July 31, 2018

Diane Foley, MD, FAAP
Deputy Assistant Secretary for Population Affairs
Office of the Assistant Secretary for Health
Office of Population Affairs
Attention: Family Planning
U.S. Department of Health & Human Services
Hubert H. Humphrey Building, Room 716G
200 Independence Avenue, SW
Washington, DC 20201

Via Electronic Submission
Docket ID: HHS-OS-2018-0008

RE: Compliance with Statutory Program Integrity Requirements, RIN 0937-ZA00

Dear Deputy Assistant Secretary Foley:

On behalf of the Association of Maternal & Child Health Programs (AMCHP), thank you for the opportunity to comment on the proposed rule to revise regulations for the Title X Family Planning Program (Title X), “Compliance with Statutory Program Integrity Requirements,” published in the Federal Register on June 1, 2018 by the U.S. Department of Health and Human Services.

AMCHP is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children and youth, including those with special health care needs, and families. AMCHP members administer the Title V Maternal and Child Health (MCH) Services Block Grant program in 59 states and jurisdictions and coordinate with other federal health programs, including Title X, to support systems to improve the health and well-being of all women, children, and families in the United States.

Title V MCH Block Grant programs and Title X programs share common goals to improve outcomes in reproductive, maternal, and infant health. These goals include increasing access to preventive health care services, including contraceptive counseling and services, preventing HIV and other sexually transmitted infections, reducing teen pregnancy, and improving smoking cessation and optimal birth spacing.1 We are concerned that the proposed rule runs counter to these goals by jeopardizing access to high-quality family planning and preventive health care services and information, and will have subsequent negative consequences for the health and well-being of the patients served by the Title X program and their families. In addition, we are concerned that the proposed rule will hinder, rather than support, the ability of states to achieve the foremost goal of the Title V MCH Services Block Grant

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program: to improve the health and well-being of the nation’s mothers and children, particularly those who are low-income or who have limited access to health services. For these reasons, which are further illustrated below, we urge you to reconsider the proposed rule.

I. The proposed rule would reduce access to high-quality family planning and preventive health care.

The proposed rule would reduce access to high-quality family planning and preventive health care, in particular for low-income individuals, by: 1. Excluding certain qualified providers from participating in Title X; 2. Creating a large gap in the capacity of the U.S. health system to provide Title X-funded services; 3. Disrupting patient relationships with their health care providers; and 4. Threatening confidentiality protections, particularly for adolescents.

The proposed rule seeks to exclude certain qualified providers from the Title X program, putting at risk access to critical primary and preventive care services for more than 40 percent, or roughly 1.6 million Title X patients.\(^2\) When qualified providers are excluded from publicly funded programs serving low-income patients, other providers are unable to adequately fill the gap, creating patient barriers to care. For example, when certain qualified providers were excluded from a state program serving low-income patients, the number of women using the most effective methods of birth control decreased by 35 percent and the number of births covered by Medicaid increased by 27 percent.\(^3\) Additional studies chronicle reduced access to care when certain qualified providers are excluded from participating in publicly-funded family planning programs.\(^4\)

The changes to the Title X provider network that would result from implementation of the proposed rule would likely require many patients to change their provider of choice for family planning and preventive health services. Disruption in preferred site of care and provider of choice could create additional barriers to access to care.

The proposed rule would make changes to the Title X confidentiality protections in ways that could undermine patients’ trust in their providers and cause them to avoid seeking care in Title X settings. This could halt or reverse recent progress: improved access to contraception and information for adolescents, including those provided by Title X projects, has contributed to a record low teen pregnancy rate.\(^5\) For adolescents, confidentiality is a key component of care and is recommended by

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professional health guidelines. Time alone with a clinician provides an opportunity to discuss and address sensitive issues, such as sexual health, mental health, and substance use. When confidentiality is not assured, adolescents are more likely to forego needed care and less likely to disclose health risk behaviors and return for follow-up care.6,7

II. The proposed rule would impede the ability of U.S. states and jurisdictions to meet national performance measures for the Title V Maternal and Child Health Services Block Grant, which serve as a measure of our country’s progress to improve the health and well-being of our nation’s women, children, and families.

A key component of promoting maternal health is ensuring that women have access to an annual preventive well-woman medical visit. For this reason, nearly every U.S. state and jurisdiction has selected as a National Performance Measure (NPM) for assessing the impact of the Title V MCH Services Block Grant the percent of women ages 18 through 44 who had a preventive medical visit in the past year. Similarly, a majority of states have selected as a Title V NPM the percent of adolescents ages 12 through 17 who had a preventive medical visit in the past year. Adolescent preventive well visits can help adolescents adopt or maintain healthy habits and behaviors and avoid health-damaging behaviors during this period of significant physical, psychological, and social development.

In 2016, over three-quarters of Title X patients (77% or 3.08 million individuals) were women ages 18-44 and over 334,000 (8.3%) were age 17 or younger.8 Any significant reduction in Title X patients’ ability to access care – for example, through new limitations on their ability to access affordable care at their preferred site of care for family planning services or to meet with the provider of their choice for preventive health care – will impede states’ ability to meet their goals for the well-woman visit NPM and the adolescent well-visit NPM for Title V.

The proposed rule would reduce access to high-quality family planning and preventive health care, result in negative impacts on the very populations that Title X is intended to reach, and impede the success of the Title V MCH Services Block Grant program and other federal programs designed to promote the health and well-being of mothers and children. For these reasons, as an organization that represents state public health leaders and others working to improve the health of women, children and youth, we urge you to reconsider the proposed rule. Thank you for your consideration of these comments. If we can provide any additional information, please contact Amy Haddad, AMCHP’s Director of Public Policy and Government Affairs, at 202-266-3045.

