May 14, 2020

# Jessica MarcellaDeputy Assistant Secretary for Population AffairsOffice of Population AffairsOffice of the Assistant Secretary for HealthUS Department of Health and Human Services200 Independence Avenue SWWashington, DC 20201

ATTN: Title X Rulemaking

Dear Ms. Marcella:

Essential Access Health (Essential Access) is committed to ensuring that all individuals have timely access to equitable, affordable, client-centered, and high-quality family planning and related services. We appreciate the opportunity to submit comments in response to the Department of Health and Human Services’ (HHS) Notice of Proposed Rulemaking (NPRM) related to the Title X federal family planning program, Docket ID No. HHS-OS-2021-07762 (RIN: 0937-AA11).

Essential Access champions and promotes quality sexual and reproductive health care for all. Our organization was established over 50 years ago in 1968, grounded in the belief that the ability to plan our families and futures and make informed choices about our sexual and reproductive health are essential for individual and community health, equity, and economic security. After the Title X federal family planning program was created two years later with strong bi-partisan support, Essential Access became an original Title X grantee to coordinate and support the delivery of family planning services in Los Angeles County.

Since then, Essential Access and our Title X program have grown significantly. Today, our work and mission touches the lives of millions of individuals throughout the state of California and across the country. Our statewide Title X provider network, although decimated by the Trump-era Title X regulations promulgated in 2019, remains the largest Title X system in the country.

Essential Access applauds the release of the NPRM and reinstating the 2000 regulations that successfully governed the program for nearly 20 years, with important updates and enhancements to advance equitable access to comprehensive, evidence-based family planning services described below. The Proposed Rule is a critical step toward revoking the harmful 2019 regulations and ensuring that Title X family planning patients nationwide can once again access the health information and care they want – when they need it - with dignity and respect.

Every day that the current regulations remain in effect, the federal government is dictating a lower standard of care for low-income patients – disproportionately impacting rural regions and Black, Indigenous, and other People of Color (BIPOC). This can no longer be tolerated.

Relief from the 2019 regulations is urgently needed. There is ample evidence and an extensive public record showing the devastating impact the regulations have had on access to Title X services nationwide. HHS must move quickly to restore Title X’s mandate to provide comprehensive family planning services for all and rebuild our nation’s Title X network of qualified family planning providers. The current public health emergency has made the need to rebuild and strengthen our family planning safety-net even more time-sensitive.

For the reasons outlined above and as follows, we urge HHS to swiftly release the Final Rule, and rescind and replace the 2019 regulations as soon as possible in alignment with the administration’s stated priorities related to health access and equity.

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**The 2019 Regulations Conflict with Medical Ethics Standards + Current Law**

As noted in the extensive public record available in challenges to the 2019 regulations, every leading medical organization in the United States opposed the Trump-era regulations on the grounds that they violate fundamental principles of medical ethics and dangerously interfere with the patient-provider relationship. The 2019 regulations require Title X providers to deny Title X patients comprehensive and unbiased information about their pregnancy options and withhold abortion referrals, even when requested. The 2019 regulations also force Title X providers to give pregnant patients information that they do not want or need – thereby disregarding their fundamental right to bodily autonomy. Essential Access and other experts in the field, made clear that these draconian policy changes would threaten and delay patient access to time-sensitive health services, and lead to an exodus of providers that would be unable and/or unwilling to follow these harmful requirements.

Based on current law and federal court precedent, the 2019 regulations should never have taken effect. First, the 2019 regulations do not comply with the mandate from Congress that pregnancy counseling be non-directive in the Title X program. Second, the regulations conflict with Section 1554 of the Affordable Care Act that clearly states that HHS “shall not promulgate any regulation” that harms patient care, including by interfering with communications between a provider and patient, or violating the ethical standards of health care professionals.

In addition, the 2019 regulations are clearly arbitrary and capricious. In Department of Homeland Sec. v. Regents of the Univ. of Cal., the Ninth Circuit Court of Appeals found that an agency must base decisions “on a consideration of the relevant factors” and may not “entirely fail to consider [an] important aspect of the problem[.]” In Encinco Motorcars, LLC v. Navarro, the Court found that an agency may not “change course” from an existing policy without accounting for “serious reliance interests.”

In promulgating the 2019 Final Rule, HHS did not present any widespread issue that needed to be fixed. HHS also failed to consider the extensive, unequivocal evidence presented that the 2019 policy changes would negatively impact access to Title X-funded services. As noted in the NPRM after conducting a review of the 2019 regulations as directed by President Biden on January 28, 2021, HHS found and noted in the NPRM that “the 2019 rule was a solution in search of a problem, a solution whose severe public health consequences caused much greater problems.”

**The 2019 Regulations Have Decimated the Title X Network in California + Nationwide**

Although the Trump Administration asserted that the new regulations would encourage new applicants to apply for Title X funding and result in “more clients being served,”[[1]](#footnote-1) there is ample evidence to the contrary. The stark reality is that the number of Title X grantees, service sites, and patients served by the program has dropped dramatically.

As a result of the 2019 rule, more than 1,200 family planning providers in 34 states left the program.[[2]](#footnote-2) Numerous states were left either with no Title X-funded programs or with programs unable to serve the entirety of the service areas they were funded to serve.[[3]](#footnote-3) According to the State of the Title X Network report released by the National Family Planning & Reproductive Health Association in July of 2020, the 2019 rule caused nearly half of all Title X projects to lose providers from the program. Data from the national Family Planning Annual Report (FPAR) included in the NPRM indicates that 1.5 million patients were served by Title X in 2020, down from an annual average of 4 million patients served before the 2019 regulations were implemented.

California’s statewide Title X network is an example of the devastating impact of the 2019 regulations. Prior to the 2019 regulations, California’s statewide Title X network included federally qualified health centers (FQHCs), city and county health departments, university and hospital health systems, Urban Indian Health Centers, Planned Parenthood affiliates, and stand-alone women’s health and family planning specialists. According to FPAR data Essential Access submitted to the Office of Population Affairs (OPA), in 2018, approximately 1,000,000 Title X patients were served at 63 health centers collectively operating 366 service sites in 38 counties.

After several sections of the 2019 regulations took effect in 2019, a total of 611,642 patients were served by 51 health centers operating 251 service sites in 19 counties. As a result of full implementation of the 2019 regulations in March of 2020 and after a statewide application process was released for eligible California providers, fewer than 200,000 patients were served by 238 Title X sites across 20 California counties in 2020 – a reduction of more than 80%.

Despite the decimation of California’s statewide provider network, Essential Access continues to administer the largest Title X project in the country. It is anticipated that once the Proposed Rule is finalized, Essential Access Health will immediately be able to rebuild a robust and diverse Title X provider network across California, and bring Title X-funded services back to counties that were left without a Title X provider as result of the 2019 regulations. Health care organizations across the state have indicated a strong interest in rejoining the program when the 2019 rules are rescinded and replaced. Essential Access is prepared to onboard returning providers and enhance their capacity to provide quality family planning services in their communities as soon as possible.

**The Current Regulations Disproportionately Impact Low-Income Individuals, Rural Regions,
+ BIPOC Communities**

The Trump-era regulations have had a disproportionate impact on low-income, uninsured, and BIPOC communities, and individuals living in rural regions that already face structural and systemic barriers to accessing essential health services.

According to the 2019 Title X Family Planning Annual Report (FPAR), 573,650 fewer Title X patients living under 100% of the federal poverty level (FPL) were served in 2019, compared with FPAR data for the same patient population in 2018. FPAR data also demonstrates that 324,776 fewer uninsured patients were served by the program. The number of BIPOC patients served dramatically decreased as well including nearly 270,000 fewer Latina/o and 130,000 fewer Black Title X patients served.

Based on the FPARs that Essential Access submitted to OPA, in California alone, the number of patients living at or below 100% of FPL fell by 568,202 between 2018 and 2020, and the number of uninsured Californians served by Title was cut by 422,986. During the same time period, the number of Latina/o patients served dropped by 389,692 and the number of Black patients served by Title X in the state was reduced by 74,748. In addition, 71,212 fewer patients with Limited English Proficiency received Title X-funded services statewide.

The California counties that lost a Title X provider as a result of the 2019 regulations are home to large populations of low-income communities and BIPOC individuals that already face provider shortages and structural and systemic barriers to essential health services. Counties without a Title X-funded provider are also in regions with disproportionately high rates of unintended pregnancy and STIs, including the Central Valley and Inland Empire.

 **The Proposed Rule Advances Health Access + Equity**

Essential Access strongly supports the Administration’s emphasis on health equity in the Proposed Rule, including the updates the Proposed Rule makes to the definitions section of the 2000 Title X regulations that name and prioritize health equity and inclusion. The added definition for health equity underscores the goal of ensuring that all Title X patients have the opportunity to attain their full health potential. This is particularly important as family planning services are often the gateway to getting other essential health care and common conditions addressed like high blood pressure and diabetes. The Title X program has an important role to play in combatting systemic barriers to care and advancing the Administration’s goals regarding health access and equity. COVID-19 exposed the urgent need to break down the structural inequities that exist in our health care system that prevent low-income individuals and BIPOC from getting the health care they want – when, how, and where they need it.

The new inclusion definition affirms that everyone in need should be able to actively participate in and benefit from Title X-funded services. The transition from using the word “women” to “client” is a positive and practical step toward making the program more inclusive. Gender identity and an individual’s sexual orientation should never be a barrier to receiving essential health care. The Proposed Rule’s definitions also help illustrate key aspects of quality care including the importance of client-centeredness; cultural and linguistic appropriateness; and recognition of all family types.

New definitions for quality and client-centered care will help ensure that all patients served by Title X receive family planning services that are respectful of, and responsive to, their personal preferences and needs - including those that have traditionally faced systemic and structural challenges accessing care such as BIPOC communities, lesbian, gay, bisexual, transgender and queer patients, and people living in rural areas.

The Proposed Rule also addresses and advances health equity by removing the 2019 rule’s misguided definition of “low-income”. The 2019 rule wrongfully diverts limited and critical resources away from the low-income individuals that Title X was designed and mandated by statute to serve, by opening the program to employees who are denied contraceptive coverage in their employer based health plans – regardless of their income level.

To advance health equity, HHS must also ensure that the “health care provider” definition in the Final Rule is not limited to the examples cited by HHS in the Proposed Rule. In 2019, 23% - or more than 1.07 million – of family planning encounters fell under the primary responsibility of service providers such as Registered Nurses, Licensed Practical Nurses, Health Educators, and Social Workers.[[4]](#footnote-4) These professionals provide critical support to clinicians in team-based care models typical to modern health care delivery. They are also more likely to be BIPOC, and persistently underrepresented in health care professions and more reflective of the Title X patient population.[[5]](#footnote-5) Essential Access urges HHS to elevate and acknowledge the critical role these health care professionals play in the Title X program and in delivering culturally and linguistically competent, appropriate, and responsive family planning services.

In addition, the Proposed Rule creates new criterion for scoring applications for Title X service grants. In reviewing applications, HHS will take into account “the ability of the applicant to advance health equity.” This addition is consistent with the core mission of Title X to make high-quality family planning services readily available to all. As a current Grantee, Essential Access applauds this step forward. This new component will provide an opportunity for applicants like Essential Access to describe and be evaluated on their commitment to health equity and activities implemented to ensure that an individual’s race, income, sexual orientation, insurance status, or zip code, are no longer barriers to achieving optimal sexual and reproductive health outcomes and overall well-being.

 **The Proposed Rule Restores Title X’s Commitment to Quality Family Planning + Nationally Recognized Standards of Care**

In 1970, Republican President Richard M. Nixon called on Congress to “establish as a national goal the provision of adequate family planning services … to all those who want them but cannot afford them.”[[6]](#footnote-6) Congress responded and enacted Title X to create a comprehensive family planning program and make quality contraceptive and related services readily available to those with low-incomes.[[7]](#footnote-7) Title X was established with strong bi-partisan support to make “‘comprehensive family planning services readily available to all persons desiring such services.”[[8]](#footnote-8)

The Trump Administration’s 2019 rule undermines the program’s Congressional mandate in a number of ways and must be rescinded and replaced as soon as possible to restore Title X’s commitment to quality family planning and nationally recognized standards of care.

The current rule: 1) Violates medical ethics standards; 2) Denies Title X patients complete and unbiased information about their pregnancy options; 3) Disrespects the health needs and personal decisions of Title X patients; 4) Delays access to desired and time-sensitive care; 5) Requires onerous and cost-prohibitive physical separation requirements that conflict with standards of care and have forced qualified family planning providers out of the program; 6) Eliminates the term “medically approved” from the longstanding regulatory requirement that projects provide “a broad range of acceptable and effective medically approved family planning methods;”[[9]](#footnote-9) 7) Includes overly permissive language that opened the door to participation in the program by providers who object to contraception and the fundamental tenets of the Title X program, and 8) Diverges from and disregards nationally recognized clinical standards, the Quality Family Planning (“the QFP”) guidelines, published by the Office of Population Affairs and the Centers for Disease Control and Prevention (CDC) in 2014.

Essential Access applauds HHS for the Proposed Rule’s return to the core mission and mandate of the Title X program to provide Title X patients with high-quality, evidence-based, client-centered care that includes comprehensive, medically accurate counseling and information, and referrals for additional services and follow-up care.

Specifically, Essential Access strongly supports the following changes to help ensure that Title X patients receive quality, evidence-based, client-centered family planning services. We urge HHS to include these components in the Final Rule:

* Cite “FDA-approved contraceptive services” and reinstate the term “medically approved” to the proposed definition of family planning services;
* Restore adherence to QFP standards (with regular updates);
* Reinstate the requirement that Title X providers offer non-directive pregnancy options counseling upon request, including unrestricted and unbiased abortion referrals;
* Revoke the onerous and harmful prohibition on abortion referrals and the requirement that Title X providers refer pregnant patients for prenatal care, regardless of their expressed wishes; and
* Eliminate the requirement that Title X providers maintain physical, staff, and administrative system separation from locations that provide abortion as a method of family planning and from other abortion-related activities; and the requirement that counseling be provided only by physicians or “advanced practice providers,” meaning “medical professional[s] who receive at least a graduate level degree in the relevant medical field”

 **The Proposed Rule Restores + Strengthens Patient Confidentiality Protections and a Commitment to Providing Adolescent-Friendly Health Services**

Two hallmarks of Title X have been the program’s historically strong protections for patient confidentiality and its commitment to serving adolescents. Since the 1970s, federal law has required that both adolescents and adults be able to receive confidential family planning services in Title X projects. Research shows these confidentiality protections are one of the reasons individuals choose to seek care at Title X sites.[[10]](#footnote-10)

Family planning services address some of the most sensitive and personal issues in health care and therefore require strong confidentiality protections. Patients seeking family planning services encompass a broad spectrum of patient populations.[[11]](#footnote-11) Certain groups, including adolescents and young adults, and people at risk of domestic or intimate partner violence, have special privacy concerns that require particularly strong protection.[[12]](#footnote-12)

The 2019 rule weakened these protections by requiring providers to encourage family involvement even when it could be harmful. The regulations give the HHS Secretary oversight authority in the enforcement of complex and nuanced state reporting laws and place inappropriate reporting and documentation obligations on providers. In doing so, the 2019 rule undermines the provider-patient relationship and puts patient health and safety at risk.

Essential Access strongly supports reinstating the Title X confidentiality protections in place prior to the 2019 rule[[13]](#footnote-13) and the important improvements outlined in the Proposed Rule. First, the Proposed Rule eliminates the 2019 rule’s unnecessary and harmful requirements to take and document specific actions to encourage family involvement in the family planning decision making of all adolescents. The 2019 rule excludes including the statutory directive “[t]o the extent practicable”[[14]](#footnote-14) and disregards the expertise, training, and experience of Title X providers. Health care professionals in Title X-funded health settings are trained and skilled in caring for adolescents and encourage family communication about family planning services and other key health care matters when realistic and appropriate.

Second, we support the elimination of the 2019 rule’s attempt to give HHS substantial oversight over compliance with complex state reporting requirements concerning child abuse, child molestation, sexual abuse, rape, incest, or human trafficking. Professionals providing services in Title X-funded sites are aware of their reporting obligations, and already receive regular training to support compliance. Determinations regarding compliance with state reporting laws properly rest with state authorities, not HHS.

Third, Essential Access urges HHS to include language clarifying that longstanding Title X prohibitions on parental notification and consent requirements remain in effect. To alleviate any confusion, Essential Access encourages HHS to insert the following language into the Final Rule at the end of § 59.10. This language is identical to program guidance released by OPA in 2001 the 2001:

“Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.”

 **Title X Patients Must Have Access to a Broad Range of Medically Approved Contraceptive Methods from Qualified Family Planning Providers They Know + Trust, Working at the Ceiling of their Scope and Training**

Although the changes above are positive steps in the right direction and begin the process of restoring Title X’s mandate to provide comprehensive family planning services for all, Essential Access is concerned that allowing Title X sites within a program project to offer a single method of contraception, conflicts with QFP standards and HHS’ stated goals regarding quality, client-centered care, and health equity. Essential Access strongly urges HHS to require all Title X funded sites to provide a broad range of medically-approved family planning services. Allowing a site within a Title X project to offer a single method delays patient access to the birth control method of their choice, thereby increasing their risk for unintended pregnancy. This policy disproportionately impacts individuals living in underserved regions with provider shortages as Title X patients might be forced to travel long distances to access the method that meets their unique health needs and reproductive life goals.

If HHS continues to allow a site within a Title X project to offer a single method of contraception, HHS must clarify that it must be a medically approved, and effective form of birth control. In addition, the requirement added to the Proposed Rule for sites that offer a single method of contraception to provide a referral for Title X patients to access their method of choice, is vague and does not go far enough. If referral requirements are implemented, HHS must clearly outline the reasons and/or circumstances under which a Title X site may be excused from offering a broad range of medically approved methods and parameters including a maximum “reasonable” distance a Title X patient would have to travel to get their method of choice.

In addition, Essential Access strongly urges HHS to include protections in the Final Rule that ensure that only qualified family planning providers are permitted to participate in the Title X program. It is imperative that HHS “ensure that Title X projects do not undermine the program’s mission by excluding otherwise qualified providers as subrecipients”[[15]](#footnote-15) or discriminate against entities that provide and/or fund entities that provide abortions outside of Title X with non-Title X funds.[[16]](#footnote-16) It is also essential for HHS to make clear in the Final Rule that providers must be able and willing to offer a full range of medically approved contraception to participate in the Title X program.

 **Title X Patients Must Have Access to Family Planning Services Through Telehealth, Including Audio-Only Visits**

Essential Access strongly supports the Proposed Rule’s enhancements to the 2000 regulations related to “telemedicine”. The COVID-19 public health emergency sparked rapid adoption of remote health care among patients and providers and resulted in a transformation of our health care delivery system. Since spring 2020, use of telehealth modalities has allowed Title X users to remotely access a wide range of Title X services without placing themselves at increased risk for potential COVID-19 exposure.

Many Californians in rural and urban regions, and low-income communities statewide, still struggle to access sexual and reproductive health services. Some face barriers to care because they live in rural areas far from their nearest health center and don’t have or can’t afford public transportation options. Others may not be able to take the time off from their job or get child care to visit a health center, or have confidentiality concerns. These challenges have been exacerbated during the current COVID-19 public health crisis, further fueling health inequities. A report by the Guttmacher Institute revealed that 38 percent of Black women and 45 percent of Latinas, compared to 29 percent of white women, now face difficulties accessing birth control as a result of the pandemic. Lower-income women were also more likely than higher-income women to report having experienced delays or being unable to get contraceptive care because of the pandemic (36% vs. 31%).

Telehealth has become a crucial pathway for patients to access time-sensitive health care during the pandemic and will remain so beyond the public health emergency. Essential Access conducted a survey of our Title X provider network last fall. More than 85% of survey respondents said that delivering sexual and reproductive health care services through telehealth reduced patient no-show rates. Telephonic visits in particular have become a reliable and effective care modality. Survey respondents said that nearly 60% of their remote sexual and reproductive health visits were conducted by telephone. Essential Access also conducted a statewide survey among California teens in the summer of 2020. Nearly half of all survey respondents reported that they would prefer telehealth visits by phone. Nearly 60% of teen respondents indicated they would be much more or somewhat more likely to get health care using telehealth than if they had to go to a clinic. Privacy, ease of access, and feeling less intimidated were noted as reasons why teens are interested in virtual health visits.

To protect patient choice in telehealth modality, advance health equity, and recognize challenges and barriers related to the digital divide in many communities without access to high speed internet, the Final Rule must clarify that audio-only visits qualify as a Title X telehealth visit. Audio-only encounters must also be able to be counted as part of FPAR data in subrecipient and Grantee reports.

A report by the California Emerging Technology Fund estimates that 15% of California households are digitally disadvantaged because they are unconnected or under-connected to broadband internet. For patients that cannot get to a health center in person and lack reliable internet access, telephone calls are the only way they can obtain health care services.

In addition, Essential Access is concerned about the use of the term “telemedicine” in the Proposed Rule instead of “telehealth,” which refers to a broader scope of remote health care services than telemedicine and includes non-clinical services like counseling and education.

HHS should explicitly name and define “telehealth” in the Final Rule as follows:

59.5(b)(1): Provide for clinical and other qualifying services related to family planning (including consultation by a healthcare provider, family planning counseling and education, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, including audio-only modalities, regardless of the patient’s or provider’s setting, and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.

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For the reasons outlined above, we urge HHS to move quickly to release the Final Rule. Every day the 2019 regulations remain in place, the federal government is dictating an unacceptable and unlawful lower-standard of care for low-income patients.

The extensive evidence is clear and stark. The harmful policy changes promulgated in 2019 have dramatically reduced access to Title X services nationwide. They must be rescinded and replaced without delay to ensure access to equitable, affordable, client-centered, and high-quality family planning and related services across the country.

Essential Access is looking forward to rebuilding our robust and diverse Title X provider network across the state of California as soon as possible, and partnering with HHS to restore and strengthen Title X’s mandate to provide comprehensive family planning services for all. We appreciate the opportunity to submit these comments and thank you in advance for your consideration. If you have questions about these comments, please contact Amy Moy, Chief External Affairs Officer, at 415.518.4465/amoy@essentialaccess.org.

Sincerely,

Julie Rabinovitz, MPH
President + CEO

1. Compliance with Statutory Program Integrity Requirements, 84 Fed. Reg. 7,714, 7,723 (Mar. 4, 2019). [↑](#footnote-ref-1)
2. Forty Title X programs projects across 34 states had service sites withdraw or have withdrawn completely from the Title X program due to the Trump Rule. *State of the Title X Network*,Nat’l Family Planning & Reproductive Health Assn (July 2020), https://www.nationalfamilyplanning.org/file/2020-state-one-pagers-new/Impact-of-the-Title-X-Rule-in-California.pdf. [↑](#footnote-ref-2)
3. Mia Zolna et al., *Estimating the impact of changes in the Title X network on patient capacity*, Guttmacher Inst., 2(Feb. 5, 2020), https://www.guttmacher.org/sites/default/files/article\_files/estimating\_the\_impact\_of\_changes\_in\_the\_title\_x\_network\_on\_patient\_capacity\_2.pdf; *see also* *Title X Family Planning Directory*, *supra* n.5. [↑](#footnote-ref-3)
4. C Fowler, J Gable, B Lasater, and K Asman, *Family Planning Annual Report: 2019 National Summary* (Washington, DC: Office of Population Affairs, 2020). [↑](#footnote-ref-4)
5. E Salsberg, C Richwine, and S Westergaard S, et al, “Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce,” JAMA Netw Open. 2021;4(3):e213789. doi:10.1001/jamanetworkopen.2021.3789. [↑](#footnote-ref-5)
6. Richard Nixon, Special Message to the Congress on Problems of Population Growth (July 18, 1969). [↑](#footnote-ref-6)
7. See H.R. Rep. No. 91-1472, at 10 (1970); 84 Stat. 1504. [↑](#footnote-ref-7)
8. *Planned Parenthood Federation of America, Inc. v. Heckler*, 712 F.2d 650, 651 (D.C. Cir. 1983) (quoting S. Rep. No. 91-1004, at 2 (1970)). [↑](#footnote-ref-8)
9. 83 Fed. Reg*.* at 25530. [↑](#footnote-ref-9)
10. Frost et al., *Specialized Family Planning Clinics in the United States*. [↑](#footnote-ref-10)
11. Rachel B. Gold, *A New Frontier in the Era of Health Reform: Protecting Confidentiality for Individuals Insured as Dependents*, 16 Guttmacher Policy Review 2, 2 (2013), https://www.guttmacher.org/pubs/gpr/16/4/gpr160402.pdf. [↑](#footnote-ref-11)
12. Pamela J. Burke et al., *Sexual and Reproductive Health Care: A Position Paper of the Society for Adolescent Health and Medicine*, 54 J. Adolescent Health 491, 491-496, (2014), https://www.adolescenthealth.org/SAHM\_Main/media/Advocacy/Positions/Apr-14-Sexual-Repro-Health.pdf; Diane M. Reddy, Raymond Fleming, & Carolyne Swain, *Effect of Mandatory Parental Notification on Adolescent Girls’ Use of Sexual Health Care Services*, 288 J. Am. Med. Ass’n 710, 710–714 (2002); Rachel K. Jones et al., *Adolescents’ Reports of Parental Knowledge of Adolescents’ Use of Sexual Health Services and Their Reactions to Mandated Parental Notification for Prescription Contraception*, 293 J. Am. Med. Ass’n340, 340–348; Liza Fuentes, Meghan Ingerick, Rachel Jones, & Laura Lindberg, *Adolescents’ and Young Adults’ Reports of Barriers to Confidential Health Care and Receipt of Contraceptive Services*, 62 J. Adolescent Health 36, 36-43; *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings,* Family Violence Prevention Fund (2004), http://www.futureswithoutviolence.org/userfiles/file/HealthCare/consensus.pdf. [↑](#footnote-ref-12)
13. Title X’s confidentiality requirements are currently largely codified at 42 C.F.R. § 59.11; the NPRM proposes reorganizing the Title X regulations so that the confidentiality section would now be § 59.10. [↑](#footnote-ref-13)
14. 42 U.S.C. § 300. [↑](#footnote-ref-14)
15. “Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services,” 86 Federal Register 19812, 19817 (April 15, 2021). [↑](#footnote-ref-15)
16. 42 U.S.C. § 300(a). “The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” *See also* 42 C.F.R. § 59.3. “*Any* public or nonprofit private entity in a State may apply for a grant under this subpart.” [emphasis added] [↑](#footnote-ref-16)