



Promoting Sexual Health
Through STD Prevention

NCSDDC.ORG

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July XX, 2018

U.S. Department of Health and Human Services
Office of Population Affairs

RE: Public Comment in Response to the Proposed Title X Rule, Compliance with Statutory Program Integrity Requirements

I am writing on behalf of the National Coalition of STD Directors (NCSDD) in response to the request for public comment regarding the proposed Compliance with Statutory Program Integrity Requirements Rule, published June 1, 2018. NCSDD is a national public health membership organization representing health department STD directors, their support staff, and community-based partners across 50 states, seven large cities and counties, and eight U.S. territories. As an organization with a vision of a nation without sexually transmitted diseases (STDs), we are concerned about how this proposed rule will play a damaging role in the already high rates of STDs.

STD rates across the United States are rapidly increasing, demonstrating the need to ensure that people have an increased access to STD services, not less. The CDC reports that approximately 20 million new STDs occur each year with record increases the last three years. In 2016, there were 1.59 million cases of chlamydia reported (a 4.7 percent increase over 2015); 468,514 cases of gonorrhea reported (an 18.5 percent increase), and 27,814 cases of syphilis reported (a 17.6 percent increase). There were also 628 cases of congenital syphilis. These rates continue to skyrocket as local STD clinics shutter their doors. In 2012 alone, 21 STD clinics closed; without partners such as Title X clinics, people would have even more limited access to STD testing and treatment.

Women and adolescents disproportionately bear the long-term consequences of STDs. A woman's anatomy can place her at a unique risk for STD infections and women are less likely to have common STD symptoms. Untreated STDs can lead to pelvic inflammatory disease, which can result in infertility; cervical cancer; and mother-to-child infection if the woman becomes pregnant, at times resulting in still birth. Adolescents aged 15-24 account for half of all new

STD cases in 2016. For many women and adolescents, Title X clinics are their first access point to STD testing and treatment. In fact, Title X clinics are the second largest source for STD testing, following STD clinics¹. When Title X clinics do provide STD treatment they are more likely to provide quality STD care, including CDC recommended gonorrhea treatment². Therefore, Title X clinics are providing high volume, high quality STD care, and removing a high-quality STD provider just because they provide certain health care services and will worsen the already record-level STDs

Title X grantees, subrecipients, and service sites are some of the most important partners in STD prevention and provide needed STD testing and treatment, condoms, and education and counseling. NCSO is concerned that the proposed rule will diminish the network of clinics that have built strong infrastructure to help reduce the rates of STDs and move STD prevention forward. Specifically, we are concerned about:

- The removal of language specifying that family planning methods and services be “medically approved” and interference in the patient-provider relationship
- The shift to a stronger directive that that grantees are not required to provide every acceptable and effective family planning method
- Restrictions on the use of Title X funding for developing infrastructure
- Required documentation of parent communication and age of sexual partners

The removal of language specifying that family planning methods and services be “medically approved” can have long-term effects on the rise of STDs as well as the patient-provider relationship. STD levels are at an all-time high, and will only continue to rise if providers are not required to give medically accurate information. By limiting the ability of providers to give full and complete counseling, or not including important information about how to prevent STDs the patient-provider relationship is jeopardized, and patients are at risk for receiving incomplete information from a trusted medical source on methods most effective at preventing STDs. Medically approved methods, including the human papillomavirus (HPV) vaccine, are considered the primary way to prevent STDs, by not requiring Title X providers to adequately provide information about all options the sexual health of many Title X patients will be greatly compromised.

¹ https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf

² <https://www.cdc.gov/mmwr/volumes/67/wr/mm6716a4.htm>



Furthermore, by **making it clearer that grantees do not need to carry or provide every acceptable and effective family planning method**, patients' access to proven methods for preventing STDs will be diminished. In many communities Title X providers are the only option for receiving STD services, including access to condoms. If providers are not expected to educate and provide access to a full range of family planning methods, and the definition of "broad range" of services is roughly defined as two-or-more methods, and are not required to provide medically approved services, then many patients could lose access to crucial services and counseling for preventing STDs. In many rural and lower income communities, Title X clinics can be the only point of access for condoms for patients. By not requiring grantees to cover access to these services, the Department of Health and Human Services is contributing to the STD epidemic and compromising high-quality care for those patients who need it most.

Title X clinics also play a key role in STD infrastructure, through their partnership with STD clinics and STD programs. Many states do not have stand-alone STD clinics, and in those jurisdictions, Title X clinics often fulfill the role of STD clinics, providing high-quality STD testing, treatment, and counseling. Title X clinics also complement STD clinics in expanding access to knowledge and services throughout the nation. **Restricting the use of Title X funding for infrastructure development, severely cuts the already stretched and underfunded** network of STD prevention clinics and resources. The way that the policy is written now creates an undue burden on Title X clinics. Requiring clinics to financially and physically separate, and requiring the clinic to use some of its important unrestricted funds to build a separate physical structure could put small Title X clinics out of business, ultimately resulting in fewer health centers and restricted access to healthcare.

The Title X program has a long-standing commitment to protecting patient confidentiality. Since the program was established in 1970, Title X-funded health centers have been required to provide confidential family planning services to adults and teens. Over the years, these protections have been modified to encourage, but not mandate, family involvement, and to require that Title X providers comply with state child abuse reporting laws.

New requirements in the Proposed Rule requiring the **promotion of family communication and the documentation and reporting of related activities** will have a chilling effect on minors accessing essential health care. The Proposed Rule now requires that Title X entities screen any teen who presents any suspicion of abuse as well as with an STD or pregnancy. It also requires Title X providers to document the ages of patients and their sexual partner(s). This Proposed Rule could threaten the patient/provider relationship by hindering trust and shifting the provider role from caregiver to interrogator, and violate



the privacy rights of Title X patients by requiring them to disclose personal and private information that must be recorded in electronic health records.

These new requirements extend beyond the Title X statute, do not further Congressional intent or serve a public health purpose. Instead, they will likely deter and discourage Title X patients - particularly adolescents - from seeking care at Title X-funded health centers. STD rates, already disproportionately high among young people, are likely to increase as a result.

Title X clinics are critical partners in the fight against STDs. By creating onerous obstacles for these clinics to jump through and limiting requirements about the provision of medically accurate services, essential access to STD services will be damaged during a time when STDs are on the rise. We request that the crucial components of the proposed rule be reconsidered so that access to key sexual health services can be maintained.

We appreciate your attention to these comments and the opportunity to provide them. If you have questions related to these comments, please contact NCSD's Senior Manager, Policy and Government Relations, Taryn Couture, at tcouture@ncsddc.org or 202-715-7217.

Sincerely,

David C. Harvey
Executive Director



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