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Via Electronic Submission (www.regulations.gov)

May 17, 2021

Rachel L. Levine, M.D.
Assistant Secretary for Health
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20001

Re: *Ensuring Access to Equitable Affordable, Client-Centered, Quality Family Planning Services (RIN 0937-AA11)*

Dear Dr. Levine:

The Association of American Medical Colleges (AAMC) welcomes the opportunity to comment on the Department of Health and Human Services (HHS' or the Agency's) proposed rule regarding the Title X program entitled "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services," 86 *Fed. Reg.* 19812 (April 15, 2021).

The AAMC is a not-for-profit association dedicated to transforming health through medical education, patient care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

Since the 1970s the Title X program has provided grants for voluntary family planning services and remains the only federal program devoted to family planning and related preventive health services.¹ Having family planning services available is widely recognized as essential to women's health as well as their economic well-being.² The AAMC opposed the rules finalized in 2019, which undermined the standards of medical professionalism and added onerous reporting requirements based on the mere possibility of the funds being used for prohibited abortion-related services and extended grantee liability well-beyond what is reasonable, largely out of concern that it would harm patients who rely on Title X providers for essential care.³

¹ Congressional Research Service Report, September 3, 2014

² Sonfield A, *What Women Already Know: Documenting the Social and Economic Benefits of Family Planning*, Guttmacher Policy Review, Winter 2013, Vol. 16, Number 1

³ AAMC Washington Highlights, "[AAMC Comments on Title X Proposed Rule](#)," August 3, 2018.

As described in this proposed rule, the 2019 policies *were* detrimental to the health of persons who relied on Title X providers as an essential source of their health care. HHS has found that the program lost more than 1,000 service sites and that Title X services are not currently available in six states due to not having a single provide site available.⁴ This in turn led to an observed dramatic decrease in family planning and related preventative health services provided under the program, “[u]ltimately...rais[ing] the possibility of a two-tiered healthcare system in which those with insurance and full access to healthcare receive full medical information and referrals, while low-income populations with fewer opportunities for care are relegated inferior access.”⁵

The proposal to return to prior program policies will reinstate policies to reverse the detrimental public health impacts of the 2019 rules and support client access to quality, affordable family planning services by removing unnecessary burdens and strengthening the patient-provider relationship. This includes reinstating the requirement that family planning methods be “medically approved” and allowing providers to offer patients the full range of information about their health care options and refer patients to providers who offer a full spectrum of family planning services. The proposed rule further supports client access to such services by expressly permitting advanced practice providers —Physician Assistants and Nurse Practitioners — to provide consultative services and to incorporate more inclusive language to promote equitable care by replacing certain terms and adding new defined terms. **The AAMC strongly supports these proposals.**

In order to promote modern, equity-oriented foundation for Title X Program, the Department proposes to define: (1) *adolescent-friendly health services*, (2) *client-centered care*, (3) *health-equity*, (4) *inclusivity*, (5) *quality healthcare*, (6) *service site*, and (7) *trauma-informed*. First, *adolescent-friendly health services* is proposed as those services that are clinically accessible, appropriate and effective for adolescents. Second, HHS proposes to define *client-centered care* as respecting individual preferences and values, with care being value-guided. Third, *health-equity* would be defined as the opportunity for all persons to attain their full health potential without hindrance by socioeconomic status or other demographic factors. Fourth, the Department emphasizes that *inclusivity* as proposed would permit all people, including (but not limited to) those of varying demographic categories like race, sexual and gender identity, and socioeconomic status, to participate in family planning. HHS also promulgates a definition for *quality healthcare*, describing it as safe, effective, client-centered, efficient, and equitable. Unlike the other definitions proposed, HHS proposes to adapt the definition of “service” site from Title X Family Planning Guidelines that assisted in the implementation of the 2000 regulations. “Service site” is simply defined as a location where title X services are provided. Finally, the Department proposes defining *trauma-informed* as recognizing signs and symptoms of trauma and fully integrating trauma knowledge into policies, procedures, and practices. Recognizing the importance of inclusive language, HHS also proposes to replace the terms *handicapped condition*, *women* and *persons* with the terms *disability*, *client*, and *clients*, respectively. **The AAMC supports these additional changes to support access to equitable, affordable, client-centered, quality family planning services provided under the Title X program.**

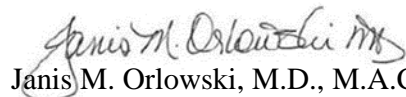
⁴ 86 *Fed. Reg.* 19812 at 19815.

⁵ *Id.* at 19817.

Policy decisions about public health must be firmly rooted in science, health equity, and increase access to safe, effective and timely care. The 2019 changes to the program interfered with the patient-provider relationship, exacerbated disparities for low-income and minority women, men, and adolescents, and harmed patient health. **The AAMC strongly supports the Department's proposal to reverse the 2019 rules and to build a foundation of equitable, quality care for the Title X program into the future.**

If you would like additional information, please contact Ivy Baer, Senior Director and Regulatory Counsel, at 202-828-0499 or ibaer@aamc.org.

Sincerely,



Janis M. Orlowski, M.D., M.A.C.P.
Chief Health Care Officer, AAMC

cc: Ivy Baer, J.D., M.P.H., AAMC
Phoebe Ramsey, J.D., AAMC