



## Health Policy Stakeholder Meeting Planned Parenthood Federation of America

### Health policy priorities/goals in the short term

1. **Enact comprehensive health care reform:** Planned Parenthood believes that everyone benefits from healthy communities and healthy families. With unemployment on the rise and more families losing their health insurance, the work to reform our ailing health care system must begin immediately. We must develop a health care reform plan, which ensures that every person has access to affordable, high-quality health care, including comprehensive reproductive health care, from a provider of their choice.
2. **Include safety net providers in health care reform discussions:** With over 880 health centers across the country, Planned Parenthood provides family planning, reproductive health care services, and comprehensive sex education to millions of people each year. In fact, one in four women has visited a Planned Parenthood health center in her lifetime. Planned Parenthood is an integral part of our nation's health care safety net and a critical access point into the health delivery care system for millions. Accordingly, Planned Parenthood and other critical health care safety net providers must be included from the beginning in discussions and planning around changes to our health care delivery system.
3. **Expand safety net provider access to discounted drugs under the 340B program:** As our nation's economic crisis deepens, Americans are increasingly turning to safety net providers like Planned Parenthood for quality affordable health care. With an eye toward providing immediate relief for both patients and health care providers, the new Administration should work with Congress to enact a statutory amendment to the 340B program to allow participation by key safety net providers, such as family planning health centers that serve vulnerable populations identical to health centers now eligible to participate.
4. **Restore access to affordable birth control:** Restoring nominal drug pricing for certain family planning health centers and all university based health centers would ensure that they can continue to serve low-income and uninsured individuals in need of family planning services. The U.S. Department of Health and Human Services (HHS) should issue a new regulation designating non-profit family planning and college health centers as eligible for nominal drug pricing and thereby restoring affordable birth control to college-age and low-income women.
5. **Reverse the harmful HHS federal refusal law:** The HHS federal refusal rule, issued in final form on December 19, 2008, threatens women's access to basic health information and services, including common forms of birth control. This new, expansive interpretation of existing law not only takes patients' health care needs out of the equation, but also conflicts with accepted medical standards of health care and treatment and creates possible conflicts with federal and state laws designed to enhance access to health care. The new Administration and Congress should take immediate action to reverse this harmful rule.



6. **Expand coverage of family planning services under Medicaid:** It is well documented that Medicaid family planning expansions save millions of dollars for both states and the federal government. The new Administration and Congress should enact legislation that gives states the option to expand access to family planning services without having to go through the cumbersome 1115 demonstration waiver process. The Congressional Budget Office estimates that this legislation would save the federal government \$400 million dollars over 10 years.

### Health policy priorities/goals in the long term

1. **Ensure the following are appropriately addressed in systemic health care reform:**
  - Expanded health insurance coverage does not ensure access to health care providers. According to a recent article in the *Boston Globe*, there is now a 44 day wait for a woman to see her obstetrician/gynecologist in Massachusetts. Having enough providers to meet the growing demand is critical to ensuring timely access to the services people need and the ultimate success of health care reform. We must develop a sufficient supply of adequately compensated providers through expanded medical and public health education, adequate reimbursement, and the innovative use of nurses and advanced practice clinicians.
  - As our health care system grows and evolves, we must protect and build upon the hard-fought reproductive health care protections, such as those in the Medicaid program, that require the provision of family planning services, limit cost sharing for family planning, and allow individuals to seek family planning services from a provider of choice.
  - In examining the development of a new Federal Health Board or similar administrative entity, the Administration must ensure that safety net health care providers and patients are adequately represented in the decision-making processes around benefits, incentives, and promoting high-value health care.
2. **Mitigate the harmful impact of the Medicaid citizenship verification process:** The Medicaid citizenship documentation process required by the Deficit Reduction Act of 2005 (DRA) has had a chilling effect on access to Medicaid coverage. Until legislation is enacted to repeal the statutory process, the Secretary should exempt family planning waivers from the citizenship documentation requirement and should establish a good cause exemption allowing Medicaid coverage during the citizenship verification period.
3. **Review Title X Program Guidelines:** The Title X family planning program has been beleaguered by outdated program regulation, guidance, and implementation—preventing Title X providers from serving more patients. The Secretary of HHS should require the new Deputy Assistant Secretary for Population Affairs to review the Title X guidelines to ensure that they are consistent with the current evidence-based best practices and standards of care for clinical, education, and counseling services and to provide for greater flexibility to deliver client-centered care.

### Budgetary or appropriations concerns or impact

1. **Restore our nation's family planning program:** The Title X family planning program is vital to our nation's health care safety net, yet current funding is woefully inadequate



given the increasing demand for services, the rising cost of prescription drugs and lab tests, and increasing costs for health care personnel. We urge the President to include \$700 million for Title X in his first budget submitted to Congress.

2. **Invest in the Centers for Disease Control's (CDC) efforts to combat sexually transmitted infections (STI):** Approximately 19 million new cases of STIs occur each year, giving the United States some of the highest STI rates of any industrialized nation. Despite this startling incidence, STI program funding levels have remained frozen for more than a decade. We urge the President to include \$276 million for the CDC's STI Prevention Programs in his first budget submitted to Congress.
3. **Support parity between Medicaid coverage of family planning and pregnancy-related care:** The President should submit a budget to Congress that requires states to establish parity between the income level at which a woman is eligible for pregnancy care and the income level at which she is eligible for family planning services under Medicaid.

#### **Any other HHS related issue**

1. **Streamline Medicaid waiver approval process:** Medicaid family planning expansions dramatically improve health care access for women and men and save millions of dollars for both states and the federal government. Until legislation is enacted to make this process easier, we urge the Administration to expedite the Centers for Medicare and Medicaid Services (CMS) process for applying for and renewing Medicaid family planning waivers, and to remove the arbitrary restrictions on these waivers that were imposed under the Bush Administration.
2. **Mitigate harm caused by the Deficit Reduction Act regulations:** The final rules implementing the Medicaid cost-sharing and benchmark plan provisions of the DRA were recently issued by HHS. The new Administration and Congress should work together to mitigate the harm caused by these regulations by:
  - Allowing individuals to maintain access to Medicaid-covered family planning services regardless of their ability to pay a premium, and exempting contraceptives from all cost-sharing, and
  - Requiring that approved benchmark plans include family planning services in order to meet the needs of individuals of childbearing age.
3. **Integrate family planning and sexually transmitted infection services in publicly funded programs:** It is critically important that family planning and STI services are coordinated and integrated to serve women at risk for STIs, including HIV, and unintended pregnancy. The Secretary of HHS should ensure that the CDC issues guidance promoting the integration of family planning and STI-related services and encourages linkages between domestic and international family planning and STI programs, including the Infertility Prevention Project codified in section 318A of the Public Health Service Act.