



May 13, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Re: RIN 0937-AA11; Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services

Secretary Becerra:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 133,500 family physicians and medical students across the country, I write in response to the [proposed rule](#) Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services, as published in the April 15, 2021 version of the *Federal Register*.

Family physicians provide comprehensive, continuous primary care services to patients across the lifespan. This includes evidence-based family planning services, screening for sexually transmitted infections (STIs), and other preventive care. The AAFP strongly supports the Title X program as the only federal grant program exclusively dedicated to providing low-income patients with affordable access to effective family planning and related preventive health services, such as cancer and STI screenings. We strongly [opposed](#) the 2019 regulations and are deeply concerned with the negative impact they have had on low-income patients who rely on Title X clinics as a primary source of essential health care, particularly amid the COVID-19 pandemic. **The AAFP [supports](#) proposals to restore and strengthen the Title X program by reinstating previous regulations and requiring clinic sites to provide patient-centered, inclusive care that advances health equity.**

Removing 2019 Regulations

The Department of Health and Human Services (HHS) proposes to revise the 2019 Title X final rule by readopting the 2000 regulations with the revisions discussed below. This will remove previously finalized requirements for strict physical and financial separation between Title X projects and “abortion-related activities”, allow clinicians at Title X sites to provide nondirective options counseling, and allow Title X clinicians to refer their patients for all family planning services desired by the patient, including abortion services.

The AAFP strongly supports the proposal to readopt the 2000 regulations with several of the improvements discussed below. As the Department reviewed in detail in the proposed rule, the 2019 regulations have resulted in significant harm for the patients who rely on Title X organizations for family planning and other preventive health services. The 2019 regulations directly led to the loss of more than 1,200 clinic sites, six states without any Title X-funded services, and 1.5 million fewer patients being served by Title X.¹ These consequences have disproportionately reduced access to

STRONG MEDICINE FOR AMERICA

President Ada Stewart, MD Columbia, SC	President-elect Sterling Ransone, MD Deltaville, VA	Board Chair Gary LeRoy, MD Dayton, OH	Directors James Ellzy, MD, <i>Washington, DC</i> Dennis Gingrich, MD, <i>Hershey, PA</i> Tochi Iroku-Malize, MD, <i>Bay Shore, NY</i> Andrew Carroll, MD, <i>Chandler, AZ</i> Steven Furr, MD, <i>Jackson, AL</i> Margot Savoy, MD, <i>Media, PA</i>	Jennifer Brull, MD, <i>Plainville, KS</i> Mary Campagnolo, MD, <i>Bordertown, NJ</i> Todd Shaffer, MD, <i>Lee's Summit, MO</i> Danielle Carter, MD (New Physician Member), <i>Jacksonville, FL</i> Anna Askari, MD (Resident Member), <i>Palm Desert, CA</i> Cynthia Ciccotelli (Student Member), <i>Yardley, PA</i>
Speaker Alan Schwartzstein, MD Oregon, WI	Vice Speaker Russell Kohl, MD Stilwell, KS	Executive Vice President R. Shawn Martin Leawood, KS		

care for Black, Indigenous, and other patients of color, thereby exacerbating health disparities and systemic inequities for these populations.² We are deeply troubled by the long-term negative impact these regulations will continue to have on patients' health and wellbeing.

The 2019 regulations inappropriately interfered with the patient-physician relationship by preventing physicians from counseling patients on all of their evidence-based family planning options. The AAFP [opposes](#) nonevidence-based restrictions on medical care, and AAFP [policy](#) states that family physicians should educate pregnant patients about all of their options, including abortion services, and provide resources to facilitate access to abortion care if that is what the patient chooses. Accordingly, the AAFP strongly opposed the restrictions that these regulations placed on the counseling and types of information that physicians provide to their patients. **Reinstating the 2000 regulations would remove this undue governmental interference into medical care and will help ensure patients receive medically accurate, comprehensive information from their physicians.**

This proposal will also reinstate the Providing Quality Family Planning Services (QFP) guidelines as the source for standards of care provided in Title X sites. These guidelines are based on rigorous reviews of scientific evidence and reference clinical guidelines from professional medical associations. The AAFP strongly supports the use and adherence to evidence-based guidelines in the Title X program and across our health care system.

Proposed Definitions

HHS proposes to revise the definition of family planning services to include a broad range of medically approved contraceptive services, which includes FDA-approved contraceptive services and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, and other preconception health services. The 2019 regulations removed the requirement for Title X organizations to offer a broad range of FDA-approved contraceptive methods and this proposal would reinstate the previous definition.

The AAFP supports this proposal and urges HHS to finalize it. AAFP [policy](#) indicates that physicians should discuss all contraceptive methods and where to obtain them with their patients. The AAFP also supports policies that require comprehensive coverage without cost-sharing for all FDA-approved contraceptive methods. Evidence indicates that women use an average of 3.4 contraceptive methods throughout their lifetime and their preferences change across their reproductive years.³ Requiring Title X organizations to offer a broad range of approved contraceptive services will facilitate patients' access to their preferred method, which makes them more likely to continue using it.⁴

Requirements for Title X Sites

HHS proposes to require Title X sites that do not offer a broad range of family planning methods and services on-site to provide clients with a referral to a site that offers a broad range or the client's method of choice. The AAFP agrees with HHS that this proposal will improve access to patient-centered services and recommends HHS finalize this proposal.

HHS proposes to require that family planning services are client-centered, culturally and linguistically appropriate, inclusive, trauma-informed, and ensure equitable and quality service delivery consistent with nationally recognized standards of care. This proposal aligns with several AAFP policies – including [linguistically appropriate health care](#), [cultural proficiency](#), [health equity](#), [care for the transgender and nonbinary patient](#), [patient discrimination](#), [mental health care services](#), and [health care for all](#) – and therefore we urge HHS to finalize it.

HHS proposes to add a requirement to indicate that Title X sites should use client self-reported income to determine appropriate charges if the income cannot be verified after several reasonable attempts. The purpose of this proposal is to enable Title X sites to provide services at reduced or no cost to patients for whom they cannot verify their income. HHS further proposes to require that insured patients with incomes at or below 250 percent of the federal poverty level not pay more than what they would otherwise pay without insurance when the usual sliding fee scale is applied. This ensures they are not paying more than they would pay without insurance for Title X services. The AAFP strongly agrees that cost should not be a barrier to receiving evidence-based preventive services and we recommend HHS finalize these proposals.

HHS proposes to revise Title X regulations to acknowledge that clinicians other than physicians can provide consultations for family planning and other health care services. The AAFP agrees that other clinicians often play an important role in providing family planning counseling and other services *within physician-led, team-based care models*.

The Department proposes to add language to the existing regulation text to include primary health care providers in the list of referrals and to state that referrals are to be to providers in close proximity when feasible to the Title X site in order to promote access to services and provide a seamless continuum of care. The AAFP strongly supports this proposal. As primary care physicians, family physicians are uniquely equipped to provide preventive care, address acute health care needs, manage chronic conditions, and coordinate care across a range of clinicians and professionals to help patients achieve optimal health. Evidence confirms that primary care improves utilization of evidence-based preventive health measures, improves health outcomes, and advances health equity.^{5,6} Referring Title X patients to local primary care physicians would facilitate access to continuous, comprehensive health care.

Criteria for Funding

HHS proposes to add the ability to advance health equity as a new criterion for awarding grant funds. The AAFP strongly supports the Department's goal to advance health equity through Title X and other federally funded programs. It is imperative that government resources are intentionally used to mitigate ongoing health disparities and advance equitable health access and outcomes for all patients. HHS should provide grantees with support in meeting this criteria and otherwise take steps to ensure it does not result in an additional loss of grantees. To assist Title X clinic sites in meaningfully advancing health equity, we recommend HHS develop additional guidance and tools that Title X sites and other health care organizations can readily implement. The AAFP has developed [ready-to-use](#), practice-based [tools](#) for our members through the EveryONE Project to assist our members in [screening](#) and [addressing](#) social needs. We believe these and other tools would be useful to Title X sites, if created in consultation with Title X sites, medical professionals, community-based organizations, and patients.

Confidentiality

HHS proposes to require that Title X sites make reasonable efforts to collect charges without jeopardizing patient confidentiality and must inform the patient of any potential for disclosure of their health information. The AAFP's [confidentiality](#) policy states the right to privacy is personal and fundamental, as well as essential to the patient-physician relationship. Patients and physicians must authorize release of any information to the other parties. As such, we recommend HHS finalize this proposal.

Thank you for the opportunity to comment on the proposed rule. The AAFP appreciates the Department's efforts to improve equitable access to high-quality, patient-centered, inclusive preventive services through the Title X program. Should you have any questions, please contact Meredith Yinger, Senior Regulatory Strategist, at (202) 235-5126 or myinger@aafp.org.

Sincerely,



Gary LeRoy, MD, FAAFP
Board Chair
American Academy of Family Physicians

¹ Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services. The Federal Register. Available at: <https://www.federalregister.gov/documents/2021/04/15/2021-07762/ensuring-access-to-equitable-affordable-client-centered-quality-family-planning-services>

² Ibid.

³ Key Elements of the Biden Administration's Proposed Title X Regulation. Kaiser Family Foundation. 2021. Available at: https://www.kff.org/womens-health-policy/issue-brief/key-elements-of-the-biden-administrations-proposed-title-x-regulation/?utm_campaign=KFF-2021-Womens-Health-Policy-WHP&utm_medium=email&hsmi=125317049&hsenc=p2ANqtz--1wSLdA-z9ipVXJND6ou47MLh9qzGc69YhYw0PhHBImPEvrysRBWV43MGoDigKPgkgUxAU2BsafiezDJhowJb6uGCNIw&utm_content=125317049&utm_source=hs_email

⁴ Chakraborty P, Gallo MF, Nawaz S, Smith MH, Hood RB, Chettri S, Bessett D, Norris AH, Casterline J, Turner AN. Use of nonpreferred contraceptive methods among women in Ohio. *Contraception*. 2021 May;103(5):328-335. doi: 10.1016/j.contraception.2021.02.006. Epub 2021 Feb 16. PMID: 33607120. <https://pubmed.ncbi.nlm.nih.gov/33607120/>

⁵ Hostetter, J., Schwarz, N., Klug, M. *et al.* Primary care visits increase utilization of evidence-based preventative health measures. *BMC Fam Pract* 21, 151 (2020). <https://doi.org/10.1186/s12875-020-01216-8>. <https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-020-01216-8#citeas>

⁶ National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.