

July 23, 2018

Valerie Huber
Acting Deputy Assistant Secretary
Office of Population Affairs
Department of Health and Human Services
Hubert H. Humphrey Building, Room 716G
Independence Avenue SW
Washington, DC 20201
Submitted electronically to www.federalregister.gov

Re: HHS-OS-2018-0008 – Compliance with Statutory Program Integrity Requirements

Dear Ms. Huber,

As one of the largest children’s hospitals in the country, Children’s Hospital of Philadelphia (CHOP) appreciates the opportunity to provide comments on the proposed rule to modify the eligibility criteria for health care providers to receive Title X funding. CHOP serves more than 450,000 children and adolescents in Philadelphia and its surrounding areas each year, including more than 2,000 predominantly low-income young people served through Title X-funded primary and preventive health services.

The Department of Health and Human Services has expressed interest in input that would help “ensure that all services funded through Title X offer optimal health benefits to clients of all ages.” (E. Section 59.7 Criteria for Selection of Grantees). We are concerned that the proposed rule may have an adverse impact on our patients.

The proposed rule would exclude many current grantees who provide comprehensive pregnancy counseling based on the highest clinical standards, scientific evidence, and high value care. In effect, many safety net health centers, hospital clinics, and children’s hospitals would become ineligible for Title X funding because of the language in the proposed rule. In addition to comprehensive pregnancy counseling, these grantees provide many other critical primary and preventive health services that adolescents may not be able to access, except through visits supported by Title X funding. Given that only half of adolescents and young adults in the United States receive routine primary and preventive health services, the proposed change risks significantly decreasing access to needed care.^{i,ii}

Based on these concerns, we respectfully recommend that the Department reconsider the proposed rule in order to preserve the critical role of Title X in supporting comprehensive family planning and reproductive health for vulnerable populations, including many of our own young patients here in Philadelphia and throughout our region.

Importance of Title X for Reproductive Care

As the only federal grant program dedicated solely to reproductive health care, Title X has a wide reach. In 2014, the program supported over 4,100 health centers across the nation. The majority of women in the U.S. who received publicly funded care – 71 percent – were served in a health care setting that received Title X funding.ⁱⁱⁱ The program is also particularly important for adolescents as nearly one million individuals under the age of 20 are served nationally through Title X services.^{iv}

At CHOP, we see the program’s positive impact on adolescents first-hand. Our Title X services are embedded within our primary care network, which forms the medical home for much of West Philadelphia’s adolescent population. Title X allows young people in our primary care network – whether insured or uninsured – to receive confidential family planning services. More than 2,000 young people, making up more than 4,000 visits, are served annually through these funds at CHOP and the vast majority of these patients seek pregnancy prevention and sexually transmitted infection (STI) prevention services.

In addition to pregnancy and STI prevention, Title X provides a wide range of critical preventive health services to youth, including family planning options, HIV testing, cancer screenings, and reproductive health counseling. These services are widely supported by the United States Preventive Services Task Force, the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American College of Obstetricians and Gynecologists. By providing preventive care that is confidential, evidence-based and no-cost, Title X removes several key barriers to care for adolescents and fills a unique health need.

Access to Care Under the Proposed Rule

We appreciate that the Department intends for the proposed rule to “Increase competition and rigor among applicants, encouraging broader and more diverse applicants, and better ensuring quality applicants will be selected.” (E. Section 59.7 Criteria for Selection of Grantees). Expanding access to high quality, affordable health care for those who need it most is a laudable goal and one that we share. However, there is evidence that this rule will not achieve this goal.

The proposed rule would curtail the current wide reach of Title X by allowing funding only to organizations who do not provide comprehensive pregnancy counseling. This action would jeopardize the existence of well-developed, proven-effective programs that are based on the highest clinical standards, scientific evidence, and high value care. CHOP is deeply concerned about this language that would effectively limit access to needed primary and preventive care services for vulnerable populations, including many of our own adolescent patients.

For many young people, Title X services may be their only connection to the health care system due to lack of insurance and other barriers to engagement in primary care. In the past year, our Title X-funded clinics at CHOP had over 400 visits of uninsured young patients. We also receive Title X funding to provide preventive sexual health services in a homeless shelter for adolescents and young adults, who

are typically uninsured, economically disenfranchised and at high risk of adverse health outcomes. The loss of Title X services at our clinics could contribute to a growing population of youth who are not receiving any preventative health services.

Costs of Restricting Access to Care

By restricting access to care, the proposed rule would result in negative reproductive health outcomes and increased health care costs. The loss of Title X funds for comprehensive pregnancy counseling and reproductive health services would likely increase costs related to pregnancy and childbirth, as well as utilization of emergency room and hospital services for diagnosis and treatment of STIs. For instance, in Texas after Planned Parenthood affiliates were similarly barred from using public funds to provide preventive health care services, rates of contraceptive discontinuation and childbirth among Medicaid-enrolled women increased – ultimately leading to significantly higher health care costs.^v

In addition, the family planning programs currently offered through Title X – including comprehensive pregnancy prevention and counseling – generate substantial cost savings that would be threatened by the proposed rule. A 2010 estimate showed that for every \$1 spent on family planning programs and providers, the government saved about \$7 in Medicaid-related costs. The total net government savings were nearly \$13.6 billion, and the services provided at Title X-supported centers accounted for \$7 billion, or 51 percent, of that total.^{vi}

By restricting access to care, the proposed rule would also reduce the indirect, longer-term economic benefits of Title X-funded services. For example, today Title X affords young people access to treatment for STIs that reduce missed days of school, and services to prevent the long-term negative impact of teen pregnancy on academic and earning potential. These services have meant that adolescents are better prepared to take care of their own health and achieve greater success in their education and future employment. By reducing their access to needed reproductive health care, the proposed rule will harm adolescents' ability to achieve greater self-sustainability in the long term.

Finally, studies have shown that abortion rates decrease when young people are able to easily access pregnancy prevention services and contraception. For instance, the Colorado Family Planning Initiative's program to provide young women with low- or no-cost contraceptives cut abortion rates by 50% among teens aged 15-19.^{vii} Similarly, a study of the Contraceptive CHOICE Project in St. Louis, Missouri found that providing contraception at no cost led to teen abortion rates that were less than half the regional and national rates.^{viii} By comparison, the proposed rule would effectively reduce young people's access to pregnancy prevention services, which may have an unintended consequence of increasing the number of adolescents who seek abortions.

Recommendation

Based on the concerns described above, CHOP urges the Department to reconsider this proposed rule, which jeopardizes access to well-developed programs and services that are based on the highest clinical standards, scientific evidence, and high value care. All of the available evidence tells us that this rule

would impede access to comprehensive, proven-effective preventive and primary care services for the most vulnerable populations of adolescents and young adults – the very people who need these services the most.

Sincerely,



Ahaviah D. Glaser
Director of Government Affairs
Health Policy Director

ⁱ Rand, C. Patterns of Primary Care Physician Visits for US Adolescents in 2014: Implications for Vaccination. *Academic Pediatrics*, March 2018. 18(2): S72-S78. Accessed at: [https://www.academicpedsjnl.net/article/S1876-2859\(18\)30007-X/fulltext](https://www.academicpedsjnl.net/article/S1876-2859(18)30007-X/fulltext)

ⁱⁱ Wong, C., Ford, C., French, B. & Rubin, D. Changes in Young Adult Primary Care Under the Affordable Care Act. *American Journal of Public Health*, November 2015. 105(Suppl 5): S680-S685. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627530/>

ⁱⁱⁱ Publicly Funded Family Planning Services in the United States. Guttmacher Institute website <https://www.guttmacher.org/fact-sheet/publicly-funded-family-planning-services-united-states>. September 2016. Accessed June 12, 2018.

^{iv} Ibid.

^v Stevenson A, Flores-Vazquez I, Allgeyer R, Schenkkan P, Potter J. Effect of Removal of Planned Parenthood from the Texas Women’s Health Program. *New England Journal of Medicine*, 2016;374:853-60.

^{vi} Publicly Funded Family Planning Services in the United States. Guttmacher Institute website <https://www.guttmacher.org/fact-sheet/publicly-funded-family-planning-services-united-states>. September 2016. Accessed June 12, 2018.

^{vii} Colorado Department of Public Health and Environment. Taking the Unintended Out of Pregnancy: Colorado’s Success with Long-Acting Reversible Contraception, January 2017. Accessed at: https://www.colorado.gov/pacific/sites/default/files/PSD_TitleX3_CFPI-Report.pdf

^{viii} Peipert, J., Madden, T., Allsworth, J., Secura, G. Preventing Unintended Pregnancies by Providing No-Cost Contraception. *Obstetrics & Gynecology*, December 2012. 120(6): 1291-1297. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4000282/>