

# Reproductive Health Services Policy Statement

## POSITION

ASTHO supports access to affordable, evidence-based, medically accurate, and effective reproductive health services. High quality reproductive health services improve health outcomes for both mothers and infants through preconception, prenatal, and inter-conception care; increase access to education and contraception for people of reproductive age to enable responsible and respectful sexual activity; and safeguard and promote healthy lives throughout the lifespan.

## BACKGROUND

Reproductive health services work to optimize one's reproductive health and fertility at all stages of life.<sup>1</sup> Unmet need for contraceptive health services and education is a public health challenge that contributes to an estimated 3 million unintended or mistimed pregnancies each year. Nearly half (45 percent) of all births each year are unintended, with 29 percent of births occurring within 18 months of a previous birth.

<sup>II,III</sup> Unintended pregnancies and short inter-pregnancy intervals are associated with higher rates of preterm birth, low birth weight, and other negative maternal and infant health outcomes.<sup>IV,V,VI</sup>

In 2014, an estimated 38 million women of reproductive age were in active need of contraceptive care, defined as women considered at-risk for unintended pregnancy who were not using permanent contraceptive methods (female sterilization or report of male partner vasectomy).<sup>VII</sup> More than half of these women, 20 million, qualified for publicly-funded family planning services (i.e., were either 250 percent below the poverty line or under the age of 20).<sup>VIII</sup> Men represented 12 percent of clients served by Title X Family Planning Program (Title X) supported sites in 2017.<sup>IX</sup> Continued support of public health and family planning clinics is cost-effective and ensures that populations with the greatest need have access to affordable reproductive health services. In 2010, every dollar spent on services provided by publicly funded family planning clinics saved an estimated \$7.09 in Medicaid and other public expenditures.<sup>X</sup> These savings can be attributed to preventing unintended pregnancies and reducing the incidence and impact of preterm and low birth weight births, sexually transmitted infections (STIs), infertility, and cervical cancer, secondary to public investment in family planning programs. Publicly supported reproductive health services, such as those provided through Title X, Title V Maternal and Child Health Services Block Grant (Title V), Medicaid, or by federally qualified health centers, helped prevent 2 million unintended pregnancies nationally, about 1 million unintended births, and nearly 700,000 abortions in 2014.<sup>XI</sup>

## Summary of Recommendations:

- Promote access to affordable, evidence-based, medically accurate, age and culturally appropriate effective reproductive health services.
- Coordinate and leverage public and private funding sources and collaborate with programs related to breast and cervical cancer, STIs, and positive youth development. ASTHO supports state policies that facilitate access to evidence-based reproductive health services, such as expedited partner therapy, and remove undue barriers to care.
- Ensure adequate federal funding to support quality, accessible, and effective reproductive health services, including for infrastructure and workforce needs.
- Promote consumer and provider education and awareness to ensure provision of culturally competent, evidence-based reproductive health services.
- Ensure comprehensive collection and compilation of reproductive health data, stratified by important demographic variables to identify health inequities.

Medicaid is the largest source of public funding for family planning services, followed by Title X, which provided \$286.5 million to grantees in 50 states, the District of Columbia, and eight U.S. territories and freely associated states.<sup>XII</sup> Title X-supported clinics offer a wide range of preventive health services within the HRSA Preventive Health Service Guidelines, including contraceptive education, counseling, and supplies that help individuals achieve their desired number and spacing of children; breast and cervical cancer screening; STIs and human immunodeficiency virus (HIV) testing, treatment, referral, and prevention education; and pregnancy diagnosis and counseling.<sup>XIII,XIV</sup>

## **RECOMMENDATIONS:**

ASTHO recommends the following policy and system-wide changes for reproductive health services and programs:

- Ensure that everyone, regardless of age, geography, disability, race, ethnicity, religion, sex, gender, gender identity, sexual orientation, education, income, country of origin, marital status, and language, has access to the full range of affordable, evidence-based, medically-accurate, age and culturally appropriate, and effective reproductive health services, information, and the full range of FDA-approved reversible contraceptive drugs and devices. It is critical for individuals to have access to reliable, effective contraception and reproductive health plans that meets their needs and preferences.
- Assure that the family planning visit provides a linkage for individuals to additional service providers, including primary care, family practitioners, pediatricians, obstetrician-gynecologists, nurses and nurse practitioners, certified nurse midwives, social workers, mental health and substance use treatment providers, lactation consultants, nutritionists, home visitors, peer specialists, and community and public health workers, as needed.

States and territories promote access to high-quality reproductive health services by:

- a. Coordinating efforts with local health departments and other reproductive health/family planning providers.
  - b. Enabling and supporting integrating reproductive health services into primary care settings, including those that do not have Title X funds.
  - c. Supporting health professionals in their obligation to ensure their patients receive complete and accurate information about their treatment options.
  - d. Ensuring that provider conscience safeguards do not violate a patient's right to access services.
- Coordinate and leverage public and private funding sources, including the Patient Protection and Affordable Care Act provisions, Title X, Title V, Medicaid, the Social Services Block Grant, Temporary Assistance for Needy Families, the 340B Drug Pricing Program, and the Section 1115 Medicaid waiver option for reproductive health services, and collaborate with programs related to breast and cervical cancer screening and treatment, STIs, and positive youth development. Strengthen links between reproductive health providers and other state- and community-funded programs to facilitate access to a broad range of health and social services and to reduce service duplication. Address policies established by insurers to maximize access to contraceptive services, such as eliminating prior authorization and extending required access to the immediate postpartum setting.
  - Ensure adequate federal funding to support client-centered quality, accessible, and effective reproductive health services, including for infrastructure and workforce needs. Flexible policy and funding mechanisms allow programs to address the specific needs of the populations served, including maintaining and sustaining existing quality service providers.

- Support state policies that facilitate access to evidence-based reproductive health services and remove barriers to care, like electronic health records or prescription requirements that hinder delivery of medications and prescriptions to partners of individuals diagnosed with an STI.
- Educate consumers and providers to ensure provision of culturally appropriate, evidence-based reproductive health services. States and territories promote awareness through comprehensive reproductive, sexual, and healthy relationship education that is client-centered, evidence-based, scientifically and medically accurate, and culturally and linguistically appropriate. ASTHO also recommends that state and territorial health agencies help lead efforts to inform providers, clients, and educators about state and federal laws on reproductive health, such as access to confidential services, expedited partner therapy, requirements for medically accurate reproductive health information, mandatory reporting, and adolescent access to reproductive health services. In partnership with public and private payers, take steps to align and report on clinical performance measures for reproductive health with population-based estimates obtained from state-based surveillance systems.
- Ensure comprehensive collection of reproductive health data, including access to reproductive health services, contraceptive use, unintended pregnancy, and rates of prenatal care, stratified by important demographic variables to identify health inequities. Reproductive health data is often sensitive in nature. To protect the privacy and security of individual level reproductive health data, programs should follow federal and state privacy laws (e.g., HIPAA) and ensure they have necessary data governance and sharing processes in place for privacy and security of personally identifiable information. Data collection should be undertaken only to support measurement of evidence-based public health objectives and goals.

## APPROVAL DATES

Community Health and Prevention Policy Committee Approval: September 16, 2019

Board of Directors Approval: December 11, 2019

Policy Expires: December 31, 2022

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*ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.*

<sup>1</sup> Office of Population Affairs. “Reproductive Health.” Available at: <http://www.hhs.gov/opa/reproductive-health/>. Accessed 1-3-2019.

<sup>II</sup> CDC. “Unintended Pregnancy Prevention.” Available at <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm>. Accessed 1-5-2019.

<sup>III</sup> CDC National Center for Health Statistics. “National Survey of Family Growth (NSFG).” Available at: <http://www.healthypeople.gov/2020/data/Chart/4461?category=1&by=Total&fips=-1>. Accessed 1-3-2019.

<sup>IV</sup> Conde-Agudelo A, et al. “Birth Spacing and Risk of Adverse Perinatal Outcomes: A Meta-analysis.” *JAMA*. 2006. 295(15):1809-1823. Available at <http://jama.jamanetwork.com/article.aspx?articleid=202711>. Accessed 1-22-2019.

<sup>V</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. “Unplanned Pregnancy.” Available at: <http://thenationalcampaign.org/why-it-matters/unplanned-pregnancy>. Accessed 1-3-2019.

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- <sup>VI</sup> Guttmacher Institute. “Publicly Available Family Planning Services in the United States.” September 2016. Available at: <https://www.guttmacher.org/fact-sheet/publicly-funded-family-planning-services-united-states>. Accessed 1-3-2019.
- <sup>VII</sup> Guttmacher Institute. “Publicly Funded Family Planning Services in the United States.” September 2016. Available at: <https://www.guttmacher.org/fact-sheet/publicly-funded-family-planning-services-united-states>. Accessed 7-24-2019.
- <sup>VIII</sup> Frost JJ, Frohwirth L and Zolna MR. “Contraceptive Needs and Services, 2013 Update.” New York: Guttmacher Institute. 2015. Available at: <http://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf>. Accessed 10-26-2018.
- <sup>IX</sup> Office of Population Affairs. “Title X Family Planning Annual Report 2017 Summary.” Available at <https://www.hhs.gov/opa/title-x-family-planning/fp-annual-report/fpar-2017/index.html>. Accessed 1-6-2019.
- <sup>X</sup> Frost, JJ, et al. “Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program.” *The Milbank Quarterly*. 2014. Available at: [https://www.guttmacher.org/pubs/journals/MQ-Frost\\_1468-0009.12080.pdf](https://www.guttmacher.org/pubs/journals/MQ-Frost_1468-0009.12080.pdf). Accessed 1-26-2019.
- <sup>XI</sup> Frost JJ, Frohwirth L and Zolna MR. “Contraceptive Needs and Services, 2014 Update.” New York: Guttmacher Institute, 2016. Available at [https://www.guttmacher.org/sites/default/files/report\\_pdf/contraceptive-needs-and-services-2014\\_1.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf). Accessed 1-5-2019.
- <sup>XII</sup> Office of Population Affairs. “Funding History.” Available at <https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/funding-history/index.html>. Accessed 7-24-2019.
- <sup>XIII</sup> Health Resources and Services Administration. “Women’s Preventive Services Guidelines” Available at: <https://www.hrsa.gov/womens-guidelines-2016/index.html>. Accessed 7-24-2019.
- <sup>XIV</sup> Office of Population Affairs. “Title X Family Planning Annual Report 2017 National Summary.” Available at <https://www.hhs.gov/opa/sites/default/files/title-x-fpar-2017-national-summary.pdf>. Accessed 12-16-2018.