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**DATE:** November 8, 2021  
**TO:** All holders of Title X Family Planning Protocol  
**FROM:** Wanicha Burapa, MD, MPH, Medical Director  
**RE:** 2021 Summary of Family Planning Program (FPP) Protocol: 2021 Title X Rule Revisions

As you are aware, the 2021 Title X Rule was posted, and is effective as of November 8<sup>th</sup>. The protocol has been updated to reflect the rule changes and are highlighted in gray, (prior 2021 changes continue to be highlighted in yellow). Only Sections 1, 5, and Appendices B, D, and F have revisions.

The protocol will be posted at <https://nmhealth.org/about/phd/fhb/fpp/pvdr>. Please ensure that each clinician and nurse reviews the protocol revisions and signs the “Acknowledgment and Receipt of New/Revised Protocol Form”.

A signed copy of this sheet will be maintained at the clinic during the FP site visit. (Public Health Offices will also forward the original(s) to the DNS).

Summary of changes includes:

### **Section 1: FPP Guidelines for Clinical Services**

#### **1.0 Introduction**

Title X scope of services wording was updated to match the 2021 Title X Rule.

#### **1.1 Service Population**

2021 Title X Rule definitions for *client-centered care*, *culturally and linguistically appropriate services*, *health equity*, *inclusive*, and *quality healthcare* are included.

#### **1.2.A Definition of Title X Family Planning Encounter**

A family planning encounter is either face-to-face in a Title X service site or virtual using telehealth technology.

#### **1.2.G Parental/Family Involvement**

Title X projects shall encourage family participation, however, they may not require consent of parents/guardians for provision of services to minors.

Updated language for Title X sites: clients may not be subjected to coercion to accept services or for particular methods of family planning, and staff will be subjected to prosecution if they coerce clients to undergo abortion or sterilization procedure.

#### **1.2 H. A Contraceptive Services**

Provision of one or more selected contraceptive method(s), preferably on site, but by prescription or referral if necessary.

#### **1.2.K Referral Services**

Title X clinics should provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.

#### **Standing Order for PHC for Urine HCG Pregnancy Testing (pages 46-47)**

If the test is positive, ascertain the client’s plans for pregnancy continuation or termination by providing “All Options Counseling”. Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options: prenatal care and delivery; infant care, foster care, or adoption, and; pregnancy termination.

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If requests to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. Written materials (e.g., CHOICES) may be used to counsel the client.

Providers may dispense one bottle of prenatal vitamins according to the site policy/procedure.

If the client chooses to carry the pregnancy to term and will qualify and wants Medicaid Presumptive Eligibility and/or home visiting services (via Early Childhood Education & Care Department-provider list on ECECD website), start the process.

If the client chooses abortion/termination, upon the client's request, provide a list of agencies helping with this service and discuss any questions she may have. If the client qualifies and wants Medicaid Presumptive Eligibility, start that process as they might be covered for pregnancy-related benefits, including pregnancy termination.

## **Section 5: Special Populations**

### **5.1.2 Minors and Family Planning**

Adolescent-friendly health services are services that are accessible, acceptable, equitable, appropriate and effective for adolescents.

Clinical staff will screen clients for coercion and provide counseling to minors on how to resist attempts to be coerced into engaging in sexual activity. Staff should use the NM DOH FPP approved sexual coercion materials. This coercion screening and counseling documentation is required annually.

### **5.1.3 Minors and Coercion**

The availability of community services such as counselors, domestic violence shelters and rape crisis centers should be readily available. Keep an updated referral list in the clinic to give to clients.

## **APPENDICES**

### **Appendix B: Fee Collection**

#### **1.B General Requirements for Providing Title X FP Services**

All services must be provided without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.

#### **1.C Requirements for Income Assessment, Sliding Fee Scale and Fees**

Family income should be assessed before determining whether copayments or additional fees are charged.

#### **II.B.3 Private Medical Insurance**

With regard to insured clients, clients whose family income is at or below 250% of the Federal Poverty Level (FPL) should not pay more (in co-pays or additional fees) than what they would otherwise pay when the sliding fee discount schedule is applied. Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause to pay for family planning services (Title X Program Requirements).

In non-public health emergency situation, PHO staff will check the client's insurance eligibility and determine with client's co-pay amount based on their insurance plan.

#### **III.B. Income**

Clinics shall make reasonable measures to verify client income, without burdening clients from low-income families.

#### IV.A.2 Charges for clients with incomes between 101% and 250% FPL

For clients with private medical insurance, if the co-pay is less than the client would pay on the sliding fee schedule, they should pay the co-pay. If the co-pay is more than what the client would pay based on the sliding fee discount schedule, the client pays what they would pay based on the sliding fee discount schedule. (FPP will provide “A Job Aid for the Front Desk Staff” when PHO staff are no longer subjected to public health emergency operations).

#### IV.B. Billing

Clinic staff must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.

### **Appendix D: Staff Orientation**

#### Title X Mandatory Trainings

When the updated Title X Orientation (Clinical and Non-Clinical) training is available, current employees must complete within 90 days.

#### J. Health Equity related Trainings

Optional health equity related training links have been added.

### **Appendix F: Referrals**

Title X clinics must provide for coordination and use of referrals and linkages. Further details are included in Appendix F.

Information on referrals for prenatal care, adoption, abortion, and infertility has been updated.