

Comments on [DHHS/Title X proposed regulations](#) to amend 42 CFR part 59: Compliance with Title X Requirements by Project Recipients in Selecting Subrecipients
Prepared for AAN Board by the Women’s Health Expert Panel
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The American Academy of Nursing is in full support of the Obama Administration’s proposed rule to clarify and strengthen the Title X family planning program, the nation’s only dedicated source of public funding for sexual and reproductive health (SRH)¹ services.

The proposed DHHS/Title X rule clarifies criteria for state governments to apportion Title X funds based on a provider’s ability to perform SRH services effectively and eliminates discrimination against certain “focused reproductive health providers” (e.g., Planned Parenthood) that have demonstrated successful outcomes in reducing unintended pregnancy, improving SRH and providing essential preventive services. The proposed rule aligns Title X requirements with established Medicaid/Medicare criteria for qualified providers based on professional and facility scope of practice and licensing.

Title X providers which are expert in reproductive health care offer a broader range of SRH services (e.g., long-acting contraceptives such as IUDs, HPV vaccinations, preconception services) compared to primary care providers (community health centers (CHCs) or federally qualified health centers (FQHCs)) as evidenced by the DHHS/Title X analysis of observational and experimentation data. With a loss of Planned Parenthood (PP) health centers, which serve about 1/3 of the Title X patients (1.5 million individuals) across the country, empirical evidence indicates a decline in the use of the most effective methods of birth control and an increase in births among the women who previously used long-acting reversible contraception (Stevenson et al, 2016). Comprehensive primary care providers from CHCs and FQHCs (who care for the millions of the most poor and vulnerable) rely on PP health centers to expand their SRH services since for every patient served by CHCs today, nearly three residents of low-income communities remain without access to primary health care (Rosenbaum, 2015).

The DHHS proposal clearly outlines the evidence indicating that restricting specific providers of Title X services has harmful effects on access to gender-sensitive SRH services (e.g., pregnancy diagnosis/counseling, contraceptive services, basic infertility services, STD screening, and preconception health care) and is linked with increased pregnancy rates that differ substantially from rates of unaffected populations. Such restrictions also impact the education and training of health professionals and front-line health workers that provide these services since focused SRH providers serve as clinical training sites for medical and nursing students.

Nurses (primarily nurse practitioners, nurse midwives and public health nurses) have been the mainstay of SRH care in both community health clinics and Title X clinics and are crucial providers for vulnerable, low-income and ethnic populations. Nurse practitioners (NPs) comprise about 75% of clinicians employed by PP affiliates (Bednash, Worthington, and Wysocki, 2009; Fowler et al., 2011). With closures of PP health centers, the lack of clinical training sites for NP students (and other health professionals)

¹ Sexual and reproductive health (SRH) care has been defined to broaden the focus on family planning or maternal-child health. To produce optimal health outcomes, many experts believe SRH care should include the reproductive health of men and women throughout their lifespan and adolescents of both sexes with a focus on social determinants of health and health equity. Under this definition, a minimum package of SRH care accessible to all would include preconception care, contraception, pregnancy and unplanned pregnancy care, women’s health/common gynecology care, genitourinary conditions of men, assessment of specialty gynecology problems including infertility, sexual health promotion, and coordination with public health and primary care services (WHO, 2011).

who will practice in SRH results in a workforce that varies widely in SRH exposure, knowledge, and clinical skill and reduces the pipeline of trained frontline clinicians (Auerbach et al, 2012).

Planned Parenthood health centers are often located in communities where there is little to no access to health care, especially reproductive health care that offers a broad range of services. In fact, Title X services provided by PP health centers frequently serve as the sole health care source for underinsured, uninsured and low income women in these communities (Flynn, 2013). Without ease of access to the most effective contraception methods available, the incidence of unintended pregnancies increases significantly (statistic is referenced in the rule), and at a time when the Zika virus and the potential for additional global epidemics affecting maternal and fetal health is of particular concern, ease of access to contraception should be increased rather than barriers created.

The CDC, ACOG, WHO, and the NIH have identified SRH services as a key strategy in the incidence reduction of adverse pregnancy outcomes related to maternal contraction of the Zika virus. Many of the states at serious risk for proliferation of the Zika virus are the very states seeking to restrict who may be recipients of Title X funding thereby effectively reducing the number of qualified providers available to address this critical public health issue. Further, the Title X recipients that have been targeted for defunding are providers focused on reproductive health who deliver on site a broader range of contraceptive methods, education, counseling and prevention services. Title X defunding of these reproductive health focused providers creates unnecessary and harmful barriers for patient access to 1) contraceptives of any type given these providers are often the only source of low or no cost family planning services in a given area; and 2) highly effective long acting reversible contraceptives (LARC) that are far less likely to be available at public health clinics or federally qualified health centers.

The American Academy of Nursing is on record supporting policies that will 1) ensure that all women have full access to sexual and reproductive health services, 2) facilitate expansion of clinical knowledge and [evidence-based women's preventive health services](#) related to [preventing unintended pregnancies](#), and 3) decrease [political interference in patient-provider relationships](#). Such policies assure that all women's health care including reproductive health services is grounded in [scientific knowledge and evidence-based policies and standards of care](#).

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