



Family Planning & Reproductive Health Association

Title X Action Plan: Reforming the U.S. Family Planning Program for Uninsured and Low-Income Americans DRAFT

Introduction

Title X of the Public Health Service Act was enacted by Congress in 1970 to provide comprehensive and quality family planning services and other preventive health care to low-income individuals. In its nearly 40 years of operation, Title X has become a true safety-net provider, offering access to confidential contraceptive and preventive health services for poor and uninsured women and men that would otherwise lack access to health care.

Today, Title X provides comprehensive family planning services at more than 4,400 health centers to nearly 5 million low-income and uninsured women and men.¹ In 2006, Title X-funded clinics provided 2.5 million Pap tests, 2.4 million breast exams, 5.2 million STD tests, and 652,426 confidential HIV tests.² Publicly supported family planning services, such as those provided by Title X, help to prevent 1.4 million unplanned pregnancies each year, which if not supported would have resulted in 640,000 unintended births and 600,000 abortions.³ Moreover, these services also save taxpayers' money – every dollar spent on publicly funded family planning services saves \$4.02 in pregnancy-related and newborn care costs to Medicaid.⁴

Yet significant needs remain - while Title X providers are stretched to the limit in their attempt to continue offering these critical services to their current patients, they are also struggling to expand their services to help meet the needs of the estimated ten million women in need of publicly funded contraceptive care who do not currently receive such services.⁵ Due to decades of underfunding, currently Title X can only provide a fraction of the resources needed to pay for family planning services for those who lack access to them. This funding crisis, combined with ever-increasing costs of contraceptive drugs, devices, and services, has forced dedicated public health officials to provide care on a shoe-string budget, with many being forced to limit service hours, close clinics or reduce choices of contraceptive methods.

While many elected officials seem to have lacked the understanding or political will to support family planning services, Americans have overwhelmingly voiced their support of these federally-funded programs – 9 out of 10 Americans support federal funding (Title X) for family planning services for the uninsured and those living in poverty.⁶

Title X Reform Initiative by Family Planning Providers

In preparation for a new President and a new Congress, a twenty-member Advisory Council of family planning providers, with representatives from each of the ten federal Public Health Service Regions, developed this Action Plan. More than 200 other family planning providers contributed to the development of this reform effort through discussion groups in California, New York, and Philadelphia, a forum at a



national conference in Washington, D.C., and via an internet survey on the future of Title X. The National Family Planning & Reproductive Health Association, the national membership organization of family planning providers, coordinated the development of this Action Plan.⁷

This Action Plan focuses on three critical areas of the Title X program that requires reforming to ensure the effective and successful delivery of services to the populations in need, including:

- Revising and updating Title X service requirements;
- Improving the structure and administration of Title X; and
- Providing the funding necessary for a fully realized Title X program.

The action steps outlined in this Action Plan are not in priority order, but collectively represent the changes and improvements necessary to the continued and improved success of the Title X program.

AREA 1: REVISING & UPDATING TITLE X SERVICES REQUIREMENTS

The Title X program guidelines, which detail the range of services that must be provided to patients, have not been updated since 2001. The current required services do not reflect the current evidence-base or the professional standards of care. Additionally, the federal guidelines do not adequately support the types of services and infrastructure needed to serve the priority populations in a cost-effective and efficient manner.

1. Current Title X required services need to be reexamined and the guidelines made consistent with the current evidence base and best practices and standards of care for clinical, education, and counseling services and to allow the flexibility to deliver client-centered care.

- The oversight federal agency for the Title X Program, the Office of Population Affairs (OPA) at the U.S. Department of Health and Human Services, must be responsible for the leadership in:
 - Setting policy regarding the appropriate clinical, education and counseling standards to use;
 - Regularly reviewing with input from the field to assure appropriateness of standards for the Title X program;
 - Providing uniform guidance to regional staff in interpreting how guidelines must be implemented;
 - Providing information and educational support to Title X grantees to implement guidelines; and
 - Supporting best-practice studies and their dissemination as needed.
- Title X guidelines for clinical, educational and counseling services must be aligned with specific professional guidelines (such as the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the U.S. Preventive Services Task Force, Centers for Disease Control and Prevention (CDC), American Cancer Society and the Sexuality Information and Education Council of the United States (SIECUS)) to allow for timely implementation as practice standards shift to assure the effectiveness of the program.
- In the short-term, OPA must issue a clarification of existing guidelines to assure they reflect current professional standards and allow for the flexibility necessary to tailor services to meet the needs of individual clients.



- Additionally, OPA must regularly convene a group, including Title X grantees, to review and make decisions on the standards of care to use and the program instructions required.
2. **The Title X program must support the services required to address the needs of the program's priority populations and provide a truly comprehensive set of services that supports prevention. These include wraparound services, support for the infrastructure needed to ensure the capacity to provide services and additional clinical services that improve health outcomes.**
- **Wraparound services** are needed to address non-financial access barriers and include: outreach to hard-to-reach populations, translation/interpretative services, transportation, child care and activities associated with ensuring cultural competency.
 - **Infrastructure** support is needed to address the capacity to effectively implement the program and includes: adequate staff training/education, support for appropriate health education and counseling staff (health educators and social workers), support for recruitment and retention strategies for Title X staff, new technologies including electronic health records, other IT needs, capital investments, and public education and social marketing campaigns.
 - Recognizing that Title X is the entry-point into the health care system for the program's target populations, and the existing network of Title X health care providers is uniquely positioned to further integrate essential health services into this health care safety-net, **additional clinical and other health services** should be provided for the program's target populations in order to achieve critical positive outcomes and resulting in healthier people. These services should include: preconception and interconception care, expanded services to men; availability of the HPV vaccine, and services to address a range of behavioral risk factors facing the target populations including depression, anxiety, intimate partner violence, alcohol, tobacco and other drugs that may impact effective family planning.
3. **OPA must be the leader in the federal government responsible for addressing the major challenges to providing services in the Title X program, including the increased costs of providing services (the increasing costs of contraceptives, laboratory services, other medical supplies and personnel). Specifically, OPA must:**
- Secure affordable contraceptive devices and supplies for Title X providers, which would help alleviate skyrocketing costs, allowing for improved access to family planning services.
 - Ensure the availability of adequate, qualified staffing for Title X health centers.

AREA 2: IMPROVING THE STRUCTURE AND ADMINISTRATION OF TITLE X

Action is needed to support OPA in its leadership role in family planning and reproductive health and its national/regional structure as the grant program office for Title X.

Expanded expertise at the central office and regional levels, coupled with improvements in the tools required to implement the leadership role (such as communication, assessment of efforts and quality improvement processes), are needed to assure the effectiveness and efficiency of the program at the national and regional level in carrying out the mission of Title X as described in the statute.



1. OPA as the organization responsible for the administration and management of the Title X program at all levels must serve as champions and advocates for an evidence-based national family planning policy and programs. To ensure that leadership role is carried out, the following actions are required.

- Ensure that the criteria for appointments of central office and regional staff, including the Deputy Assistant Secretary of Population Affairs, reflect knowledge of evidence-based and best practices for family planning services and expertise in clinical services, health education and counseling, as well as a commitment to the mission of the Title X program.
- Develop and review program priorities in consultation with grantees and other stakeholders so that the priorities reflect the needs of the populations served by the program.
- The current regional structure of oversight for the Title X program must be maintained and strengthened to assure the program is able to respond to regional differences impacting the implementation of the program. Improvements are also needed to ensure that current federal/regional operations implement regulations and guidance in a consistent manner but also reflect the flexibility necessary to account for local differences. Approaches to accomplish this require:
 - Appropriate staffing with education and experience in public health programs for underserved populations and the clinical, education and counseling required by the Title X program;
 - Development and implementation of review/audit procedures based on appropriate protocols and implemented by reviewers who are well-trained and can apply guidance consistently; and
 - Training and educational programs for all Title X personnel, including central and regional office staff and all grantees to ensure a common understanding of the program and its mission.
- OPA and Centers for Medicare and Medicaid (CMS) must collaborate on issues surrounding supporting the provision of services through the Title X program and Medicaid, especially in states with Medicaid waivers. As the largest payor for family planning services, Medicaid is playing an increasingly important role in supporting family planning services. Therefore, it is critical that an effective partnership between Medicaid and the Title X program be established at the federal, regional, and state levels. The collaborative effort must include:
 - Establishing working relationships at each level to support meeting the needs of the eligible populations;
 - Addressing actual and potential conflicts in Medicaid and Title X policies; and
 - Defining Medicaid-covered services to be consistent with Title X guidelines.
- The Deputy Assistant Secretary for Population Affairs (DASPA), who oversees the Title X program, must work to increase the visibility of the program at the national level. In addition, the DASPA must lead an effort to address the need for service integration for the Title X population, through the development of national priorities in consultation with diverse stakeholders including Title X grantees and establishment of linkages and coordination of efforts among federally funded public health programs and the clinical services funded by the program.



2. **A systematic review and evaluation of the Family Planning Annual Report (FPAR) and other data requirements must be conducted to address the information needs of the Title X program and make recommendations, as needed, for improvements. This review and evaluation must consider the following:**
 - The current data requirements, their definitions and their ability to capture both the quantity and quality of services;
 - The financial and administrative burdens associated with the technology and staffing required to implement the requirements and the potential administrative and financial burdens; and
 - How to collect information on the breadth and richness of the nonclinical services of Title X efforts including:
 - Expansion of the types of outcomes that the program must be held accountable for and the data required to measure those outcomes; and
 - Development of an outcomes-based reporting system to support quality and performance improvement.
3. **Current training and research efforts funded separately under Title X need to be reviewed to ensure they reflect and support program priorities and must be evaluated on an established, periodic basis. This work must be undertaken with the input of Title X grantees.**
 - A process needs to be established to annually update an effective research agenda that addresses program needs, guides the usage of the Title X funds.
 - A similar process must be established to determine priorities for actualizing the potential of research, training, and service delivery.
 - A process must be established to evaluate the effectiveness of both research efforts and training programs.
 - Ensure that research findings are incorporated by grantees through appropriate staff training.
4. **A workforce assessment is needed to develop appropriate solutions to address the recruitment and retention of clinical staff for Title X clinics.**

The Title X program faces a number of workforce issues, some of which reflect current general health and public health workforce shortages and others are related to the specific needs of family planning. The current shortage of clinical staff, especially nurse practitioners, faced by family planning providers is a major concern. Therefore a study is needed to quantify the current shortages and consider alternative staffing options for the delivery of services. The study must also consider such options as new training programs, use of the National Health Service Corps, and how to address the limitations resulting from state practice acts on potential approaches to staffing.

AREA 3: PROVIDING THE FUNDING NECESSARY FOR A FULLY REALIZED TITLE X PROGRAM



The Title X program must have the resources necessary to implement the highest professional standards of care and provide the diversity of services needed to meet client needs. Historically, the program has been underfunded, leading to a number of negative consequences including: constraints on the ability to offer the most effective contraceptives, limited staffing to address the educational and counseling services needed, difficulties in conducting outreach to the most vulnerable of the priority populations, and insufficient capacity to meet all of the demand for services.

The President and Congress must take action to address the urgent need for funds faced by Title X providers. For nearly thirty years, funding for Title X has lagged significantly behind the pace of inflation, and has not increased to reflect recent increases in health care costs. For example, if funding for Title X had kept pace with inflation since Fiscal Year 1980, it would be funded at \$759 million. As a consequence, funding is needed to allow Title X providers to address both maintenance of effort and support for new users.

1. Sufficient funding is required to support the full costs of the program as currently defined in the regulations as well as to support the full range of services needed by the priority populations to actualize the intent of the Title X statute and technical expectations of the current medical environment. Funding must address:

- Inadequacies in providing the clinical, educational, and counseling services required by the program, including the associated costs of laboratory work and appropriate staffing;
- Access to the most appropriate and effective methods of contraception and pregnancy testing;
- The cost of the infrastructure of the program to ensure grantees can access current technology to increase the efficiency of their operations;
- Support for increased costs associated with recruiting and retaining clinical, educational and counseling and administrative personnel; and
- Support for additional clinical and other health services, including:
 - Outreach activities targeting hard-to-reach populations to ensure priority populations are enrolled and retained in the program;
 - Public education to increase the understanding of the role and importance of family planning and the services available;
 - Preconception and interconception care services to ensure that women are healthy prior to and between pregnancies; and
 - Behavioral health services to address a range of issues faced by the target population including depression, anxiety, intimate partner violence, drugs, alcohol and tobacco.

2. Funding for Title X must consider the financial impact of changes in services and the effects of inflation.



- Title X budget planning and grant awards must account for changes in service requirements, particularly those based on changes in standards of care, and the implementation of those standards.
 - Grant awards must be adjusted for medical inflation and reflect increasing costs.
 - Grant awards must also be adjusted to provide for the increased need for technological improvements.
3. **Title X fiscal policies and procedures must be reviewed to assure good fiscal management of the program, and flexibility of grantees to maximize revenues through the partnership of government, payers and patients.**

Fiscal policies and procedures must address the need for diversification of funds, including strategies for government and 3rd party payers, and incorporate regional strategies that take into account other funding sources, cost differences, etc.

Conclusion

In its more than 35 years of operation, the Title X program has become an integral part of the health care safety-net in America, relied upon by millions of low-income and uninsured women and men to help them act responsibly, stay healthy and plan for strong families. In an age of skyrocketing health care costs, dwindling insurance coverage and economic uncertainty, the network of health care providers supported by the Title X program is even more critical to ensuring access to health care for our most vulnerable populations and providing a cost effective health care delivery system for taxpayers.

The recommendations made in this Action Plan are essential to ensuring the continued success of the Title X program and expanding the program's capacity to meet the challenges of health care in the 21st Century.

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¹ Fowler, CI, Gable, J, and Wang, J. (2008, February). *Family Planning Annual Report: 2006 National Summary*. Research Triangle Park, NC: RTI International.

² Ibid.

³ Frost, J.J., Finer, L.B., & Tapales, A. (2008, August). "The impact of publicly funded family planning clinic services on unintended pregnancies and government cost savings," *Journal of Health Care for the Poor and Underserved*, 19: 778-796.

⁴ Ibid.

⁵ According to the Guttmacher Institute, 17.5 million women were in need of publicly funded contraceptive services and supplies in 2006, a number that has increased by more than one million since 2000. Guttmacher Institute. (2008). "Women in need of contraceptive services and supplies, 2006." However, publicly funded sources of family planning reach fewer than seven million women per year. Frost, et al. "The availability and use of publicly funded family planning clinics: U.S. trends, 1994-2001."

⁶ National Family Planning & Reproductive Health Association, 2005.

⁷ NFPRHA's Title X Advisory Council and the resulting Action Plan were made possible with the support of an anonymous donor.