

May 12, 2021

**VIA ELECTRONIC TRANSMISSION**

Office of Population Affairs  
Office of the Assistant Secretary for Health  
US Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

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

On behalf of the Endocrine Society, thank you for the opportunity to provide comments on the Title X family planning program proposed rule titled, Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services (RIN 0937-AA11), which would largely reinstate regulations that governed the program from 2000-2019. Founded in 1916, the Endocrine Society is the world's oldest, largest, and most active organization devoted to research on hormones and the clinical practice of endocrinology. The Society's membership of over 18,000 includes experts in all research and clinical aspects of hormone health, including women's health and reproductive health. Many of our members treat adolescents and women with reproductive health issues and research reproductive health, and, consequently, have interest in the family planning services supported by Title X. The Endocrine Society strongly supports the revocation of the 2019 rule, and reinstatement of the 2000 regulations with revisions and believes that everyone should have easily accessible, affordable health care from the provider of their choice.

Hormonal contraception provides a myriad of medical benefits beyond the expected reproductive planning by decreasing the number of unintended pregnancies and pregnancy-related health risks such as preeclampsia, gestational diabetes, and complications of childbirth. Providing women with the ability to determine when they become pregnant has a positive impact on their family's socioeconomic and health status.<sup>1</sup> For instance, when a woman can plan her pregnancies, she can ensure that any underlying conditions that may affect her or her baby's health are addressed prior to becoming pregnant. Studies have shown that a causal link exists between the spacing of a birth and a

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<sup>1</sup> Flucke N, O'Meara H, Coelho J. Colorado Policy Perspective: Breaking the Cycle of Poverty with Help of Long-Acting Reversible Contraceptives (LARCs). Colorado Nurse [serial online]. November 2016;116(4):11-19. Available from: CINAHL Plus with Full Text, Ipswich, MA. Accessed April 28, 2021.



subsequent pregnancy and three major birth outcome measures: low birth weight, pre-term birth and small size for gestational age.<sup>2</sup>

Endocrinologists frequently prescribe hormonal contraception to treat a variety of non-contraceptive conditions, including polycystic ovary syndrome (PCOS) and infertility. Studies also show that millions of American women also rely on publicly funded clinics to obtain their family planning and contraception.<sup>3</sup> Although the majority of women use contraception to prevent pregnancy, 58 percent of contraception users also cite non-contraceptive health benefits such as treatment for excessive menstrual bleeding, menstrual pain, and acne as reasons for using this method.<sup>4</sup> Hormonal contraception can also reduce a woman's risk of developing ovarian and endometrial cancer.<sup>5</sup>

Title X is a critical source of funding for both contraceptive and preventive services for women. The Centers for Disease Control and Prevention (CDC) estimates that unintended pregnancies cost American taxpayers at least \$21 billion each year.<sup>6</sup> Nationally, 68 percent of these unintended pregnancies were paid for by public insurance programs including Medicaid, Children's Health Insurance Program, and the Indian Health Service.<sup>7</sup> Offering affordable access to contraception can have a measurable impact on these costs. For every public dollar invested in contraception, short term Medicaid expenditures are reduced by \$7.09 for the pregnancy, delivery, and early childhood care related to births from unintended pregnancies.<sup>8</sup> In a 2016 study, six in ten women seeking contraceptive services at a Title X-funded health center reported that to be their only source of medical care in the past year.<sup>9</sup>

However, as indicated in the proposed rule, federal data shows the rapid and devastating impact of the 2019 rule on access to critical family planning and sexual health services. Studies indicate that the implemented "gag rule" cut the Title X national family planning

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<sup>2</sup> Guttmacher Institute. The Case for Insurance Coverage of Contraceptive Services and Supplies without Cost Sharing. Winter 2011. <http://www.guttmacher.org/pubs/gpr/14/1/gpr140107.html>. Accessed April 28, 2021.

<sup>3</sup> Guttmacher Institute. 6.2 Million U.S. Women Obtained Contraceptive Services from Publicly Funded Clinics in 2015. April 2017. Accessed April 28, 2021.

<sup>4</sup> Guttmacher Institute. Contraceptive Use in the United States. <https://www.guttmacher.org/fact-sheet/contraceptiveuseunited-states>. September 2016. Accessed April 28, 2021.

<sup>5</sup> National Institutes of Health/National Cancer Institute. Oral Contraceptives and Cancer Risk. <https://www.cancer.gov/aboutcancer/causes-prevention/risk/hormones/oralcontraceptives-fact-sheet>. Reviewed March 2012. Accessed April 28, 2021.

<sup>6</sup> Centers for Disease Control and Prevention. Women's Reproductive Health; 2016. <https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/aag-reproductive-health.pdf>. Accessed April 28, 2021

<sup>7</sup> Guttmacher Institute. Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care. February 2015. [https://www.guttmacher.org/sites/default/files/report\\_pdf/public-costs-of-up2010.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/public-costs-of-up2010.pdf).

<sup>8</sup> Guttmacher Institute. Contraceptive Use in the United States. <https://www.guttmacher.org/fact-sheet/contraceptiveuseunited-states>. September 2016. Accessed April 28, 2021

<sup>9</sup> Kavanaugh ML, Zolna MR and Burke KL, [Use of health insurance among clients seeking contraceptive services at Title X-funded facilities in 2016](#), *Perspectives on Sexual and Reproductive Health*, 2018, 50(3):101–109.



network's patient capacity in half, decreasing the network's capacity by 46%, and potentially affecting nearly 1.6 million female contraceptive patients.<sup>10</sup>

The Endocrine Society is also supportive of the administration's emphasis on health equity in the proposed rule. In particular, the transition from using the word "women" to the more inclusive "client" is more reflective of the diverse population of patients served by the Title X program. Gender identity should never be a barrier to receiving the care one needs and all people who are capable of becoming pregnant, including queer, transgender, and nonbinary people. The statutory requirements that Title X-funded health centers prioritize people with low-incomes, and provide care regardless of ability to pay, ensure that the Title X program is well-positioned to advance health equity for the patients it serves. However, the onerous requirements of the 2019 rule diverted attention and resources from this important work and undermined Title X's mission to provide equitable, affordable, client-centered, quality family planning and sexual health services.

The COVID-19 pandemic has also unveiled the many inequities in our nation's health care system and highlighted how systemic racism and other forms of oppression have resulted in pervasive health disparities and disproportionately poor health outcomes for people of color. Furthermore, the COVID-19 pandemic has also strained already vulnerable health systems around the globe, which has further amplified the burdens and disruptions caused by the global gag rule. Providers are already facing the necessary burden of adapting clinic and outreach services to adhere to social distancing guidelines and ensure infection prevention and control measures are followed, including ensuring that all workers have the personal protective equipment they need to allow them to continue to safely serve patients.

The Title X program plays a significant role in combating these systemic barriers to care by helping ensure all people, regardless of their race, ethnicity, age, sexual orientation, gender identity, immigration status, employer, insurance status, or any other demographic, have timely access to comprehensive, high-quality family planning and sexual health services. The proposed rule's emphasis on health equity will further support these goals and we support regulations that will increase health care access, particularly during the ongoing global pandemic.

Finally, in the wake of CDC's recent declaration that racism is a serious threat to public health, we would like to see systemic racism explicitly included and addressed as part of the expectations related to health equity. Systemic racism has resulted in structural barriers to health care services, including the Title X family planning program.

We appreciate the administration's attention to women's health and health equity. Thank you for considering the Endocrine Society's comments. If we can be of further assistance

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<sup>10</sup> Guttmacher Institute. Trump Administration's Domestic Gag Rule Has Slashed the Title X Network's Capacity by Half. February 2020. <https://www.guttmacher.org/article/2020/02/trump-administrations-domestic-gag-rule-has-slashed-title-x-networks-capacity-half#>. Accessed May 5, 2021.



and provide additional information about reproductive health or the importance of Title X, please have your staff contact Grace Kranstover, Manager of Government Relations and Grassroots Advocacy, at [gkranstover@endocrine.org](mailto:gkranstover@endocrine.org).

Sincerely,

A handwritten signature in black ink that reads "Carol H. Wysham".

Carol Wysham, MD  
President, Endocrine Society