

**HRSA Designations for Medically Underserved Areas and Health Professional Shortage Areas:
The Case for Family Planning**
January 20, 2011

NFPRHA represents administrators and clinicians in publicly supported family planning programs throughout the country.

We appreciate the opportunity to speak before the Committee today.

We ask that the Negotiated Rulemaking Committee clarify that access to Title X-supported obstetric and gynecologic services (ob/gyn) are evaluative criteria for MUA/HPSA designations. In addition, we ask that the Committee recommend that the Health Resources and Services Administration (HRSA) make a technical fix to the recent National Health Service Corps application and any subsequent NHSC opportunities to explicitly identify Title X family planning providers as eligible for NHSC participation.

Family Planning is Primary, Preventive Care

Family planning, particularly in the safety net system, is the only primary care accessible for millions of low-income women and men. This reality is reflected in the language of Healthy People 2020:

“For many women, a family planning clinic is their entry point into the health care system and is considered to be their usual source of care. This is especially true for women with incomes below 100 percent of the poverty level, women who are uninsured, Hispanic women, and black women. Each year, publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies. These services are highly cost-effective, saving \$4 for every \$1 spent.”¹

Federal programs like the National Health Service Corps already recognize the role ob/gyn providers play in the primary care system. As the statute creating the National Health Service Corps states:

“The Corps shall be utilized by the Secretary to provide primary health services in health professional shortage areas... The term “primary health services” means health services regarding family medicine, internal medicine, pediatrics, **obstetrics and gynecology**, dentistry, or mental health, that are provided by physicians or other health professionals.”²

¹ Healthy People 2020. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13>. Accessed January 17, 2011.

² § 254d. National Health Service Corps
http://www.law.cornell.edu/uscode/html/uscode42/usc_sec_42_00000254---d000-.html#FN-1REF

Moreover, the Affordable Care Act (P.L. 111-148) provides for direct access to ob/gyn care in all 50 states in recognition of routine nature with which women rely on reproductive health providers as their primary care providers.

Title X family planning care is delivered in a variety of health care settings including state, county, and local health departments, hospitals, family planning councils and other private nonprofit organizations in over 8,200 service delivery sites. These systems offer a range of preventive health services including: education and counseling about sexual health; breast and pelvic examinations; breast and cervical cancer screening according to nationally recognized standards of care; STD and HIV prevention education, counseling, testing and referral; and pregnancy diagnosis and counseling.

Title X-supported providers must care for individuals in their communities regardless of ability to pay, and the vast majority of Title X patients are uninsured and do not qualify for Medicaid. Seventy percent of Title X patients have incomes at or below the poverty level (earning less than \$10,803 for an individual) and receive services at no cost. Ninety-four percent have incomes at or below 250% of the federal poverty level and receive services on a sliding fee scale.³

The growing number of women and men in need of free or reduced-cost family planning care, coupled with exponential increases in the cost of contraceptives, has forced Title X providers to stretch already tight budgets by reducing services, and in some cases cutting staff or closing health centers.⁴ It is imperative that they are given access to programs that will alleviate some of the financial stress often tied to providing care in underserved communities.

Recommendations for HRSA Negotiated Rule-Making Committee

NFPRHA strongly believes that a greater federal investment and focus on preventive health services, including family planning services, is imperative to promoting good health, improving social determinates of health and reducing health care costs in underserved communities. To that end, we encourage the Rule-Making Committee to:

- (1) Clarify that obstetric and gynecologic care delivered in the family planning system are part of the evaluative criteria for the purpose of MUA/HPSA designations; and
- (2) Recommend that HRSA amend all National Health Service Corps guidance to explicitly include Title X family planning providers and other federally supported family planning providers in the NHSC.

In re-evaluating the criteria used to determine MUA and HPSA designations, the Committee should do its best to ensure that all safety net providers, including publicly supported family planning providers have access to the full range of federal resources available to promote care for the poor and low-income.

Thank you.

³ Guttmacher Institute, "Family Planning and Health Care Reform: The Benefits and Challenges of Prioritizing Prevention" Guttmacher Institute, Winter 2010.

⁴ Guttmacher Institute, "Family Planning and Health Care Reform: The Benefits and Challenges of Prioritizing Prevention" Guttmacher Institute, Winter 2010.