither a core function of a Michigan local health department nor a service Michigan law requires the Department to provide, and approximately ten of Michigan's forty-five LHDs either provide no contraceptive services or do not participate in Title X funding.

First, the staffing posture of the program has passed the point at which this question can credibly be deferred. The long-tenured NP who served this role departed in May 2026; the planned replacement, a Physician Assistant recruited as the proposed Deputy Medical Director, is not contemplated to provide Title X services on a full-time, exclusive basis.[iv] The remaining full-time NP credentialed for LARC is expected to depart in late July or August 2026 with the transition of the Teen Health Center to Community First Health Centers, leaving only a part-time LARC-credentialed NP. Title X obliges a subrecipient to provide a "broad range" of contraceptive methods—with LARC on site or by paid referral—and to maintain credentialed clinical staff sufficient to that end;[v] continued participation would therefore require either redirecting an NP exclusively to Title X (and foreclosing the broader clinical scope the Deputy Medical Director role is designed to support) or hiring a second clinician on top of the Deputy, which is not, in my judgment, a defensible use of departmental resources for a permissive grant program of the size set out below. Recruiting a clinician exclusively dedicated to contraceptive activities would, moreover, likely prove challenging in light of the longer-term uncertainty in the program discussed below. The need for a staffing decision in this regard is imminent but must await a decision on this issue.

Second, absent another Title X provider, the new family medicine residency at McLaren Port Huron is the logical community home for the procedural elements of contraceptive care. The McLaren Port Huron Family Medicine Residency is an ACGME-accredited, community-based three-year program with a dedicated OB/GYN rotation;[vi] LARC counseling, placement, and removal are now widely treated as core procedural competencies, and procedure counts in this area are recognized as scarce.[vii] Preliminary discussions with trainees at the program suggest a current need to increase LARC procedural volume. The Department's LARC volume is on the order of 140 IUD/implant procedures in calendar year 2025, or two to three per week,[viii] modest in absolute terms but meaningful as a training resource for a program in this catchment. Should appropriate logistical arrangements be made to receive these patients in the residency clinic setting,[ix] the volume would support the development of additional skilled clinicians in the community. Continued in-house performance of these procedures by the Department would, by contrast, consume—without educational benefit—a procedure pool that would otherwise be available to that end.

Third, the contraceptive marketplace has changed materially since the Department's last comprehensive review of these services. In July 2023 the U.S. Food and Drug Administration ("FDA") approved Opill® (norgestrel 0.075 mg) as the first daily oral contraceptive available without a prescription;[x] it became commercially available in early 2024 at modest retail prices and is now stocked widely in St. Clair County.[xi] Levonorgestrel emergency contraception (Plan B One-Step® and generics) has been available over the counter without age restriction since 2013 and is stocked in essentially every pharmacy and supermarket in the County. Condoms also remain inexpensive and ubiquitous, and MDHHS's "Take Control of Your Birth Control" program distributes oral contraceptives, emergency contraception, and condoms at no cost through more than 300 statewide pickup points.[xii] The population the Department's contraceptive-services program has historically served—adolescents and adults seeking routine contraception—can now obtain the most common methods over the counter, locally, at modest cost. That is itself sufficient to warrant reconsideration of the Department's on-site role.

Fourth, the Department's present structure has come to rely on Title X funding to cross-subsidize what is properly a separate, core public health function: the testing for and treatment of STIs. That work is squarely within the Department's core Essential Local Public Health Services ("ELPHS")

function, and should be funded directly—through STI-specific federal and state grants, ELPHS, fee-for-service billing, and general fund support—rather than incidentally, as a derivative of the Title X grant.[xiii] The present cross-subsidy makes a core public health function contingent on the availability and acceptable terms of an unrelated, volatile, politically-contested federal program; that is structurally unsound, and the Department's STI services should stand on their own foundation. There is, in addition, a cost-effectiveness question. The Department's total program expenses for the contraceptive-services program exceed its total program revenue, with the result that the program operates at a material net loss to the Department. Spread across the 2025 client volume of 871 unduplicated users, the program's costs work out to several hundred dollars per user. Among those users, a substantial share received contraceptive services that are now readily available without prescription and at no cost through MDHHS's "Take Control" program. Per the Department's 2025 Family Planning Annual Report ("FPAR", the official MDHHS reporting instrument), 27.7 percent of female clients relied on oral contraceptives (now available over the counter as Opill® and distributed without cost through Take Control), and 69.4 percent of male clients relied on male-only methods, overwhelmingly the male condom (likewise distributed without cost through Take Control and stocked in essentially every pharmacy and grocery store in the County). See Exhibit 1, Figures 8 and 9.[xiv] Combining these two groups, roughly one-third of the program's 2025 users received as their primary contraceptive method something for which a no-cost, no-prescription, locally available alternative now exists. A responsible steward of public funds cannot, in my judgment, defend a per-user expenditure of that magnitude for a service so substantially substitutable by readily available alternatives.

Fifth, acceptance of Title X funds binds the Department to federal confidentiality and policy requirements that are, in important respects, at odds with Michigan law, with this community's values, and with any reasonable expectation of stability. The governing OPA regulation, 42 CFR § 59.10(b), provides that "Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services." OPA has confirmed that this rule applies in Michigan, and the MDHHS Standards Manual incorporates the same requirement for Michigan subrecipients.[xv] Michigan law, by contrast, permits clinicians to inform a parent or guardian of certain minor treatment in their discretion;[xvi] the categorical federal rule displaces the case-by-case judgment Michigan law preserves.

Title X compliance obligations are, moreover, subject to significant and increasingly partisan change. The 2019 Trump "gag rule" prohibited abortion referrals and prompted the departure of Planned Parenthood affiliates and a substantial number of other service sites from the program; the 2021 Biden rule reversed that posture and added new content expectations including expanded adolescent confidentiality and a regulatory requirement that services be delivered "in a culturally and linguistically appropriate, trauma-informed, inclusive manner that is free from discrimination based on sexual orientation, gender identity, or marital status." On March 31, 2025 the second Trump administration withheld grants from sixteen grantees (representing 22 grants and approximately a quarter of the Title X-funded network) pending review of their diversity, equity, and inclusion ("DEI") policies; following National Family Planning and Reproductive Health Association ("NFPRHA") and American Civil Liberties Union ("ACLU") litigation those funds were restored over the course of late 2025 and NFPRHA voluntarily dismissed its suit on January 13, 2026, but by then OPA had reportedly been substantially depopulated by reductions in force.[xvii] Most consequentially for the present decision, on April 3, 2026 OPA published NOFO PA-FPH-27-001 for FY 2027, which marks a significant reorientation of the program, widely understood, together with OPA's March 13, 2026 interim guidance, to portend reinstatement of substantially the 2019 framework, elimination of the Biden-era Quality Family Planning standards and equity-and-inclusion goals, and new content expectations consonant with Project 2025.[xviii] This NOFO is, in my judgment, likely to be litigated, as analogous HHS actions in this area routinely are; and it is in any event genuinely uncertain whether MDHHS, given its published guidance and current network composition, will apply for FY 2027 funding on these terms at all.[xix]

The pattern, taken as a whole, is one of swings between partisan extremes with each successive administration. The Department's grant conditions may be tolerable at this moment; the next change could reimpose abortion-referral or counseling mandates, broaden adolescent-confidentiality conditions, or condition funds on DEI and "gender-affirming" content expectations the Advisory Board might not endorse. Discontinuing participation at the close of the present budget period, before the FY 2027 framework either takes effect or is invalidated, places the Department in a stable, defensible, locally controlled manner not contingent on either the outcome of MDHHS's strategic decisions or the litigation likely to follow.

Sixth, and most importantly, on-site contraceptive provision is neither a core function of a Michigan local health department nor required by law. The MDHHS Standards Manual states without qualification that "Local health departments may, but are not required to, provide family planning services under supervision of MDHHS but must publicize the availability of family planning services."[xx] The underlying statute, MCL 333.9131, is to the same effect: LHDs must publicize availability, but neither the statute nor the Manual requires any LHD to operate a Title X clinic or to furnish contraceptive services directly.[xxi] Indeed, a recent systematic review of Michigan's 45 LHDs identified at least four whose websites confirm they do not provide direct contraceptive services—Barry-Eaton, Branch-Hillsdale-St. Joseph, Allegan, and Public Health—Muskegon County—and an additional six (Ionia, Jackson, Kent, Lapeer, Oakland, and Wayne County) for which the strong weight of available evidence indicates the absence of robust Title X services.[xxii] That as many as ten of forty-five Michigan LHDs already operate without on-site Title X services is the most direct possible refutation of any suggestion that withdrawal is inconsistent with the lawful operation of an LHD. There is, accordingly, no serious statutory or regulatory barrier to discontinuation, including on an expeditious schedule as may be necessary.[xxiii]

A decision to discontinue the Department's Title X activities raises the natural question of what other community organizations might do in response. Community First Health Centers—the FQHC that has recently assumed responsibility for two of the Department's former community-based primary care clinics—is, in my judgment, a strong candidate to apply for Title X subrecipient status in the Department's stead, should it so choose. Community First operates clinical sites in Port Huron, Algonac, and New Haven, advertises full-service women's health and contraceptive services, and is structurally a more natural home for ongoing Title X work than the Department.[xxiv] The MDHHS subrecipient network already includes FQHCs elsewhere in Michigan. The Department's withdrawal therefore does not foreclose continued local Title X availability; as with the transition of school-based clinics to FQHCs, this action could relocate Title X services to a setting better matched to comprehensive primary care. Conversely, in my opinion, there is no reason to expect that the Department's withdrawal would induce another Title X provider not already established in the County to establish a clinical presence here, as the broader Title X provider network in Michigan has been contracting rather than expanding in recent years.[xxv]

With the foregoing as background, the question before the Advisory Board going forward is whether the Department should pursue and accept any continued Title X subrecipient funding. My recommendation is that it should not; and that the Department wind down its on-site Title X contraceptive activities over the remainder of the current budget period (ending September 30, 2026), decline to seek renewal thereafter, and transition its STI testing and treatment and other ELPHS to an independent footing under the proposed Deputy Medical Director position. The specific compliance steps that follow—written notice to MDHHS in advance of the September 30, 2026 budget period end, the MDHHS closeout requirements,[xxvi] the paid-referral arrangements for LARC procedures contemplated by Title X regulations and the MDHHS Standards Manual,[xxvii] and the publication of a community-provider notice at the Department's main building at 220 Fort Street, Port Huron, and on the Department's website[xxviii]—can be left to the Department to administer in the ordinary course.

I would welcome a motion by the Advisory Board of Health in support of the foregoing recommendations.

Remington Nevin, MD, MPH, DrPH
Medical Director, St. Clair County Health Department

Enclosure as described

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[i] See St. Clair County Health Department, Medical Director's Memorandums, https://stclaircounty.org/PageBuilder/scchd/Offices/979 (collecting prior memoranda).

[ii] 42 U.S.C. § 300 *et seq.*; 42 CFR Part 59, Subpart A, https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59; see also U.S. Department of Health and Human Services, Office of Population Affairs, About Title X Service Grants, https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants.

[iii] Office of Population Affairs, Current Title X Service Grantees — Michigan Department of Health and Human Services (FY 2026 funding $7,178,497), https://opa.hhs.gov/grant-programs/title-x-service-grants/current-title-x-service-grantees/michigan-department-health; MDHHS Standards Manual, *infra* note v, at § II.A (project period of at least three years; twelve-month budget periods aligned to the federal fiscal year).

[iv] See R. Nevin, Memorandum, Medical Recommendations for the Recruitment of a Deputy Medical Director (Mar. 6, 2026), https://stclaircounty.org/PageBuilder/scchd/Offices/979.

[v] Michigan Department of Health and Human Services, Michigan Title X Family Planning Program Standards & Guidelines Manual (Jan. 21, 2026), at Introduction, p. 7, and § III (Clinical Services), https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Children-and-Families/Healthy-Children-and-Healthy-Families/Michigan-Family-Planning-Program/Revised-Standards-Guidelines-1-21-2026.pdf [hereinafter "MDHHS Standards Manual"]; 42 CFR § 59.5(a)(1), https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5.

[vi] McLaren Port Huron Family Medicine Residency Program, https://www.mclaren.org/gme-medical-education/mclaren-residency-programs/49; FREIDA / ACGME Program Listing, Program ID 1202500004, https://freida.ama-assn.org/program/1202500004 (primary teaching site at 1221 Pine Grove Ave., Port Huron).

[vii] See, e.g., Beyer-Berjot L. et al., Block scheduling for LARC in a family medicine residency program, PRiMER (2024), https://pmc.ncbi.nlm.nih.gov/articles/PMC10983396/ (documenting integration of LARC counseling and insertion training into a family medicine residency primary clinic, with measurable increases in resident comfort and procedural volume).

[viii] Internal St. Clair County Health Department contraceptive-services program data, Family Planning Annual Report: St. Clair County Health Department: 2025 (attached as Exhibit 1) [hereinafter "Exhibit 1"]. The 2025 report records 871 total clients (695 female, 176 male) with 34 IUDs and 106 etonogestrel implants placed during the year; historical totals through 2024 are also reported in Exhibit 1.

[ix] MDHHS Standards Manual, *supra*, at § III (Clinical Services) (LARC may be provided "either on site or by paid referral"); see also Michigan Local Public Health Accreditation Program, Family Planning (Cycle 9), MPR 8 / Indicator 8.1, https://accreditation.localhealth.net/wp-content/uploads/2025/07/Family-Planning_Cycle-9_FINAL.pdf.

[x] U.S. Food and Drug Administration, FDA Approves First Nonprescription Daily Oral Contraceptive (July 13, 2023), https://www.fda.gov/news-events/press-announcements/fda-approves-first-nonprescription-daily-oral-contraceptive.

[xi] See, e.g., CNN, First OTC birth control pill in the US now available in some stores (Mar. 28, 2024), https://www.cnn.com/2024/03/28/health/opill-otc-birth-control-pill-in-stores; Kaiser Family Foundation, Over-the-Counter Oral Contraceptive Pills (Mar. 10, 2026), https://www.kff.org/affordable-care-act/over-the-counter-oral-contraceptive-pills/. Suggested retail prices on initial market entry were $19.99 (one-month supply), $49.99 (three months), and $89.99 (six months).

[xii] MDHHS, Take Control of Your Birth Control, press release (Jan. 16, 2025), https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2025/01/16/take-control.

[xiii] See MCL 333.5101 *et seq.* (Part 51 of the Public Health Code, communicable and chronic diseases, including reporting and control of sexually transmitted infections); MCL 333.5111–5133. The Department's STI program is, in addition, an Essential Local Public Health Service eligible for ELPHS funding under PA 22 of 2025 (FY 2026 General Omnibus, HB 4706), Sec. 1222(1), and is reimbursable in part through Medicaid fee-for-service and through MDHHS's STI-specific grant streams.

[xiv] Internal St. Clair County Health Department contraceptive-services program data (CY 2025); see also Exhibit 1, *supra* note viii. CY 2025 program revenue: approximately $281,279 (Title X grant) plus approximately $50,000 (insurance) and approximately $70,000 (Medicaid), for total program revenue of approximately $401,000. CY 2025 program expenses: approximately $327,000 (salaries), approximately $110,000 (fringe), and approximately $69,000

(other), for total program expenses of approximately $505,000. Net Department loss on the program in CY 2025: approximately $103,000. Per Exhibit 1, CY 2025 unduplicated Title X users: 871 (176 male / 695 female). Per-user program cost: $505,000 ÷ 871 ≈ $580. The Department's 2025 Family Planning Annual Report indicates that the most common contraceptive method utilized by male clients was the male-only method (69.4 percent), followed by male-relying-on-female (26.1 percent).

[xv] 42 CFR § 59.10(b), https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.10; MDHHS Standards Manual, *supra*, at § III (Clinical Services—Services to Minors). See OPA, Program Policy Notice 2024-01: Clarification Regarding Confidential Services to Adolescents Under the Title X Program (Mar. 22, 2024), https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/program-policy-notices/opa-program-policy-notice-2024-01-clarification-regarding-confidential-services-to-adolescents-under-the-title-x-program.

[xvi] See, e.g., MCL 333.5127(2) (where a minor consents to medical or surgical care for a sexually transmitted infection or HIV, "for medical reasons, the attending physician … may, but is not obligated to, inform the spouse, parent, guardian, or person *in loco parentis* as to the treatment given or needed"); see also Michigan minor consent laws (collecting Michigan provisions that, with respect to certain categories of care, permit rather than require parental notification).

[xvii] 84 Fed. Reg. 7714 (Mar. 4, 2019) (2019 final rule), https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf; 86 Fed. Reg. 56144 (Oct. 7, 2021) (2021 final rule); HHS Office of Population Affairs, 2021 Title X Final Rule, https://opa.hhs.gov/2021TitleXRule; NPR, Planned Parenthood Withdraws From Title X Program Over Trump Administration Abortion Rule (Aug. 19, 2019), https://www.npr.org/2019/08/19/752438119/planned-parenthood-out-of-title-x-over-trump-rule; Guttmacher Institute, Challenges to the Title X Program (Feb. 7, 2025), https://www.guttmacher.org/fact-sheet/challenges-title-x-program; American Civil Liberties Union, NFPRHA and ACLU Succeed in Fighting to Restore All Federal Family Planning Grants and Dismiss Their Lawsuit Against the Trump Administration (Jan. 13, 2026), https://www.aclu.org/press-releases/nfprha-and-aclu-succeed-in-fighting-to-restore-all-federal-family-planning-grants-and-dismiss-their-lawsuit-against-the-trump-administration; Kaiser Family Foundation, Navigating Uncertainty: The Latest Challenge to the Title X Family Planning Safety Net (Mar. 16, 2026), https://www.kff.org/quick-insights/navigating-uncertainty-the-latest-challenge-to-the-title-x-family-planning-safety-net/ (reporting OPA staff reductions and noting that Project 2025 calls for reinstatement of the 2019 regulations and is anticipated to require parental consent for adolescent contraceptive services).

[xviii] Office of Population Affairs, Title X Family Planning Services Grants — Notice of Funding Opportunity PA-FPH-27-001 (posted Apr. 3, 2026), https://simpler.grants.gov/opportunity/770eae58-b245-4431-a4b8-7b1aca9e917f (approximately $257 million for up to 90 grant awards over a project period of up to five years). For commentary on the trajectory, see Kaiser Family Foundation, Navigating Uncertainty, *supra*.

[xix] The 2019 Title X regulations on which the FY 2027 framework appears to be modeled were litigated for years in the federal courts of appeals; the 2025 withholdings drew an immediate NFPRHA/ACLU challenge (see *supra* notes xv and xvii). New conditions narrowing the statutory "broad range of acceptable and effective family planning methods" or imposing parental-consent requirements can be expected to draw the same. As to MDHHS, its published guidance retains substantial elements of the Biden-era 2021 framework, and the Governor declined Planned Parenthood of Michigan's ("PPMI") May 14, 2026 request for $5 million in state bridge funding, deferring to the Legislature. See Michigan Advance, Planned Parenthood of MI asks Whitmer for $5M to prevent clinic closures, she defers to Legislature (May 14, 2026), https://michiganadvance.com/2026/05/14/planned-parenthood-of-mi-asks-whitmer-for-5m-to-prevent-clinic-closures-she-defers-to-legislature/. Whether MDHHS applies for FY 2027 funding, and on what terms, will determine whether the Department's subrecipient status continues at all.

[xx] MDHHS Standards Manual, *supra*, at Introduction, p. 7.

[xxi] Michigan Public Health Code, Public Act 368 of 1978, Part 91 (Family Planning Programs), MCL 333.9131 *et seq.*; see Michigan Legislature, http://www.legislature.mi.gov/(S(0))/mileg.aspx?page=getObject&objectName=mcl-333-9131; see also MCL 333.2433 (LHD powers and duties).

[xxii] Based on an informal online review of Michigan LHD websites and program directories conducted by the Medical Director in connection with the preparation of this memorandum; primary sources include the MDHHS Title X Family Planning Clinic Directory (September 2025), https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Children-and-Families/Healthy-Children-and-Healthy-Families/Michigan-Family-Planning-Program/Michigan-Title-X-Family-Planning-Clinic-Directory-9-25.pdf; HHS Office of Population Affairs, May 2025 Title X Directory, https://opa.hhs.gov/sites/default/files/2025-07/title-x-directory-may-2025.pdf; MDHHS External Audit Archive, https://www.michigan.gov/mdhhs/inside-mdhhs/audit/reports/external/archive; and individual LHD program pages, e.g., Barry-Eaton DHD, https://barryeatonhealth.org/family-planning/, Branch-Hillsdale-St. Joseph CHA, https://bhsj.org/faqs/72, Allegan County HD (listing "Family Planning (closed)"), https://www.allegancounty.org/health/contact-us, and Public Health—Muskegon County, https://co.muskegon.mi.us/988/Family-Planning-Prenatal-Care.

[xxiii] The Department's residual statutory obligation under MCL 333.9131, and the parallel MDHHS Standards Manual provision, is to publicize the availability of contraceptive services in St. Clair County—not to provide them. That obligation can be satisfied by a written notice and contact information posted at the Department's main building at 220 Fort Street, Port Huron, and on the Department's website, identifying community providers, without further on-site service.

[xxiv] Community First Health Centers, Primary Health Care Services, https://communityfirsthc.org/services/; Women's Health — Ob/Gyn Services, https://communityfirsthc.org/services/womens-health-services/; CDC NPIN, Community

First Health Centers — Port Huron Clinic, https://npin.cdc.gov/organization/community-first-health-centers-1 (1011 Military St., Port Huron).

[xxv] See, e.g., Michigan Public, Planned Parenthood of Michigan closing 4 clinics, cutting 10% of staff (Apr. 2, 2025), https://www.michiganpublic.org/health/2025-04-02/planned-parenthood-of-michigan-closing-4-clinics-cutting-10-of-staff; The Guardian, At least 20 Planned Parenthood clinics shutter amid political turbulence (June 2, 2025), https://www.theguardian.com/us-news/2025/jun/02/at-least-20-planned-parenthood-clinics-shutter-amid-political-turbulence.

[xxvi] MDHHS Standards Manual, *supra*, at § II (Closeout Requirements: Final Financial Status Report; Final Family Planning Annual Report; accounting for inventory and supplies; client notification and transfer; medical-records arrangements; alternative-provider list; disposition of equipment with acquisition cost exceeding $10,000); see also PA 22 of 2025 (FY 2026 General Omnibus, HB 4706), Sec. 1222(1) (enumerating ELPHS); MCL 333.2433 (LHD powers and duties).

[xxvii] MDHHS Standards Manual, *supra*, at § II.A (Change in Scope) and § III (Clinical Services) (LARC may be provided "either on site or by paid referral"); 42 CFR Part 59, Subpart A, https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59.

[xxviii] MCL 333.9131; MDHHS Standards Manual, *supra*, at Introduction, p. 7.

Family Planning Annual Report

St. Clair County Health Department: 2025

How many clients did you see?

From 2018 to 2024, client population has remained steady for St. Clair County Health Department. Although, client population had increased in 2025 from 2024 (Figure 1).

Who made up your client population?

From 2020-2025, the overall female client population has fluctuated and has increased in 2025 from 2024. The total number of male clients has fluctuated greatly year to year and appears to be increasing after a large decrease in male client population in 2020 (Figure 2).

Demographic Summary, 2025:

- 30.7% of males and 37% of females were between 20-30 years of age (Figure 3).
- Roughly 24% of clients were teenagers (Figure 3).
- 64.6% of clients were at or below 100% of the HHS federal poverty level (Figure 4).
- 51.2% of clients were publicly insured, and 19.6% were uninsured (Figure 5).
- 63.3% of males and 80.3% of females were White (Figure 6).
- 91% of clients were Non-Hispanic (Figure 7).

Figure 1. Total Number of Clients (Female and Male) 2017-2025

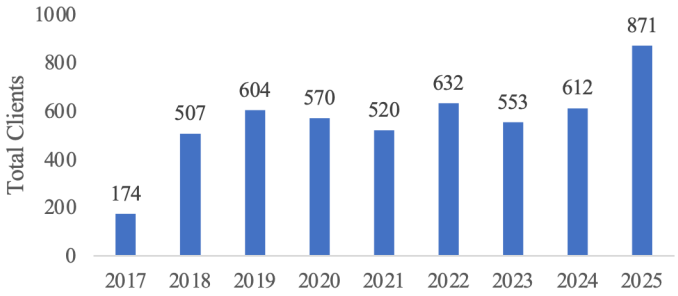


Figure 2. Total Number of Clients by Sex 2020-2025

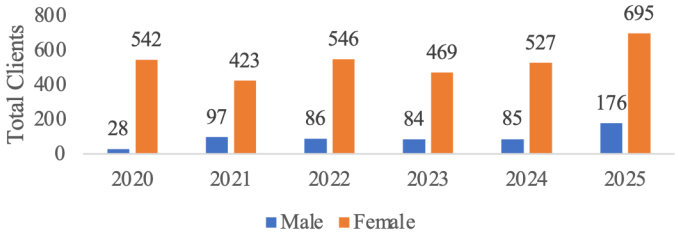


Figure 3. Age Distribution (in years) of Clients, 2025

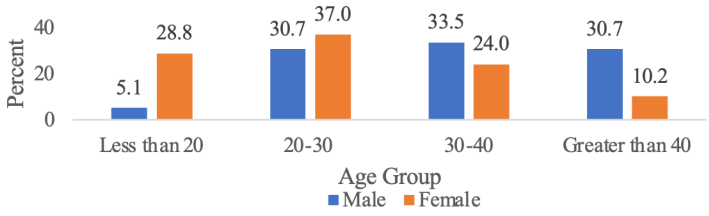


Figure 4. Clients by Income Level, 2025

Figure 5. Clients by Insurance Type, 2025

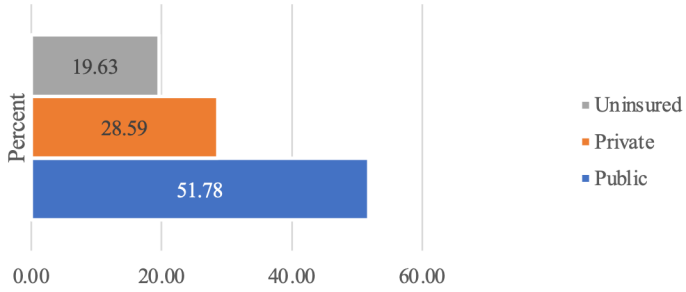


Figure 6. Racial Distribution of Clients, 2025

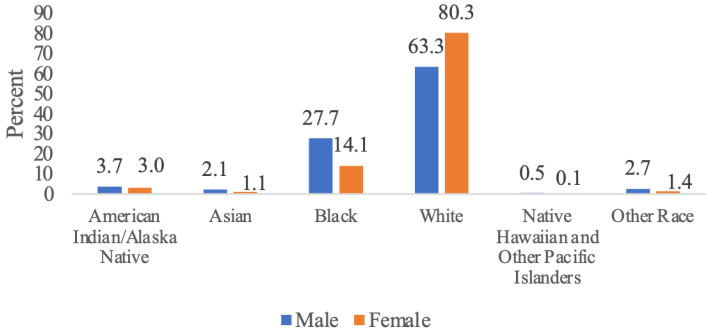
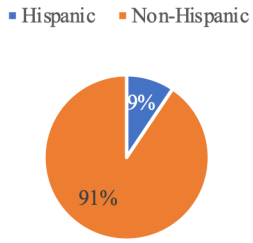


Figure 7. Ethnic Distribution of Clients, 2025 Includes male and female



What method of contraception did your clients rely on?

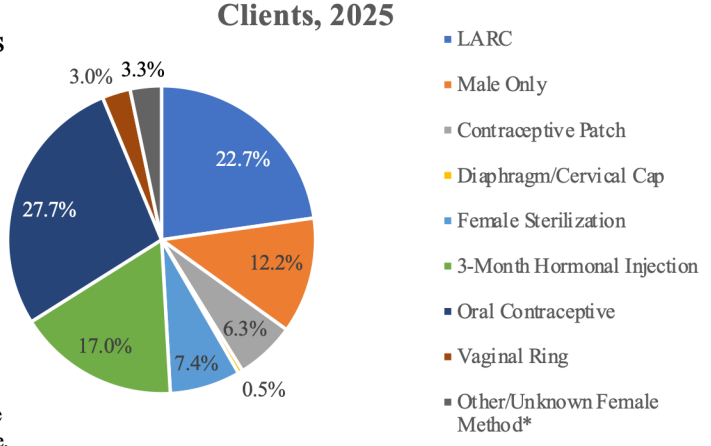
Female Contraceptive Data:

- In 2025, the most common type of contraceptive utilized by female clients ages less than 15 thru equal to or greater than 45 (<15 - ≥ 45) include: (Figure 8).

    1. 27.7% relied on oral contraceptives
    2. 22.7% relied on long-acting reversible contraceptives
    3. 17% relied on 3-month hormonal injections

*Category contains female condom, withdrawal, spermicide, contraceptive sponge, fertility awareness, lactational amenorrhea, male relying on female, emergency contraceptive, decline to answer, or contraceptive gel.

Figure 8. Contraceptives Utilized by Female Clients, 2025



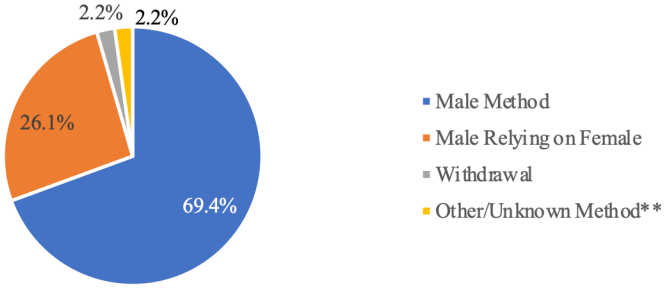
Male Contraceptive Data:

- In 2025, the most common type of contraceptive utilized by male clients ages less than 15 thru equal to or greater than 45 (<15 - ≥ 45) include: (Figure 9).

    1. 69.4%% relied on male-only methods
    2. 26.1% relied on female-only methods
    3. 2.2% reported withdrawal

** Category contains contraceptive patch, implantable rod, IUD progestin, IUD copper, IUD unspecified, female sterilization, injectables, oral contraceptive, female condom, fertility awareness, and decline to answer.

Figure 9. Contraceptives Utilized by Male Clients, 2025



Male Method include Male Condom and Vasectomy

What did screening and STI testing look like in your agency?

- Gonorrhea tests were given to 691 females and 174 males.
- Syphilis tests were given to 272 females and 133 males.
- HIV tests were given to 275 females and 137 males.
- HPV tests were given to 37 females and 0 males.
- Chlamydia tests were given to 693 females and 174 males.

Figure 10. STD/STI Testing for Male/Female Clients, 2025