

TITLE: Provide CME and continue to oppose Title X regulation prohibiting funding recipients from referring patients for abortion care

Introduced by: Sheila Attaie DO, Linh Vo MD, and Lauren Wondolowski MD

WHEREAS, Title X is a nearly 50-year-old federal program ensuring access to affordable reproductive and preventive health care¹, and

WHEREAS, in 2018, over \$286 million in Title X funding was distributed amongst non-profit local, state, school-based, faith-based, and community health centers to subsidize care for 3.9 million patients, 65% of whom live at or below the poverty line^{1,7}, and

WHEREAS, in 2019 the Trump administration restricted Title X recipients from providing abortion referrals, regardless of a patient's need or personal request^{2,11} and

WHEREAS, starting in March 2020, Title X recipients will also be mandated to “establish and maintain physical separation” from the provision of abortion², and

WHEREAS, as a result of this restrictive regulation, many major organizations like Planned Parenthood and state health departments are withdrawing from Title X funding³, and

WHEREAS, more than 25% of clinics across the nation have been defunded, which has detrimental implications for reproductive health access⁸, and

WHEREAS, AAFP endorses the principle that women receiving healthcare paid for through health plans funded by state or federal governments should be provided with access to the full range of reproductive options (2017 COD), and

WHEREAS, the AAFP supports a woman's access to reproductive health services and opposes non evidence-based restrictions on medical care (2018 COD), and

WHEREAS, the AAFP opposes legislation that infringes upon the patient-physician relationship (2016 COD), and

WHEREAS, the AAFP and other leading professional medical organizations have explicitly addressed the need for comprehensive counseling and referral for all pregnancy options including abortion^{13,4} and have issued statements opposing the Title X changes^{14, 15}, now, therefore be it

RESOLVED, the CAFP include a session at a future Family Medicine Clinical Forum about the Title X regulations and how clinics receiving Title X funding can navigate providing services, and

RESOLVED, the CAFP continue to support physician voices speaking out against the regulations by publishing a blog post or article on the topic.

1) PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issue does it seek to address?

Title X is a federal program for affordable reproductive and preventative health care. This program's success is considered largely responsible for improvements in people's health over the nearly 50 years since its inception, including the historically low unintended and teen pregnancy rates currently in the United States. The program has served approximately 4 million people per year with a dedication to providing access to medically-underserved patients. Detrimental changes to this critical program will disproportionately affect under-resourced communities, including people of color who already face significant health disparities due to systemic inequities. The February 2019 Title X regulations put forth by the Department of Health and Human Services removed the requirement for nondirective pregnancy counseling and prohibit referrals for abortion. Title X has never permitted funds to be used to pay for abortions. These changes not only affect patients' access to comprehensive reproductive health care, but they also intrude on the patient-doctor relationship.

2) PROBLEM UNIVERSE: Approximately how many CAFP members or members' patients are affected by this problem or proposed policy?

Title X funding provided family planning services for almost 4 million patients in 2018, 25% of whom were in California. Thus, nearly 1 million California patients are affected by this change in policy to Title X funding. As of December 2019, in California alone, there was a 40% decrease in clinics receiving Title X funding as many clinics have withdrawn from the program due to the new restrictions.

Abortion is incredibly common in the United States, approximately 1 in 4 women will have an abortion by the age of 45 and 18% of pregnancies in 2017 ended in abortion. Nearly half of pregnancies are unintended and almost 5% of reproductive-age women have an unintended pregnancy each year. As such, family physicians will invariably encounter patients in their practices that have had or will have an abortion, and many patients will seek care with their primary care providers for counseling surrounding an unintended pregnancy.

3) WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFP to take?

Many organizations have expressed their opposition to the 2019 Title X regulations put forth by HHS. Given that family physicians provide more than 25% of ambulatory care in the United States, it is important for the CAFP and AAFP to take leadership roles in advocating for health policies that reflect the needs of our clinic populations. Specifically, the state of California alone receives a quarter of the national Title X funding, and therefore provides precedent for the implications of losing Title X funding on a large scale.

The new Title X regulations not only impact reproductive health care for patients, but they also impact the patient-physician relationship. Supporting informed decision-making by patients is a basic tenet of medical ethics and practice, and appropriately included in detail in the AMA Code of Medical Ethics and the AAFP Curriculum Guidelines for Family Medicine Residents for Medical Ethics. This informed decision-making process between physicians and patients requires that patients understand the risks and alternatives to the prescribed care or treatment in order to make decisions about their health. The regulations imposed on Title X grantees directly interfere

in this relationship by prohibiting referral for abortion, even if requested by a patient, and not requiring nondirective options counseling.

4) WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?

Given that the Title X revised regulations were published in February 2019 and are still undergoing various legal challenges, it is important for family physicians to remain abreast of the changes and the effects on practice. There are many prior policies from the AAFP that are directly violated by the changes to Title X funding regulations and warrant action from the CAFP and AAFP. These changes not only interfere in patient-physician relationships, but they impact patients' access to necessary reproductive health care in the US. In this changing landscape, the CAFP can take a role to help its members remain informed and publicly continue to speak out against the regulations. To this end, the authors of this resolution are happy to collaborate on CME and/or a piece for publication through the CAFP.

5) PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solutions:

1. Affairs, Office of Population. "Title X Family Planning Annual Report Summary." *HHS.gov*, US Department of Health and Human Services, 29 Aug. 2019, www.hhs.gov/opa/title-x-family-planning/fp-annual-report/fpar-infographic/index.html
2. "Compliance With Statutory Program Integrity Requirements." *Federal Register*, Office of the Assistant Secretary for Health, Office of the Secretary, HHS, 4 Mar. 2019, www.federalregister.gov/documents/2019/03/04/2019-03461/compliance-with-statutory-program-integrity-requirements
3. Frederiksen, Brittini, et al. "Data Note: Impact of New Title X Regulations on Network Participation." *The Henry J. Kaiser Family Foundation*, 23 Sept. 2019, www.kff.org/womens-health-policy/issue-brief/data-note-impact-of-new-title-x-regulations-on-network-participation/
4. "Induced Abortion in the United States." *Guttmacher Institute*, 18 Sept. 2019, www.guttmacher.org/fact-sheet/induced-abortion-united-states.
5. Hornberger, Laurie L. "Options Counseling for the Pregnant Adolescent Patient." *Pediatrics*, vol. 140, no. 3, 2017, doi:10.1542/peds.2017-2274.
6. "Publicly Supported Family Planning Services in the United States." *Guttmacher Institute*, 31 Oct. 2019, www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US.
7. Ranji, Usha, et al. "Financing Family Planning Services for Low-Income Women: The Role of Public Programs." *The Henry J. Kaiser Family Foundation*, 29 Oct. 2019, www.kff.org/womens-health-policy/issue-brief/financing-family-planning-services-for-low-income-women-the-role-of-public-programs/.
8. "The Status of Participation in the Title X Federal Family Planning Program." *The Henry J. Kaiser Family Foundation*, Kaiser Family Foundation, 20 Dec. 2019, www.kff.org/interactive/the-status-of-participation-in-the-title-x-federal-family-planning-program/.
9. U.S. Department of Health and Human Services. "Fact Sheet: Final Title X Rule Detailing Family Planning Grant Program." *HHS.gov*, US Department of Health and

Human Services, 22 Feb. 2019, www.hhs.gov/about/news/2019/02/22/fact-sheet-final-title-x-rule-detailing-family-planning-grant-program.html.

10. U.S Department of Health and Human Services. "Title X Family Planning Annual Report." *HHS.gov*, US Department of Health and Human Services, August 2019, <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2018-national-summary.pdf>
11. "Unintended Pregnancy in the United States." *Guttmacher Institute*, 9 Jan. 2019, www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states.
12. "Visits to Primary Care Delivery Sites: United States, 2008." *Center for Disease Control*, 2010, www.cdc.gov/nchs/data/databriefs/db47.pdf.
13. "Women's Health Care Physicians." *The American College of Obstetricians and Gynecologists*, Ethics in Obstetrics and Gynecology, Aug. 2009, www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Ethics/Informed-Consent.
14. "The Final Title X Regulation Disregards Expert Opinion and Evidence-Based Practices." *The American College of Obstetricians and Gynecologists*, 26 Feb. 2019, <https://www.acog.org/About-ACOG/News-Room/Statements/2019/Final-Title-X-Regulation-Disregards-Expert-Opinion-and-Evidence-Based-Practices>.
15. "Joint Letter to Senate Committee on Appropriations on FY20 Title X." *American Academy of Family Physicians*, 3 July 2019, <https://www.aafp.org/dam/AAFP/documents/advocacy/prevention/women/LT-SenAppropriationsSub-FY20TitleX-070319.pdf>.