

Sexual and Reproductive Health Policy Statement

POSITION

ASTHO supports access to affordable, equitable, evidence-based, medically accurate reproductive health services and education. Individuals and communities must have access to reliable and effective reproductive healthcare—including contraceptive care—that meets their needs and preferences. High-quality reproductive health services promote health and wellbeing across the lifespan. Access to education and services promotes healthier communities.

BACKGROUND

Reproductive health services and education improve individual and population health outcomes, can advance health equity, give individuals power to control decisions around reproductive health, family planning, contraception, and protect against sexually transmitted infections (STIs).¹ Federal and state/territorial policies can significantly impact reproductive health services for people in their jurisdiction. These policies may dictate access, quality, payment, and coverage of services, scope of practice for healthcare providers, and data collection and privacy.

The history of coercive reproductive health practices rooted in structural racism² and other forms of discrimination in the United States includes encouraging the use of long-acting contraceptives or sterilization for low-income and disabled communities, and Black, Indigenous, People of Color.³ Discriminatory practices and policies continue to limit access and quality of reproductive healthcare for systemically marginalized communities.⁴ Policies restricting community services, providers, and education are also detrimental.

Access to family planning services is one of the biggest public health advancements of the 20th century.⁵ Reproductive health services include specialized care as well as prevention, diagnosis, and treatment for breast and cervical cancer, STIs, and other health conditions.⁶ Unmet needs for contraceptive health services and education contribute to unintended or mistimed pregnancies. Comprehensive reproductive healthcare can reduce rates of preterm birth, low birth weight, and other negative maternal and infant health outcomes.^{7,8,9} Medicaid is the largest source of public funding for family planning services, covering more than 20 million people ages 18-49.¹⁰ In FY 2022, Title X provided \$256.5 million across 50 states, Washington, D.C., and six U.S. territories and freely associated states.¹¹ Title X-supported clinics offer a wide range of preventive health services including contraceptive education, counseling, and supplies that help people achieve their desired number and spacing of children, breast and cervical cancer screening, and STI and HIV testing, referral, and prevention education.^{12,13} In 2021, Title X-funded providers served more than 1.7 million low-income clients in 2.8 million patient encounters.¹⁴

Summary of Recommendations

- Ensure that everyone has access to high-quality, affordable, and non-coercive reproductive health services.
- Assure that family planning visits connect people to additional services and providers.
- Coordinate and leverage public and private funding and coverage sources.
- Support policies to maximize access to sexual and reproductive health services.
- Increase access to telehealth services.
- Ensure adequate and flexible federal funding to support patient-centered quality, accessible, and effective reproductive health services, including for infrastructure and workforce needs.
- Support state policies that facilitate access to evidence-based reproductive health services and remove barriers to care.
- Educate consumers and providers to ensure the provision of culturally appropriate, evidence-based reproductive health services.
- Align and report on clinical performance measures for reproductive health with population-based estimates obtained from state-based surveillance systems in partnership with public and private payers.

RECOMMENDATIONS

ASTHO recommends the following policy and system changes:

- 1. 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 high-quality, affordable, and non-coercive reproductive health services.** Comprehensive reproductive health services include education about and access to the full range of FDA-approved contraceptive methods,¹⁵ counseling, and treatment for all pregnancy options and medical care that is affordable and evidence-based. Care should be age-, linguistically-, and culturally-appropriate, and sensitive to gender orientation. Reproductive healthcare should be patient- and equity-driven and should integrate shared decision-making models so providers and patients make choices together about care that aligns with the patients' needs and preferences.¹⁶
- 2. Assure that family planning visits connect people to additional services and 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, community and public health workers, and other federal-, state-, and community-funded programs to facilitate access to a broad range of health and social services, as needed. Increased coordination between family planning providers and mental health and substance use treatment providers should also be prioritized to improve health disparities related to premature birth and low birth weight, and to promote the prevention of suicide and overdose-related deaths in the postpartum period.
- 3. Coordinate and leverage public and private funding and coverage sources,** including the Patient Protection and Affordable Care Act provisions for contraception¹⁷ and health insurance exchanges, Title X, Title V, Medicaid, the Social Services Block Grant, Temporary Assistance for Needy Families, 318 STD program, the 340B Drug Pricing Program, and Medicaid Section 1115 waivers and State Plan Amendments for reproductive health services. Collaborate with programs related to breast and cervical cancer screening and treatment, STIs, HIV, and positive youth development.
- 4. Support policies to maximize access to sexual and reproductive health services,** including eliminating insurance preauthorization for contraceptives and medications such as pre-exposure prophylaxis (PrEP), transitioning more FDA-approved contraceptives to over-the-counter status, utilizing insurance benefits for contraceptives, increasing the provision of self-administered injectable contraceptives, supporting pharmacist prescribing models, and expanding access to contraceptives in the immediate postpartum period. Collaborate with federal, state, and local transportation officials to ensure that all people have access to safe, healthy, convenient, and affordable transportation options regardless of age, income, and other socioeconomic factors.
- 5. Increase access to telehealth services,** including adopting payment models and regulations that permit audio-only telemedicine appointments for those without access to broadband internet, reducing restrictions on provider types and services allowable via telehealth, including prescribing of all FDA-approved medications deemed appropriate based on shared-decision making between patient and provider for their sexual and reproductive healthcare, investing in infrastructure needed for telehealth expansion, and supporting payment parity between telehealth and in-person services.
- 6. Ensure adequate and flexible federal funding to support patient-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 communities served and assure that the existing quality service providers are retained and supported. Healthcare professionals should be trained and have the resources to provide the full range of reproductive health services, including patient-centered contraceptive counseling and screening for reproductive

coercion.¹⁸ To support provider network adequacy nationwide, healthcare providers should have access to workforce programs such as subsidized family planning training programs and targeted loan forgiveness.

7. **Support state policies that facilitate access to evidence-based reproductive health services and remove barriers to care.** These include expedited partner therapy for partners of people diagnosed with an STI, policies that support timely pregnancy ascertainment and screening for syphilis during pregnancy, adhering to Medicaid's free choice of provider provision for family planning services, school-based health centers, and other federal regulations that support increased access to reproductive health services.
8. **Educate consumers and providers to ensure provision of culturally appropriate, evidence-based reproductive health services.** States and territories can promote awareness through comprehensive reproductive, sexual, and healthy relationship education that is patient-centered, evidence-based, scientifically and medically accurate, sensitive to gender orientation, and age-, linguistically-, and culturally-appropriate. Lead efforts to inform providers, patients, 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, and adolescent consent to reproductive health services.
9. **Align and report on clinical performance measures for reproductive health with population-based estimates from state-based surveillance systems in partnership with public and private payers.** Comprehensive reproductive health data should be collected and stratified by demographic variables, including race, ethnicity, gender identity, and sexual orientation, to identify and address health inequities. To protect the privacy, confidentiality, and security of an individual's reproductive health information, programs should follow federal and state privacy laws (e.g., HIPAA) and ensure they have necessary data governance and sharing processes in place. Data collected should only be used to support measuring evidence-based public health objectives and providing services aligned with evidence-based public health objectives. Public health data should not be shared with other agencies or entities for other purposes unless compelled by law and appropriately deidentified to provide the minimum necessary information.

POLICY APPROVAL HISTORY

Sexual and Reproductive Health Policy Statement (current policy)

Community Health and Prevention Policy Committee Approval: September 27, 2023

Board of Directors Approval: October 23, 2023

Policy Expires: October 31, 2026

Reproductive Health Services (prior policy)

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

Board of Directors Approval: December 11, 2019

Policy Expires: December 31, 2022

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.

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¹ Bixby Center for Global Reproductive Health. "Measuring women's reproductive autonomy." Available at: <https://bixbycenter.ucsf.edu/news/measuring-women%E2%80%99s-reproductive-autonomy#:~:text=Reproductive%20autonomy%20is%20having%20the,when%20to%20continue%20a%20pregnancy.> Accessed 8-2-2022.

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- ³ Guttmacher Institute. "Guarding Against Coercion While Ensuring Access: A Delicate Balance." Available at: <https://www.guttmacher.org/gpr/2014/09/guarding-against-coercion-while-ensuring-access-delicate-balance>. Accessed 8-2-2022.
- ⁴ Sutton, MY, NF Anachebe, R Lee, and H Skanes. Racial and Ethnic Disparities in Reproductive Health Services and Outcomes, 2020. *Obstet Gynecol.* 2021 Feb; 137(2): 225–233. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7813444/>. Accessed 8-29-2023.
- ⁵ Center for Disease Control. "Achievements in Public Health, 1900-1999: Family Planning." Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4847a1.htm>. Accessed 9-8-2022.
- ⁶ Health Resources and Services Administration. "Women's Preventive Services Guidelines." Available at: <https://www.hrsa.gov/womens-guidelines>. Accessed 9-8-2022.
- ⁷ 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.
- ⁸ 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.
- ⁹ 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.
- ¹⁰ Kaiser Family Foundation. "Medicaid Coverage of Family Planning Benefits: Findings from a 2021 State Survey." Available at: <https://www.kff.org/womens-health-policy/report/medicaid-coverage-of-family-planning-benefits-findings-from-a-2021-state-survey/>. Accessed 9-8-2022.
- ¹¹ Health and Human Services. "HHS Awards \$256.6 Million to Expand and Restore Access to Equitable and Affordable Title X Family Planning Services Nationwide." Available at: <https://www.hhs.gov/about/news/2022/03/30/hhs-awards-256-million-to-expand-restore-access-to-equitable-affordable-title-x-family-planning-services-nationwide.html>. Accessed 7-21-2022.
- ¹² Health Resources and Services Administration. "Women's Preventive Services Guidelines." Available at: <https://www.hrsa.gov/womens-guidelines-2019>. Accessed 7-21-2019.
- ¹³ Office of Population Affairs. "Title X Family Planning Annual Report 2022 National Summary." Available at: <https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf>. Accessed 7-21-2022.
- ¹⁴ Office of Population Affairs. "Title X Family Planning Annual Report 2021 National Summary." Available at: <https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf>. Accessed 10-31-2022.
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