

July 28, 2018

Office of the Assistant Secretary for Health
Office of Population Affairs
Attention: Family Planning
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 716G
200 Independence Avenue SW
Washington, DC 20201

Re: Family Planning Comments on FR Doc # 2018-11673

Dear Secretary Azar,

I am writing in strong opposition to the proposed changes to Title X regulations. For nearly 50 years, Title X has been the United States' sole federal grant program dedicated to advancing people's access to comprehensive contraceptive and related family planning services. Every year, millions of people with low incomes rely on Title X for basic, preventive reproductive health care—including birth control, cancer screenings, and STI testing and treatment. If the clinics currently providing this care are removed from Title X participation, then millions of patients could lose access to this high-quality care and the ability to choose providers that meet their needs.

Louisiana consistently falls at the bottom of national rankings in health, education, income, and other metrics that influence the opportunity for residents to live long and healthy lives.¹ These inequities are even greater for communities of color, who experience differences in accessing care and higher rates of chronic and acute health problems.² Shortcomings in Louisiana's methods of health care access and delivery, combined with persistent social inequalities, have contributed to our residents comprising one of the least healthy populations in America.

In Louisiana, 53,190 individual patients were cared for through the Title X program in 2015. Over seventy-five percent of those patients were at or below the federal poverty line (FPL), and ninety-five percent of patients were below 250% FPL.³ Across the nation, approximately four million Americans rely on Title X-supported providers annually. Protecting Title X not only ensures patient-centered, voluntary, confidential, and affordable health care for these individuals; it protects the economy, and it protects American families.

¹ Robert Wood Johnson Foundation. (2016). Residential Segregation: Black/White. <http://www.countyhealthrankings.org/app/louisiana/2016/measure/factors/44/map>.

² Louisiana Department of Health (2017). Reproductive Health Needs Assessment. <https://tinyurl.com/LDHReproductiveHealthNeeds2017>

³ Reproductive Health Program. (2015). Family Planning Annual Report, Bureau of Family Health, Office of Public Health, Louisiana Department of Health

Preventing Unplanned Pregnancies Saves Money

In Louisiana, publicly funded reproductive health services lead to enormous cost savings by preventing reproductive cancers, STIs, and unintended pregnancies. *In 2014, 58.2% of respondents to the Louisiana Pregnancy Risk Assessment System reported that their pregnancies were unplanned, reflecting a need for better access to effective birth control as well as continued outreach and education on the importance of preconception and interconception care.*⁴ Reproductive health services funded by programs such as Title X help families plan the number and spacing of their children.

In 2010, 26,500—or 78.7%—of unplanned births in Louisiana were publicly funded, compared with 68% nationally. That year, the state’s public spending for those unplanned pregnancies totaled an estimated \$651 million, which was equivalent to \$700 per woman aged 15–44 in Louisiana. Comparatively, public spending for unplanned pregnancies among women of the same group nationwide was much less, averaging \$201.⁵

In 2014, 321,480 Louisiana women aged 13–44 were in need of publicly funded family planning services.⁶ In 2010, public expenditures for Title X family planning client services in Louisiana totaled \$3.2 million. These publicly funded family planning centers helped avert 12,000 unintended pregnancies in 2014, which would have resulted in 5,800 unplanned births and 4,300 abortions. By preventing unintended pregnancies and other negative reproductive health outcomes, publicly funded family planning services provided by safety-net health centers in Louisiana helped save the federal and state governments \$128.6 million in 2010.⁷

The Proposed Rule Harms Low-Income Women and Women of Color

*In Louisiana, over 40 percent of the population are people of color.*⁸

About one-third of Title X patients identify as people of color, and roughly one in 10 have limited English proficiency. Ergo, the proposed rule would disproportionately affect people of color who already face significant obstacles to accessing reproductive health care due to racism and other systemic barriers that have contributed to income inequality and health disparities.

Title X patients are also disproportionately young and low-income.

⁴ Louisiana Pregnancy Risk Assessment Survey (PRAMS) (2014). Bureau of Family Health, Office of Public Health, Louisiana Department of Public Health.

⁵ Sonfield A and Kost K, (2015) *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute. <https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy>.

⁶ Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update*, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>

⁷ *Id.*

⁸ United States Census Bureau. (2016). 2011-2015 American Community Survey 5-Year Estimates <http://www.census.gov/quickfacts/table/PST045216/22>

As of 2015, 19.6% of Louisiana residents live in poverty, the third-highest proportion in the nation. Over 37% of the population in the state is considered “low income” (measured as living within 200% of the poverty line); higher than the national average.⁹

The chronic stress of living in disadvantaged environments and disparities in educational attainment contribute to limited social mobility in many areas of the state and greatly affect health outcomes.¹⁰ Areas of the state with the least access to social and economic opportunity also see the worst health outcomes—whether it is chronic disease, maternal/child health, or reproductive health indicators.

To combat the state’s economic struggles, Louisiana has made severe cutbacks to the budget over several years, which have impacted the areas of health, education, and social services. While state funds available for publicly supported services have decreased, individuals’ needs for such services have simultaneously increased. These same economic factors consequently require Title X clinics to work with greater efficiency and effectiveness as state resources are constrained. Federal funding through Title X represents an integral investment and a stabilizing force in maintaining access to critical health care services.¹¹

Reproductive health care sits at the center of these grave challenges faced in Louisiana in the areas of individual and community health, healthcare delivery and access, and health equity. For this reason, continued need for accessible, quality care through programs like Title X is imperative.

Young People Have a Right to Consent to Their Own Health Care

Young people have the capacity and, indeed, the right to make important decisions about their health care. However, the proposed rule would require Title X providers to encourage minors to involve parents in making a decision to seek and obtain family planning services. This breach in confidentiality could destroy the trust between patients and providers and discourage young people from seeking the reproductive health care they need, such as contraceptive care and STI screenings and treatment.

Young people who are sexually active, pregnant, or infected with a sexually transmitted disease (STD) and those who abuse drugs or alcohol or suffer from emotional or psychological problems may avoid seeking care if they must involve their parents. In such circumstances, it is more beneficial for a young person to have access to confidential medical services than it is to require that parents be informed of their desire to take birth control.

Furthermore, young people in Louisiana are in critical need of reproductive health care services. Louisiana ranks 44th in the nation in terms of teen pregnancy.^{12,13} In 2013, there were 8,070 pregnancies among

⁹ United States Census Bureau. (2016). 2011-2015 American Community Survey 5-Year Estimates
<http://www.census.gov/quickfacts/table/PST045216/22>

¹⁰ Louisiana Department of Health (2017). Reproductive Health Needs Assessment.
<https://tinyurl.com/LDHReproductiveHealthNeeds2017>

¹¹ *Id.*

¹² Rank of 1 = lowest; Rank of 50 = highest

¹³ Louisiana Department of Health Vital Records. (2014). Teenage Pregnancy and Birth Rates. Retrieved from
<http://dhh.louisiana.gov/index.cfm/page/2150>

teens aged 15 to 19 in Louisiana.¹⁴ Services are needed to support pregnant or parenting young people, regardless of the planned or unintended nature of the pregnancy.

Limiting the Availability of Contraceptive Methods Creates Inequities in Access

Currently, clinics have to offer or refer for all FDA-approved birth control methods. However, the proposed rule would allow Title X clinics to offer only a single method, such as fertility awareness-based methods, or a limited number of family methods that are ideologically acceptable to the clinic. Where a person lives could determine her or his ability to access the high-quality contraceptive method that works best for her or him.

As mentioned previously, Louisiana's provider shortage creates disparities in access by geographic location across the state. Federally Qualified Health Centers (FQHCs) help close gaps in provider shortages, but the scope and quality of services available vary greatly, and reproductive health-focused providers, like Title X clinics, have distinct advantages over FQHCs.

The Louisiana Department of Health Reproductive Health Needs Assessment found the following:

A 2014 study showed that while 99.8% of FQHCs provide one or more contraceptive methods, only 87% provide "typical" family planning, defined as STI testing and treatment; oral contraceptives; and one other contraceptive method. Only 51% of FQHCs provide "typical" family planning services plus one other contraceptive method, in addition to IUDs and/or hormonal implants.¹⁵ The Title X program's focus on service quality, scope of practice, and confidentiality plus the skills and experience in the area of reproductive health meets an important need within the state.

Additionally, since 2014, all hospitals in Louisiana have been privatized. The private partners who took over operations at the formerly public clinics are not required to provide care that conflicts with the missions of their organizations; at least two of the formerly safety-net facilities do not provide birth control because of their religious affiliations. Family planning services in these communities must now be accessed through an alternate provider.¹⁶

Limiting Abortion Access Threatens Women's Health and Safety

The proposed rule would ban Title X providers from providing abortions on site, referring patients elsewhere for abortion care (even if that is what the patient wants), or offering information about abortion. This would exacerbate the financial and emotional hardships people with low incomes already face in obtaining timely abortion care.

Abortion restrictions can delay or make access to care more difficult, contributing to poor emotional and financial well-being as women try to navigate abortion care hurdles. In fact, a rigorous report by the

¹⁴ Power to Decide (2018). Louisiana Data. <https://powertodecide.org/what-we-do/information/national-state-data/louisiana>

¹⁵ Wood, S. (2016). Scope of Family Planning Services Available in Federally Qualified Health Centers. *Contraception*, 89, 85–90.

¹⁶ Louisiana Department of Health (2017). Reproductive Health Needs Assessment. <https://tinyurl.com/LDHReproductiveHealthNeeds2017>

nonpartisan National Academies of Sciences, Engineering, and Medicine (NASEM) found the biggest threat to quality abortion care were medically unnecessary regulations that target abortion providers, limited training opportunities, and a lack of public funding that push abortion care out of reach.¹⁷ Further, women denied abortion care are at increased risk of experiencing poverty, physical health impairments, and intimate partner violence.¹⁸

Omitting Information about Reproductive Health Care Options is Dangerous

The proposed rule would allow Title X providers to give biased and misleading counseling and to withhold information about all reproductive health care options, including FDA-approved contraceptive methods (such as birth control pills or intrauterine devices (IUDs)). This would deny patients the right to make informed decisions about their health.

Funding Fake Reproductive Health Clinics Threatens Women’s Health

The proposed rule would fundamentally change the nation’s family planning program by opening the Title X funding opportunity to fake women’s health centers and other harmful organizations that use dangerous and deceptive practices to block people from receiving time-sensitive information about their full range of reproductive care options. These clinics often tell women the following lies: that abortion is dangerous (even though it’s actually much safer than giving birth¹⁹); that contraception doesn’t work (when, in fact, the most effective methods work over 99% of the time, and the pill—the most commonly used method—is 91% effective²⁰); and that the morning-after pill is abortion (which is absolutely false since it prevents conception).

Pregnant women need timely access to health care service, whether they are terminating a pregnancy or carrying a pregnancy to term. When women are discouraged from seeking real medical care, their pregnancy risks increase. Lack of prenatal care can increase the risk of complications during pregnancy and lead to worse outcomes for mothers and infants, such as gestational diabetes, preterm birth, and low birth weights. High risk factors and poor health outcomes for women and infants prevail across Louisiana; 1 in 15 infants are born to a woman receiving late or no prenatal care.²¹

Nearly 1 in 9 of all live births in the state in 2014 were low birth weight / very low birth weight (LBW/VLBW), and for communities of color, this rate is much higher. Black infants in Louisiana were nearly

¹⁷ National Academies of Sciences, Engineering, and Medicine. (2018). *The safety and quality of abortion care in the United States*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24950>.

¹⁸ Evaluating Priorities
<https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA-Ibis-Evaluating-Priorities-v2.pdf>

¹⁹ Raymond EG, Grimes DA. (2012) *The comparative safety of legal induced abortion and childbirth in the United States*. *Obstetrics & Gynecology*. Volume 119 - Issue 6 - p 1271–1272.
<https://www.ncbi.nlm.nih.gov/pubmed/22270271>

²⁰ Center for Disease Control
https://www.cdc.gov/reproductivehealth/unintendedpregnancy/pdf/contraceptive_methods_508.pdf

²¹ March of Dimes. (2014). Quick Facts: Prenatal Care, Louisiana. Retrieved from
<http://www.marchofdimes.org/Peristats/ViewTopic.aspx?reg=22&top=5&lev=0&slev=4>

twice as likely as white infants to be born with LBW/VLBW.²² Women who have previously delivered an infant that is LBW/VLBW are at higher risk to having another; without access to effective contraceptive services to allow time for recovery between pregnancies, that risk compounds.

For women who have high risk pregnancies, seeking care at unlicensed clinics without trained medical staff could threaten their life and their pregnancy.

For all the reasons described in these comments, the government should be protecting Title X, not dismantling it. Title X funds provide critically needed services and care for women, men, and adolescents across Louisiana, and represents a major source of quality reproductive health care for people in desperate need around the state. Everyone—regardless of their race, their income, or where they live—deserves the best medical care and information available. Under this new rule, they won't get it. Lift Louisiana urges the Department of Health and Human Services to rescind the proposed rule. If you would like to contact me for any additional information you can do so at merenberg@liftlouisiana.org,

Sincerely,



Michelle Erenberg

Executive Director, Lift Louisiana

Submission Link: <https://www.regulations.gov/comment?D=HHS-OS-2018-0008-0001>

²² America's Health Rankings: United Health Foundation. (2015). Explore Low Birthweight. Retrieved from <http://www.americashealthrankings.org/explore/2015-annualreport/measure/birthweight/state/LA>