BI-STATE PRIMARY CARE ASSOCIATION

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Alicia Richmond Scott, MSW, Director Office of Population Affairs Office of the Assistant Secretary for Health U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201

RE: Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services (RIN 037-AA11)

Dear Director Scott:

Bi-State Primary Care Association (Bi-State) appreciates the opportunity to provide input on the Proposed Rule: Ensuring Access to Equitable, Affordable, Client-Center, Quality Family Planning Services. Bi-State supports the proposed Title X policies that readopt the 2000 regulations while strengthening the program to improve health equity. Bi-State's member Federally Qualified Health Centers and Planned Parenthood of Northern New England have played a key role in the Title X program. For our patients, access to quality family planning and reproductive health can serve as a gateway to other essential health services.

The Title X program is the nation's only federal program dedicated to providing affordable reproductive health care to people with low incomes and serves as a critical piece of our safety net. Everyone deserves access to affordable reproductive care, regardless of ability to pay or where they live. At this time, Vermont has no Title X providers, and New Hampshire has far fewer than needed to serve their communities.

Established in 1986, Bi-State is a nonpartisan, nonprofit 501(c)(3) charitable organization promoting access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Bi-State's combined Vermont and New Hampshire membership includes 21 Federally Qualified Health Centers, one Look-Alike, one Rural Health Clinic, Planned Parenthood of Northern New England, Vermont Coalition of Clinics for the Uninsured, North Country Health Consortium, Community Health Access Network, and the Area Health Education Centers in both Vermont and New Hampshire. All of our provider members provide a wide range of services, including mental health and substance misuse services and have a high level of collaboration with other providers within their community.

Bi-State supports OPA readopting the 2000 regulations with revisions that strengthen the Title X program and ensure access to equitable, affordable, client-centered, trauma-informed quality family planning services for all patients.

Family planning and reproductive health services are integral to primary care. Bi-State appreciates that OPA has readopted the 2000 regulations and restoring the Title X program to its original purpose of prioritizing the delivery of respectable evidence-based care to all communities. We support aligning the definition of "broad range of acceptable and effective family planning methods and services" with the CDC and OPA's *Recommendations for Providing Quality Family Planning Services (QFP)*.

Bi-State member Federally Qualified Health Centersand Planned Parenthood health centers serve as a key part of the primary care safety-net in New Hampshire and Vermont. They provide high-quality, affordable, coordinated care to medically underserved communities. They focus on low-income individuals and those who face significant geographic, transportation, and socioeconomic barriers to care. A key population that participates in this program is teenagers in need of care. They treat all patients regardless of ability to pay. A critical aspect of this care model is the belief that everyone – regardless of race, ethnicity, income, or geography –deserves the best medical care and comprehensive, medically-informed, and accurate information available. We appreciate that the proposed rule is consistent with that model of care. Nationwide, the Title X program disproportionately serves Black, Latino, and Indigenous patients, patients with low incomes, and patients in rural areas. Additionally, we support OPA's technical corrections and intentional efforts to use inclusive language that represents the breadth of Title X patients. Bi-State thanks OPA for focusing on advancing equity in the Title X program and continuing to improve the care delivered to historically underserved communities.

Bi-State encourages OPA to adopt policies that align with HRSA requirements to minimize administrative burdens for health center grantees.

Organizations that receive Title X funds along with other federal funds face significant administrative obligations. We appreciate any efforts that OPA can take to coordinate the Title X program obligations with other federal funding obligations. In particular, Federally Qualified Health Centers work deliberately to coordinate between their Section 330 grant and Title X funding streams. We support alignment for health centers from OPA with the HRSA Health Center Compliance Manual. This alignment will minimize administrative burden and allow health centers to focus on patient care.

An opportunity for more Health Center Program and Title X program alignment is grantee income verification policies for low-income clients. Under the HRSA Health Center Compliance Manual, health centers have broad discretion to determine the appropriate means to assess patient income and family size. While allowing self-declaration is typical in the health center program, some health centers have opted to adopt a policy establishing that self-declaration, without supporting documentation, is not an acceptable means to verify income for every patient. Consequently, if the final sentence of §59.9(a)(9) is included, there would be inconsistency between the Title X program and the health center program. Bi-State recognizes that certain patient populations require more confidentiality, like adolescents. We support OPA prioritizing adolescent-friendly health services and implementing practices related to client confidentiality. We also appreciate OPA offering flexibility to Title X grantees to establish policies to support their patients.

Bi-State supports broadening the scope of providers permitted to provide consultations for health care services related to family planning and strengthening the referral process for Title X grantees.

Bi-State's members are committed to making greater use of diverse care teams as they work to meet the rising demand for care, further improve community health, and make greater gains in system efficiency. Innovations in care team design are based on each health center community's specific needs, preferences, and resources. Bi-State supports OPA expanding the type of health care providers that can provide consultations for services related to family planning under §59.5(b)(1). Our safety-net practices are employing nurse practitioners, physician assistants, and community health workers to provide health education and counseling services to meet the demand for expanded access to comprehensive primary and preventive care. Critical roles are played by a broad range of providers to improve access to care, improve patient outcomes, and reduce health disparities, all while promoting a more efficient and cost-effective primary care system.

Bi-State supports OPA's revision to §59.5(b)(8) to include primary health care providers in the list of referrals and encouraging referrals to be close in proximity to promote access to services and provide a seamless continuum of care. Many of our providers have taken a collaborative approach to Title X, working closely with independent Title X funded clinics to refer patients for a broader array of family planning services than may be provided at the health center. Referral relationships allow the health center and the Title X clinic to become more familiar with one another's operations and service lines, often serving as a useful precursor to a more integral relationship in the future.

Thank you for your consideration of these comments. Should you have any questions about these comments, please feel free to contact Georgia Maheras at <u>gmaheras@bistatepca.org</u> or 802-229-0002 ext. 218.

Sincerely,

Tess Kuenning

Tess Stack Kuenning, CNS, MS, RN President and Chief Executive Officer