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ASSOCIATION

October 7, 2016

Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

RE: HHS-OS-2016-0014-0001, Compliance with Title X Requirements by Project Recipients in Selecting Subrecipients; Comments on a Proposed Rule

On behalf of the American Psychological Association (APA), I thank you for seeking input from stakeholders on the proposed rule on the selection of subrecipients for Title X funding. APA welcomes the opportunity to provide comments on this proposed rule. APA is the largest scientific and professional organization representing psychology in the United States, with more than 120,000 researchers, educators, clinicians, and students as its members. APA has a strong commitment to improve the health and well-being of all Americans and to ensuring that all individuals have comprehensive and equal access to health and mental health care across the lifespan. This includes a longstanding commitment to unrestricted access to preventive care and reproductive health care services.

Access to reproductive health care is critical to the health and well-being of women. Title X of the Public Health Service Act provides funds for family planning and reproductive health services for nearly 4.6 million low-income men and women each year. Recipients of Title X funded services represent many underserved populations, including people of color, families living at or near the poverty line, and lesbian, gay, bisexual, and transgender individuals. In addition to providing cervical and breast cancer screening and health education, centers supported by Title X help prevent pregnancies that would otherwise result in unintended births or abortions.

As noted in the proposed rule, since 2011, 13 states have taken actions to restrict participation of certain types of providers as subrecipients of Title X funds. These restrictions are not based on the subrecipients' ability to provide reproductive health services funded by Title X. Restrictions to this program that make it difficult for family planning providers such as Planned Parenthood to access federal funding would result in a devastating loss of access to reproductive health care. The proposed rule notes that such restrictions, which are already in place in some states, have had adverse effects on availability and accessibility of services. These effects would have a particularly pronounced effect on underserved populations.<sup>1</sup>

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<sup>1</sup> Texas Policy Evaluation Project, *Research Brief: Barriers to Family Planning Access in Texas* (May 2015), available at [http://www.utexas.edu/cola/orgs/txpep/\\_files/pdf/TxPEP-ResearchBrief\\_Barriers-to-Family-Planning-Access-in-Texas\\_May2015.pdf](http://www.utexas.edu/cola/orgs/txpep/_files/pdf/TxPEP-ResearchBrief_Barriers-to-Family-Planning-Access-in-Texas_May2015.pdf).

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Autonomy and confidentiality in one's reproductive health decisions is both a human right and public health concern.<sup>2</sup> Restrictions that inhibit access to the reproductive health care have consequences for physical health and mental health. Research has shown that women with an unplanned pregnancy are at higher risk for depression, anxiety, and lower reported levels of happiness.<sup>3</sup> In turn, these effects will have other negative impacts on parental and family health. APA supports the right to reproductive choice and freedom from discrimination in that choice.<sup>4</sup>

APA supports the proposed rule's directive that recipients should not exclude potential subrecipients on the basis of their focus on Title X services. Excluding such subrecipients would effectively disqualify all clinics that focus solely on reproductive health and reduce access to the lifesaving care offered by family planning clinics. I appreciate the opportunity to comment on this issue and welcome further questions and comments. Please contact Amalia Corby, Senior Legislative and Federal Affairs Officer in the Public Interest Directorate ([acorby-edwards@apa.org](mailto:acorby-edwards@apa.org)).

Sincerely,

A handwritten signature in cursive script that reads "G. Keita".

Gwendolyn P. Keita, Ph.D.  
Executive Director  
Public Interest Directorate

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<sup>2</sup> Shalev, C. (1998) Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women:  
<http://www.un.org/womenwatch/daw/csw/shalev.htm>

<sup>3</sup> Gipson, J. D., Koenig, M. A. and Hindin, M. J. (2008), The Effects of Unintended Pregnancy on Infant, Child, and Parental Health: A Review of the Literature. *Studies in Family Planning*, 39: 18–38.

<sup>4</sup> American Psychological Association Council Policy Manual, Reproductive Choice:  
<http://www.apa.org/about/policy/chapter-12.aspx#reproductive-choice>.

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