

# TECHNICAL ASSISTANCE RESOURCE

## Family Planning and Related Services in Health Centers

Date: June 14, 2016

### Purpose

This Bureau of Primary Health Care (BPHC) technical assistance resource highlights the Health Center Program requirement that health centers provide obstetrics, gynecology, and voluntary family planning services to their patients, as well as shares current evidence-based recommendations, training, and other resources to support health centers<sup>1</sup> to provide high quality primary health care services in these areas. This resource also is intended to assist health centers in addressing potential barriers to providing the full-range of quality family planning services, including billing and reimbursement, provider and team training needs, and patient awareness about the availability of a chosen contraceptive method.

### Background

The Health Resources and Services Administration (HRSA) supports health centers to provide comprehensive, culturally competent, and high quality primary and preventive health services to underserved communities and populations. Health centers funded under the Health Center Program nationwide served nearly 23 million people in 2014 or one in 14 people in the U.S., including approximately 6 million women aged 15 to 45 years. Reproductive health-related services provided by health centers in 2014 included prenatal care to more than 528,000 pregnant women, delivery of more than 280,000 babies, and contraceptive management services to more than 1.3 million people.

Quality family planning services are an important part of reproductive health care for women and families. Family planning services include patient-centered counseling, contraceptive services, pregnancy testing and counseling, assisting patients who want to conceive, basic infertility services, preventive services to improve overall health, and screening and treatment

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<sup>1</sup> Here and throughout, reference to health centers includes those organizations receiving funding under the Health Center Program as well as Health Center Program look-alikes.

for sexually transmitted diseases.<sup>2</sup> Ensuring access to family planning services, including access to the full range of FDA-approved contraceptive methods, is an important strategy to help reduce unplanned pregnancy.<sup>3</sup>

While there has been notable progress in reducing unplanned pregnancy, it remains an important public health issue across the United States. As of 2011, 45% of all pregnancies in the United States were unplanned.<sup>4</sup> Unplanned pregnancy rates are disproportionately higher in certain vulnerable populations including women living below the poverty line; young women aged 18-24 years, and Black and Hispanic women. Ensuring access to quality family planning services, including pre-conception counseling and the full-range of FDA-approved contraceptive methods, for populations served by health centers will help reduce unplanned pregnancy rates.

In 2014, the United States (U.S.) Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) released evidence-based recommendations for providing quality family planning services. Quality family planning services assist women and their partners in achieving the number and spacing of children they desire and increase the likelihood that those children are born healthy.<sup>5</sup>

### **Health Center Program Requirements**

Health centers must provide all required services directly or through contracts or formal written referral arrangements, and must make services available to all residents of the health center's service area, regardless of the individual's ability to pay.<sup>6</sup> The specific amount and level of these services will vary by grantee based on a number of factors including, among others, the population served, demonstrated unmet need in the community, provider staffing, collaborative arrangements, and/or licensing requirements.

Among the primary and preventive health services health centers are required to provide are obstetrics, gynecology, and voluntary family planning services. Providing these services supports women in maintaining and improving their health status. Under the Health Center Program, obstetrical services include the clinical assessment, management/treatment and coordination of services, and referrals to maximize the outcome of the pregnancy. Such services extend through the approximately six-week period following delivery and can be divided into three components: 1) prenatal; 2) intrapartum (labor & delivery); and 3) postpartum. These

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<sup>2</sup> Gavin, L, Moskosky S, Carter, M et al. Providing Quality Family Planning Services, Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014;63(4):1-54

<sup>3</sup> Finer LB, Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health.* 2006;38:90–96.

<sup>4</sup> Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):843–852, <http://nejm.org/doi/full/10.1056/NEJMsa1506575>.

<sup>5</sup> Gavin, LE, Moskosky, SB, Barfield, WD. Development of Federal Recommendations for Family Planning Services. *Am J Prev Med* 2015;49(2S1):S1-S5.

<sup>6</sup> More information on Scope of Project and health centers, including service descriptors, is available at <http://bphc.hrsa.gov/programrequirements/scope.html>.

services should be consistent with the individual health center provider's licensure, credentials, and privileging.

Obstetrical services under the Health Center Program also include such prenatal services as regular screening (including labs and basic ultrasounds), ongoing monitoring of uterine and fetal growth, risk assessment, and counseling regarding childbirth, nutrition, and any identified risks. Intrapartum care includes ongoing assessment and potential transfer to an appropriate delivery and postnatal care setting for the mother and/or newborn and postpartum care includes the mother's postpartum checkup(s), along with appropriate follow-up treatment and education.

Health Center Program required gynecological services include pelvic and breast exams, cervical cancer screening, and the review of menstrual and reproductive history, gynecological symptoms, and basic gynecological ultrasounds. Services may also include common gynecological procedures required to ensure continuity of care for health center patients (e.g., colposcopy, hysterectomy, fibroid removal).

Voluntary family planning services under the Health Center Program include appropriate counseling on available family planning options, consistent with federal, state, and local laws and regulations. These services may include management/treatment as appropriate for a patient's chosen method, e.g., vasectomy, tubal ligation, and placement of long-acting reversible contraception (LARC) (IUDs and implants).<sup>7</sup>

Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion (except in cases of rape or incest, or when the life of the woman would be endangered). Health centers must comply with all Health Center Program statutory and regulatory requirements, as well as all applicable legal requirements.

It is the responsibility of the health center's patient-majority governing board to approve the overall plan and budget for the health center, the hours of operation for the health center sites, as well as the selection of the services provided by the health center. More information about health center requirements for services provided is available at <http://bphc.hrsa.gov/programrequirements/scope.html>.

### **Available Resources to Support Quality Family Planning Services**

There are numerous evidence-based recommendations, training, and other resources to support health centers to provide quality family planning services. The following resources are intended to assist health centers and address potential barriers to providing the full-range of

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<sup>7</sup> More information on the full range of FDA-approved contraceptive methods is available at: <http://www.fda.gov/ForConsumers/ByAudience/ForWomen/FreePublications/ucm313215.htm>.

FDA-approved contraceptive methods, including billing and reimbursement, provider and team training needs, and patient awareness about the availability of a chosen contraceptive method.

### **Evidence-Based Recommendations and Resources**

1. The CDC and OPA jointly published “Providing Quality Family Planning Services,” a comprehensive resource with evidence-based recommendations regarding what services should be offered as part of comprehensive family planning how to provide services with a patient-centered approach, and ways to leverage the family planning visit to address other primary and preventive health needs. For more information, see: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/qfp.htm>
2. The CDC publishes evidence-based recommendations on how to provide voluntary family planning services. This includes guidance on what methods are safe for women with specific medical conditions and other characteristics, U.S. Medical Eligibility Criteria (U.S. MEC), and how to address common issues related to initiation and use of contraceptive methods, U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR). For more information, see: [http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception\\_Guidance.htm](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception_Guidance.htm).
3. The OPA sponsors a national training center on family planning services with a focus on increasing capacity of health care professionals to effectively deliver quality family planning services. For more information, see <http://fpntc.org/home>.
4. The American College of Obstetricians and Gynecologists (ACOG) publishes recommendations on access to contraceptive services including expanding access to LARC methods. The resources include ACOG’s current clinical guidelines, patient education materials, and educational and training materials for healthcare professionals. For more information, see <http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception>.

### **Medicaid Family Planning Resources**

In addition, the Centers for Medicare and Medicaid Services (CMS) recently published the following guidance documents to clarify existing policy related to quality family planning services:

1. A State Health Official Letter on Family Planning, released on June 14, 2016 regarding the delivery of family planning services. The guidance clarifies policies that apply in both fee-for-service (FFS) and Medicaid Managed Care regarding contraceptive coverage, including the use of all FDA-approved methods of contraception, examples of appropriate and inappropriate utilization management methods, guidance on advance purchasing of family planning

methods, including LARCs. For more information, see:

<https://www.medicaid.gov/federal-policy-guidance/downloads/sho16008.pdf>

2. An Informational Bulletin, released on April 8, 2016, describing emerging payment approaches several state Medicaid agencies have used to optimize access and use of LARC methods as part of the Center for Medicaid and CHIP Services (CMCS) Maternal and Infant Health Initiative. For more information, see: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib040816.pdf>.
3. The Medicaid Managed Care Final Rule, released on April 25, 2016, includes clarifications about family planning policies within managed care including: free choice of family planning provider, including ability to receive services from a family planning provider without a referral; free choice of family planning method, including the prohibition of utilization management methods that restrict a beneficiary's free choice of family planning method; and demonstration of a sufficient number of family planning providers within a Managed Care Organization to ensure timely access. For more information, see: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/managed-care-final-rule.html>.

Health centers are encouraged to use these resources to enhance access to quality family planning services among the populations served. HRSA/BPHC will continue to provide additional resources as they become available.