



July 25, 2018

Alex M. Azar II, Secretary  
Office of the Assistant Secretary for Health  
Office of Population Affairs  
Attention: Family Planning  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 716G  
200 Independence Avenue SW  
Washington, DC 20201

Dear Secretary Azar:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the [proposal](#) to revise the Title X regulations (Title X of the *Public Health Service Act*) as issued by the U.S. Department of Health and Human Services (HHS) in the June 1, 2018 *Federal Register*.

#### Protect the Patient-Physician Relationship

**The AAFP is concerned that this policy proposal may interfere in the practice of medicine and threaten access to evidence-based care.** The proposed rule would force health care providers to omit important and accurate medical information necessary for patients to make timely, fully informed decisions, encroaching upon physicians' codes of ethics and responsibilities to patients. The AAFP strongly urges HHS to preserve the patient-physician relationship by ensuring that the practice of medicine is not unduly impeded by government interference. Critical to achieving this goal is respect for the importance of scientific evidence, patient autonomy and the patient-physician relationship. In recent years, we have seen increasing intrusion into the patient-physician relationship. This interference limits patient access to medically accurate information and availability of the full range of health care options.

**The AAFP opposes restrictions on the types of information our patients can receive from their doctors.** Patients expect medically accurate, comprehensive information from their physicians and this dialogue is critical to ensuring the integrity of the patient-physician relationship. No governmental body should interfere in a family physician's obligation to provide evidence-based information to their patients. Government restrictions on information that can be given to women, or policies that force physicians to provide women with inaccurate information, lead to increased rates of unplanned pregnancy, pregnancy complications, and undiagnosed medical conditions.

#### Support Title X program

**The AAFP strongly supports the Title X program as the only federal grant program exclusively dedicated to providing low-income and patients with access to effective family planning and**

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**related preventive health services.** Evidence-based federal programs, including Title X and the Teen Pregnancy Prevention Program (TPPP), should receive continued federal funding and evidence-based program requirements should be preserved. Evidence-based sexuality education programs help young women achieve their educational and professional goals by educating them about sexual health, including preventing unintended pregnancy and family planning. These and other federal programs must continue to provide non-directive, comprehensive, medically accurate information. The proposed rule threatens women's lives by restricting access to medically accurate, preventative health care and putting more than 40 percent of Title X patients at risk of losing essential care. The AAFP urges HHS to not restrict women's access to medical care.

#### Access to Family Planning Methods

**The AAFP urges HHS to maintain coverage of evidence-based essential health benefits, such as maternity coverage and women's preventive services without cost-sharing, including contraception.** Preserving access to existing coverage is critical to ensuring American women and families can access the care that they need. Over 8.7 million women gained maternity care services thanks to this coverage, and 62 million women with private insurance now have access to vital preventive services.

Regarding policies to provide free or low-cost access to family planning services for those women who are unable to obtain employer-sponsored insurance coverage for certain contraceptive services due to their employers' religious beliefs or moral convictions, **the AAFP strongly urges the preservation of the guaranteed coverage of women's preventive services, including contraception, at no out-of-pocket cost. Furthermore, the AAFP supports over-the-counter access to oral contraception without a prescription.**

The proposed rule would allow Title X grantees to exclude certain forms of FDA-approved contraceptives and removes the requirement that contraceptive methods provided by Title X grantees be "medically approved," restricting access to safe and effective contraception. The AAFP supports coverage for all FDA-approved methods of contraception and strongly urges HHS to include all forms of FDA-approved contraceptives within that coverage.

The benefits of contraception, named as one of the 10 great public health achievements of the 20<sup>th</sup> century by the Centers for Disease Control and Prevention, are widely recognized and include improved health and well-being, health benefits of pregnancy spacing for both mother and child, increased engagement of women in the work force, and economic self-sufficiency for women. Ninety-nine percent of U.S. women who have been sexually active report having used some form of contraception. Universal coverage of contraceptives is cost effective and reduces unintended pregnancy and abortion rates. Additionally, non-contraceptive benefits may include decreased bleeding and pain with menstrual periods and reduced risk of gynecologic disorders, including a decreased risk of endometrial and ovarian cancer.

Finally, the AAFP supports encouraging family participation in family planning decisions but would oppose this as a requirement. Family physicians make every reasonable effort to encourage adolescents to involve parents in their decisions, as parental support can, in many circumstances, increase the potential for dealing with the adolescent's needs on a continuing basis. **If communication between the adolescent and parent cannot be facilitated, access to confidential health care for the adolescent patient must be ensured.**

### State and Local Documentation Laws

The proposed rule would require documented compliance with state and local laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking.

Physicians and other health care professionals have an ethical obligation to provide the best possible care to adolescent patients. A key tenet for all health professionals is to ensure that adolescents have access to the health services they need, including sexual and reproductive health services. A medical evaluation that addresses sexual and reproductive health includes a careful assessment for abusive or unwanted sexual encounters and reporting of these cases to the proper authorities. Protection of children and adolescents from predatory, coercive, or inappropriate sexual contact is an important goal of all physicians and health professionals. In meeting our ethical obligations to our adolescent patients, as well as to all of our patients who are children under the age of majority, we rely on our professional judgment, informed by clinical assessment, training and experience, to address a patient's health conditions or a sensitive situation.

Laws requiring the reporting of sexual abuse exist in every state. There has been a recent trend in using these laws to require the reporting of consensual sexual activity by adolescents. In keeping with the medical and ethical responsibilities that we uphold, the AAFP supports the following guidance and principles for broad consideration in the development of public policy:

- Sexual activity and sexual abuse are not synonymous. It should not be assumed that adolescents who are sexually active are, by definition, being abused. Many adolescents have consensual sexual relationships.
- It is critical that adolescents who are sexually active receive appropriate confidential health care and counseling.
- Open and confidential communication between the health professional and the adolescent patient, together with careful clinical assessment, can identify the majority of sexual abuse cases.
- **Physicians and other health professionals must know their state laws and report cases of sexual abuse to the proper authority, in accordance with those laws, after discussion with the adolescent and parent, as appropriate.**
- **Federal and state laws should support physicians and other health care professionals and their role in providing confidential health care to their adolescent patients.**
- **Federal and state laws should affirm the authority of physicians and other health care professionals to exercise appropriate clinical judgment in reporting cases of sexual activity.**

We appreciate the opportunity to make these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org) with any questions or concerns.

Sincerely,



John Meigs, Jr., MD, FAAFP  
Board Chair

**About Family Medicine**

Family physicians conduct approximately one in five of the total medical office visits in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities. Family medicine’s cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient’s integrated care team. More Americans depend on family physicians than on any other medical specialty.