

July 31, 2018

Submitted via electronic record at www.regulations.gov

Office of the Assistant Secretary for Health
Office of Population Affairs
Attention: Family Planning
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
Room 716G
200 Independence Avenue, SW,
Washington, D.C. 20201.

Re: HHS-OS-2018-0008: Comments on Notice of Proposed Rulemaking on Compliance with Statutory Program Integrity Requirements

The National Health Care for the Homeless Council (NHCHC) appreciates the opportunity to comment on the Notice of Proposed Rulemaking (Proposed Rule) entitled Compliance with Statutory Program Integrity Requirements, which significantly alters the Title X Family Planning Program. NHCHC is a membership organization representing federally qualified health centers (FQHCs) and other organizations providing health services to people experiencing homelessness. In 2016, there were 295 Health Care for the Homeless (HCH) programs serving nearly 1 million patients in 2000+ locations across the United States.

The HCH program is part of the consolidated health center program authorized under Section 330 of the Public Health Service Act. As FQHCs, HCHs are required to offer voluntary family planning services. Many HCHs participate in the Title X program by directly receiving Title X funding, receiving Title X funding as subrecipients, or having formal or informal referral agreements with other Title X providers. As a network of FQHCs, we share the concerns outlined in comments provided by the National Association of Community Health Centers (NACHC). As detailed in their comments, the proposed rule compromises HCHs' and other FQHCs' ability to maintain a "whole person approach," disrupts the referral system, puts a greater administrative burden on providers, creates difficulties for low-literacy patients, and lacks clarification on how to handle life-threatening conditions. Our views on these issues are aligned with those expressed by NACHC and we hope HHS will reconsider these harmful policies.

Additionally, as a network of clinics and providers serving people experiencing homelessness, we oppose the Proposed Rule because of the troubling impact on vulnerable and impoverished populations. As detailed below, this rule would reduce access to care, restrict a provider's ability to serve patients, and fail to account for the resulting impact on communities.

The Proposed Rule reduces access to care and worsens homeless and poverty.

For individuals experiencing homelessness, transience and a lack of resources makes engaging in care, maintaining a continuity of care, and locating care very difficult. Access to all forms of care, including family planning and reproductive health services, is necessary to improve the health and well-being of individuals experiencing homelessness. The complex psychosocial needs and numerous other barriers (e.g. lack of ID or transportation) also make it challenging to engage and access health treatment.

As designed, the Proposed Rule will make it difficult for many reproductive health care service sites to continue serving patients under Title X. For people experiencing homelessness, this reduction of available sites to receive health care will serve as yet another barrier to treatment in a climate where they already face numerous barriers.

With less access to care, individuals will be forced to rely on the emergency room to meet basic health care needs, where they only receive treatment when conditions become so severe that immediate and costly medical intervention is required. More service sites are sorely needed in the areas where we practice, not less, to fully meet the needs of vulnerable individuals. HHS should clarify where and how patients will access services as sites are forced to close.

The Proposed Rule imposes restrictions that compromise a provider's ability to best serve their patients, risking patient health and wellbeing.

Cultivating trusting relationships between patients and providers is needed to yield high quality results and continued engagement from our clients. The HCH model of care treats client holistically by providing a full range of care wherever possible. Referrals are used to link patients with essential services in the community, which includes reproductive health services and family planning.

Providers often struggle to find referring agencies that meet the complex geographic, cultural, and physical needs of their clients, which limits the ability to act in a manner that best serves clients, many of whom struggle to make appointments and find the time or resources to access services. By restricting services and providers, the Proposed Rule creates fewer options, thus making it more difficult to provide good quality care. HHS should consider the repercussions on patients and providers and the resulting poor health consequences that can stem from limited referral options.

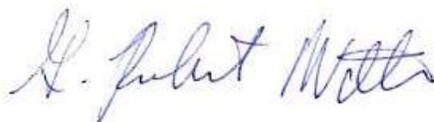
The Proposed Rule fails to account for the resulting impact on families and communities.

Poor health is a cause of homelessness, and homelessness can exacerbate existing health conditions and create new ones. Access to comprehensive care, including the full range of family planning treatment options, improves health and prevents a further spiral into poverty. The Proposed Rule serves to limit information and options available to women. By doing so, poor and under/uninsured women will be further entrenched in their existing health problems and will face challenges in finding and receiving proper health care.

Women and families represent the fastest growing segment of the homeless population. As a result of being homeless, many women do not receive the proper health care they need, particularly prenatal and family planning care. Thus women who are homeless experience a higher rate of unplanned pregnancies and poor birth outcomes. To ensure healthy families and communities, we must grow our nation's capacity to care for women and support, not restrict it. HHS should provide information on how to maintain access to family planning services so that women in our communities are not forced into further poor health and/or poverty and homelessness.

In conclusion, access to comprehensive health care, which includes access to a full range of family planning and reproductive services, is critical to maintaining healthy communities and preventing and ending homelessness. The proposed rule compromises the HCH communities' ability to care for people experiencing homeless and would exacerbate existing health conditions for women and families experiencing homelessness. We stand alongside many other organizations in the health care community and strongly urge HHS to not finalize this Proposed Rule.

Sincerely,



G. Robert Watts
Chief Executive Officer