May 17, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: RIN 0937-AA11 - Ensuring Access to Equitable Affordable, Client-Centered, Quality Family Planning Services

Dear Secretary Becerra:

The American Academy of Nursing (Academy) appreciates the opportunity to offer comments regarding the proposed rule ensuring access to equitable, affordable, client-centered, quality family planning and services. The Academy serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 2,800 Fellows, the Academy represents nursing’s most accomplished leaders in policy, research, administration, practice, and academia.

The vision of the Academy is healthy lives for all people. To actualize this vision, the Academy’s mission is to improve health and achieve health equity by impacting policy through nursing leadership, innovation, and science.1 The Academy is on record supporting evidence-based policies that ensure all people have full access to affordable, sexual and reproductive health (SRH) services; facilitate expansion of clinical knowledge and evidence-based women’s preventive health services, especially related to preventing unintended pregnancies; and assure that all women’s health care, including reproductive health services and policies that support those services, are grounded in scientific knowledge and evidence-based policies and standards of care.2 The Academy opposed the 2019 regulations that significantly and detrimentally altered the Title X Family Planning Program (Title X). We support the Proposed Rule (RIN 0937-AA11 - Ensuring Access to Equitable Affordable, Client-Centered, Quality Family Planning Services) to revert to the 2000 regulations on the Title X program with updated modifications that focus on health equity, inclusivity, and culturally linguistic services. This proposed rule works to advance health equity and champions wellness.

Access to Care
We applaud the Department’s sensitivity to ensuring this Proposed Rule does not undermine the Title X program’s mission by excluding otherwise qualified providers as subrecipients. As you know, Title X providers offer a broader range of SRH services (e.g., long-acting contraceptives such as IUDs, HPV vaccinations, preconception services). Reports have indicated that restricting specific providers of Title X services had harmful effects on access to gender-sensitive SRH services (e.g., pregnancy diagnosis/counseling, contraceptive services, basic infertility services, sexually transmitted infections (STI) screening, and preconception health care) and is linked with increased pregnancy rates that differ substantially from rates of unaffected populations.3 The Academy strongly supports the Proposed Rule’s intent to focus on advancing equity in the Title X program and encourage the Department to not create barriers that would undermine the intent of Title X. We recommend the Department develop guidelines for grantor organizations to fulfill the mission of the Title X program by maximizing access to care.
Additionally, we applaud the provisions in the Proposed Rule that clarify the reasonable measures grantees should take to verify client income. Allowing grantees to use patient self-reported income if the income cannot be verified after reasonable attempts will greatly improve accessibility and affordability for low-income and uninsured patients seeking care from Title X program grantees.

Interprofessional Practice and Clinical Training in the Title X Program

With the closures of clinics such as Planned Parenthood that offer SRH services, the 2019 Title X regulations impacted the education and training of nursing students and other health professionals, and front-line health workers that provide these services. Nurses (primarily nurse practitioners, nurse midwives and public health nurses) have been the mainstay of SRH care in both community health clinics and Title X clinics and are crucial healthcare providers for vulnerable, low-income and ethnic populations. Nurse practitioners (NPs) comprise about 75% of clinicians employed by Planned Parenthood affiliates. With closures of Planned Parenthood health centers as a result of the 2019 Title X regulations, the lack of clinical training sites for NP students (and other health professionals) who provide SRH services resulted in a workforce that varies widely in SRH exposure, knowledge, and clinical skill and reduces the pipeline of trained frontline clinicians. We recommend the Department to include stipulations that support grantor organizations and grantees provide clinical training for nurses in addition to any other healthcare professionals receiving training during the grant period. Additionally, we urge the Department to consider other options such as investing in Title X clinics to take a more formal role as training and residency sites for postgraduate clinical training. This includes broadening Title X clinical offerings in order to strengthen integration with primary care delivery as well as allowing and Title X health care professionals to participate in federal loan forgiveness programs.

The Academy believes that eliminating restrictions on the scope of practice of advanced practice registered nurses (APRNs) and registered nurses (RNs) so they can practice to the full extent of their education and training will improve access to patient-centered care for those with complex health and social needs in addition to improving health equity. This is consistent with the recent National Academy of Medicine (NAM) report, The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity, which called for the permanent removal of practice barriers so nurses can practice to the full extent of their education and training to more fully address social needs and social determinants of health as well as improve health care access, quality, and value. These barriers include: regulatory and public and private payment limitations; restrictive policies and practices; and other legal, professional, and commercial impediments. The Academy supports the revision in the Proposed Rule that acknowledges that consultation for healthcare services related to family planning may also be provided by nurse practitioners and other healthcare providers.

While many states allow APRNs to practice to the full extent of their education and training, the ability for APRNs to bill for services continues to be a barrier. The Academy recommends the Department allow APRNs practicing in facilities receiving Title X program funds to bill for these services (including any services provided via telehealth) as applicable by state law. Additionally, APRNs should be eligible to be a subrecipient of Title X grant funding and be able to serve as the medical director (in states with full practice authority) of a facility that receives Title X program funding. We strongly support ensuring that Title X projects do not undermine the program’s mission by excluding nurses and otherwise qualified healthcare providers as subrecipients. The Academy strongly agrees with the Department that “state restrictions on subrecipient eligibility unrelated to the ability to deliver Title X services undermine the mission of the program to ensure widely available access to services by the most qualified providers.

Telehealth and Family Planning Services

Telehealth has been a vital method for improving patient access to health care during the coronavirus (COVID-19) pandemic. The Academy applauds efforts undertaken to ensure patients can safely receive care beyond the traditional clinical setting. While the pandemic has shown the value of telehealth, it
may be more difficult to access telehealth in rural and other underserved areas that lack the technology infrastructure that will only exacerbate rural health disparities. We applaud the Department’s efforts to enhance the Title X program through the increased use of telehealth. However, we caution the Department to carefully consider a potential health equity concern as some Title X patients and providers may not have access to devices with video chat, internet service, or broadband speed. The Academy is on record recommending the expanded use of telehealth as well as ensuring the needed infrastructure investments are made to create a system where everyone, regardless of location or background, has equitable access to the technology needed for telehealth.

Cervical Cancer Prevention and Treatment

Testing for sexually transmitted infections (STI) can be cost prohibitive especially for low-income patients. The Academy recommends the Department include the cost of STI testing in family planning services. Additionally, the Academy encourages the Title X program to expand the definition of cervical cancer prevention and treatment services to include screening, treatment, and management. Recommended additions to covered services include co-testing for Human Papilloma Virus (HPV), HPV vaccination, colposcopy with biopsy, and office surgical procedures such as Loop Electrosurgical Excision Procedure (LEEP).

The Academy thanks you for the opportunity to provide comments to the regarding access to equitable affordable, client-centered, quality family planning and related services. If we can be of any assistance to you or your staff, please do not hesitate to contact the Academy’s Senior Director of Policy, Christine Murphy, at cmurphy@aannet.org or 202-777-1174.

Sincerely,

Eileen Sullivan-Marx, PhD, RN, FAAN
President
American Academy of Nursing

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https://www.aannet.org/about/strategic-plan-2021-2024
3 “Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services,” 86 Federal Register 19812-19833 (April 15, 2021).