

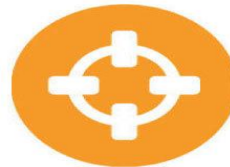
# Family Planning Program Update Important Updates!

Benita Decker, RN  
Family Planning Program Director

## Title X



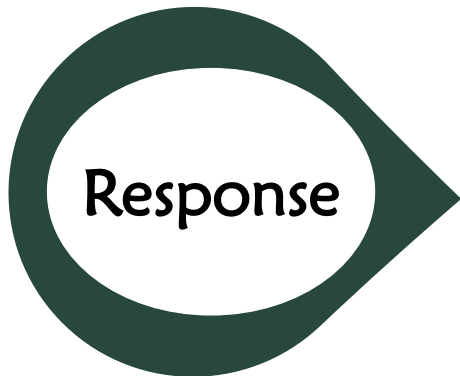
**How the new federal rulings effect the  
family planning program in Kentucky**





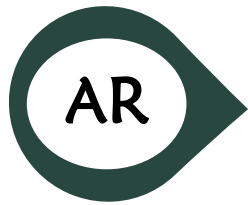
## Situation

- The Office of Population Affairs (OPA) released the 'Final Ruling' on July 15, 2019. This ruling significantly changed several of the federal regulations related to family planning requirements. OPA is requiring that these changes be implemented "immediately", taking into account the change process required by each organization.
- In addition to this issue, Public Health Transformation has change the way the family planning program is implemented in some local health departments across the state.



## Response

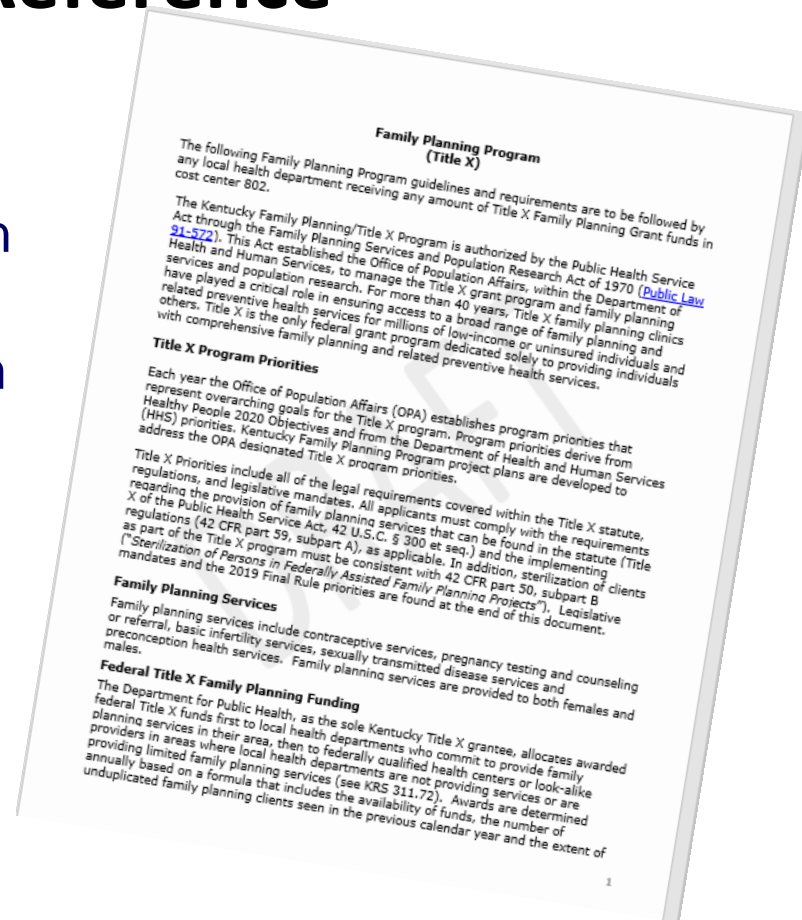
- Revise the AR and the CSG to reflect the new rulings and other updates from the Office of Population Affairs (OPA).
- Revise the AR to reflect the current situation with Public Health Transformation



# Administrative Reference

The Family Planning (FP) Program Description has been completely rewritten to address the new issues with PH Transformation and the New Rulings from OPA. The FP training requirements are also completely revised.

**NOTE:** This revision is still in the approval process with LHO but hopefully will be updated soon. You can obtain a copy of the FP Program revision by emailing FP Program staff.





## Noted Updates to the FP Section of the AR

- Introduction to FP Services
  - ❖ A synopsis of the Federal New Rulings related to family planning and the Title X grant.
  - ❖ Guidance to local health departments (LHD) on how to determine if the LHD will **do** (provide) family planning services or if they will **assure** all or a portion of family planning services.
- Title X Requirement Sections:
  - I. Title X clinical for all sub-recipients receiving Title X funds
  - II. Specific Title X Family Planning Services Guidance



## Noted Updates to the FP Section of the AR

### I. Title X clinical for all sub-recipients receiving Title X funds

- ❖ Required of all Title X sub-recipients regardless of the extent of family services provided. (42 CFR 59)
- ❖ Includes all requirements provided in the federal law and Title X Program Requirements
- ❖ Most of the information has not changed from previous requirements
- ❖ Updated requirements not already discussed with CSG updates:
  - Personnel Requirements: revised language
  - Training Requirements – will discuss in a few minutes



## Noted Updates to the FP Section of the AR

## II. Specific Title X Family Planning Services Guidance

- ❖ Family Planning Services include:
  - Contraceptive Services, including sterilization
  - Pregnancy Testing and Counseling
  - STD Services (Testing)
  - Achieving Pregnancy and Basic Infertility Services
  - Preconception Health Services and Preventative Health Services
- ❖ Specific Guidance is provided on each service.



**Noted  
Updates to  
the FP  
Section of  
the AR**

### **III. Legislative Mandates**

- ❖ References and links for all federal legislative mandates for the Title X Grant Program are provided.







# New Family Planning Training Requirements

## ➤ New Employee Orientation Only

Training requirements are for all staff who will come in contact with a family planning client. This includes providers, RNs, LPNs, clinical support personnel and clerical staff.

Course	Course Length	Orientation
<b>Abuse, Neglect and Violence Handbook.</b> This document should be provided to each employee. The acknowledgement page is required to be signed by the employee stating the document has been read and the employee agrees to comply with mandatory reporting laws.	1 hour	X
<b>Introduction to Cultural Competency.</b> A copy of the power point slides will be provided to clinic leadership and may be obtained from the FPP staff.	1 hour	X





# New Family Planning Training Requirements Orientation and Every 3 Years

Course	Course Length	Orientation	Every 3 years
<b>Title X Orientation</b> <a href="https://www.fpntc.org/resources/title-x-orientation-program-requirements-title-x-funded-family-planning-projects">https://www.fpntc.org/resources/title-x-orientation-program-requirements-title-x-funded-family-planning-projects</a>	1 hour	X	X
<b>Family Planning Basics</b> (2 nursing CEUs) <a href="https://www.fpntc.org/resources/family-planning-basics-elearning">https://www.fpntc.org/resources/family-planning-basics-elearning</a>	2 hours	X	X
<b>Counseling Adolescents About Sexual Coercion and Abuse</b> (1.5 nursing CEUs) <a href="https://www.fpntc.org/resources/counseling-adolescents-about-sexual-coercion-and-abuse-elearning">https://www.fpntc.org/resources/counseling-adolescents-about-sexual-coercion-and-abuse-elearning</a>	1.5 hours	X	X



# New Family Planning Training Requirements Orientation and Every Year

Course	Length	Orientation	Annually
<b>Annual Training of Kentucky State Laws Regarding Mandatory Reporting Human Trafficking.</b> A copy of the power point slides will be provided to clinic leadership and may be obtained from the FPP staff.	< 30 minutes	X	X
<b>Annual cultural competency course.</b> The FPP staff will provide information about each annual course. Sub-recipients may choose to provide a course that is appropriate to their area instead of the annual course. Cultural competency courses may not be repeated in a 3-year period.	1 hour		X



# New Family Planning Training Requirements

## Important Information

1

### **NO Courses are on TRAIN.**

All courses are either through the FPNTC website or will be provided by the Family Planning Program to LHD nurse leaders and to individuals, upon request.

2

### **3 hours of FP CEUs are no longer required.**

The courses outlined in the new FP Program Guide in the AR (and this presentation) are all that are required. Staff may choose to complete additional FP related courses but this will not be a program requirement

3

### **Effective November 1, 2019**

Training courses and information along with electronic copies of courses not on the FPNTC site will be provided to each LHD in the next week. LHDs are responsible to keep employee



# CSG Changes and Updates

FAMILY PLANNING MINIMUM REQUIREMENTS MATRIX

	Contraceptive Service Visits				Pregnancy Testing	STD Testing
	Initial and Annual Visit	Deferred Exam	Supply/follow up visit	Emergency Contraception Visit		
Medical History	<ul style="list-style-type: none"> <li>Mental Health</li> <li>Alcohol and Drug Use</li> <li>Tobacco use</li> <li>Immunizations</li> <li>Chronic health conditions</li> <li>Current Medications</li> <li>Risk of abuse, neglect, violence, exploitation</li> <li><b>Sexually active minors: age of partner</b></li> <li>Females:               <ul style="list-style-type: none"> <li>Complete menstrual history</li> <li>Gynecological history</li> <li>Obstetrical history</li> </ul> </li> <li>Reproductive Life Plan</li> <li>Sexual health assessment</li> <li>Sexual practices (e.g. vaginal, anal, oral)</li> <li>Number and gender of partners</li> <li>Pregnancy Prevention including current and previous use of methods, difficulties with contraception, desired contraceptive method</li> <li>STD history</li> <li>Practices to prevent STDs</li> <li>Partner history of STDs, IV drug use, sex with multiple partners</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health</li> <li>Alcohol and Drug Use</li> <li>Tobacco use</li> <li>Immunizations</li> <li>Chronic health conditions</li> <li>Current Medications</li> <li>Risk of abuse, neglect, violence, exploitation</li> <li><b>Sexually active minors: age of partner</b></li> <li>Multivitamin use</li> <li>Females:               <ul style="list-style-type: none"> <li>Complete menstrual history</li> <li>Gynecological history</li> <li>Obstetrical history</li> </ul> </li> <li>Reproductive Life Plan</li> <li>Sexual health assessment</li> <li>Sexual practices</li> <li>Number and gender of partners</li> <li>Pregnancy Prevention including current and previous use of methods, difficulties with contraception, desired contraceptive method</li> <li>STD history</li> <li>Practices to prevent STDs</li> <li>Partner history of STDs, IV drug use, sex with multiple partners</li> </ul>	<ul style="list-style-type: none"> <li>Identify any changes to medical history</li> <li>Identify any changes to reproductive history since initial visit</li> <li>Compliance with routine contraceptive method</li> <li>Side effects to present method</li> <li>Risk of abuse, neglect, violence, exploitation</li> <li><b>Sexually active minors: age of partner</b></li> </ul>	<ul style="list-style-type: none"> <li>Mental Health</li> <li>Alcohol and Drug Use</li> <li>Date of unprotected sex</li> <li>Complete menstrual history</li> <li>Risk of abuse, neglect, violence, exploitation</li> <li><b>Sexually active minors: age of partner</b></li> <li>Reproductive Life Plan</li> <li>Sexual health assessment</li> <li>Sexual practices (e.g. vaginal, anal, oral)</li> <li>Number and gender of partners</li> <li>Pregnancy Prevention including current and previous use of methods, difficulties with contraception, desired contraceptive method</li> <li>STD history</li> <li>Practices to prevent STDs</li> <li>Partner history of STDs, IV drug use, sex with multiple partners</li> </ul>	<ul style="list-style-type: none"> <li>Date of last menstrual period</li> <li>Partner/sexual history</li> <li>Risk of abuse, neglect, violence, exploitation</li> <li><b>Sexually active minors: age of partner</b></li> <li>Reproductive Life Plan</li> <li>Present contraceptive use</li> <li>Contraceptive accident or failure</li> <li>Signs/symptoms ectopic pregnancy</li> <li>Pregnancy planned or unplanned</li> <li>Risk of abuse, neglect, violence, exploitation</li> <li>STD/HIV risk or exposure</li> <li>Compliance with routine contraceptive method</li> </ul>	<ul style="list-style-type: none"> <li>Medical History (STD-1)               <ul style="list-style-type: none"> <li>Symptom description and onset</li> <li>Current Medications</li> <li>Current allergies</li> <li>History of hospitalizations, major injuries, or surgeries</li> <li>Current medical conditions</li> <li>Sexual health history</li> <li>Partner history</li> <li>Reproductive Life Plan</li> <li>Females: Menstrual history, gynecological history, obstetrical history</li> </ul> </li> <li>Risk of abuse, neglect, violence, exploitation</li> <li><b>Sexually active minors: age of partner</b></li> </ul>
Physical Assessment	<ul style="list-style-type: none"> <li>Height, weight, BMI</li> <li>Blood Pressure</li> <li>Physical exam</li> <li>Pelvic exam as indicated by sexual health history and Cancer Screening Guidelines (see KWCSP matrix)</li> <li>Clinical Breast Exam per Cancer Screening Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Baseline weight, BMI</li> <li>Blood Pressure</li> <li>Pregnancy status</li> <li>Other physical assessment, as indicated</li> </ul>	<ul style="list-style-type: none"> <li>Blood Pressure, as indicated</li> </ul>	<ul style="list-style-type: none"> <li>Blood Pressure, as indicated</li> </ul>	<ul style="list-style-type: none"> <li>Observe for abuse or domestic violence</li> <li>Blood pressure</li> <li>Height/weight/BMI (if <math>\geq 25</math>, recommend nutritional counseling)</li> <li>Mental status</li> <li>Pelvic exam if indicated</li> </ul>	<ul style="list-style-type: none"> <li>Physical exam, as indicated. Use STD-1 (males) or FPS-1 (females)</li> <li>See STD guidelines for specific instructions</li> </ul>

# FP-1 and FP- 2 Consents



The **FP-1** consent for contraception is no longer required. The general consent signed by the client at registration is sufficient for the consent for contraception.

The **FP-2** consent for Depo Provera after 2 years of use is no longer required. Clients continuing to use Depo as their choice of contraceptive should be counseled on bone density loss and this should be documented in the client's record.

- “Consent” language has been removed from many of the instruction sheets.
- **Consents for IUD and Implant insertion and removal are still required.**

## Age of minor's partner added to all H&P's

The age of the partner is now required to be documented on all minor (under age 18) family planning clients under the Title X 2019 New Rulings. This has been added to all H&Ps.

Note: if the minor is not a family planning client you are not required to ask this question. However, this question helps identify any minor client who may be abused and/or exploited.

## Changed Liletta IUD effectiveness to 5 years



# New Black Box Advisory on Depo Instructions

A black box was added regarding weight gain on the Depo Provera instruction sheet. This information was copied from the Managing Contraceptives handbook and is a new change in 2017-18.

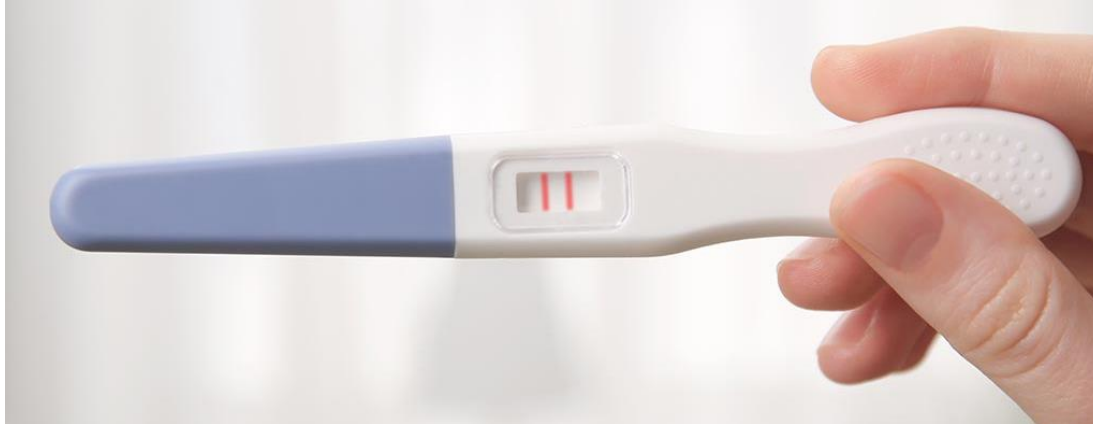
## **WEIGHT GAIN IN A WOMAN ON DEPO: A TEACHABLE MOMENT**

When you see a patient who is in her first 6 months of using Depo and has gained more than 5% of her body weight, you have a teachable moment. **BE PREPARED FOR THAT TEACHABLE MOMENT AND SAY SOMETHING.** As the security folks say: if you see something, say something. Simple messages to share:

1. Eat less (small, frequent meals helps some to lose weight); eat balanced diet with lots of fruits and vegetables and minimal saturated fats, chips, cookies, pasta and other carbohydrates.
2. Exercise more...every day.
3. Find patterns of eating and exercising that you enjoy! You won't do them for long unless you enjoy the process.
4. Drinking calories leads as quickly to obesity as eating them. Avoid sugary drinks and alcohol.
5. Drink 8-10 glasses of water daily.



# Pregnancy Testing-Positive Pregnancy Test (“post-conception activities”)



## Several significant changes:

1. The Title X 2019 New Rulings addresses abortion in several places in the new law:

Example: 45 CFR 59.13a “A Title X project may not perform, promote, refer for, or support abortion as a method of family planning, nor take any other affirmative action to assist a patient to secure such an abortion”

# Pregnancy Testing-Positive Pregnancy Test (“post-conception activities”)

2. The Title X 2019 New Rulings provides significant changes to requirements for pregnancy counseling (45 CFR 59.13b).
- “(1) Because Title X funds are intended only for family planning, once a client...is medically verified as pregnant, she shall be referred to a healthcare provider for ... prenatal care.”
  - “The Title X provider may also choose to provide the following counseling and/or information...
    - “Nondirective pregnancy counseling, when provided by physicians or advanced practice providers”
    - The new rulings outline counseling to include prenatal care, referrals to social services or adoption agencies, and information about maintaining the health of the mother and unborn child.

# Pregnancy Testing-Positive Pregnancy Test ("post-conception activities")

What does this mean for RNs working in the family planning clinic and/or providing pregnancy testing?

- RNs providing services during a **family planning/pregnancy test** visit cannot provide any pregnancy counseling when the test is positive.
- RNs should refer clients for counseling and care.
  - Refer clients to a prenatal care provider and/or provide the client with a list of local prenatal care providers for them to choose from.
  - Refer clients to other pregnancy resources and provide a list of these resources to clients.
  - Refer clients to WIC, HANDS or the Prenatal Care Program at the health department. The staff and/or RNs in these programs may provide counseling to pregnant clients.

# Pregnancy Testing-Positive Pregnancy Test ("post-conception activities")

**When the RN for the FP portion of the visit is the same RN for the Prenatal Care Program portion of the visit.**

- Documentation must clearly delineate the two programs.
- A revised PT-1 will be for family planning/pregnancy testing clients only.
- MCH staff are working on a new Prenatal Care Program document for counseling clients on prenatal care.

Remember: if an APRN is present, they can provide counseling and utilize the PT-1 form for documentation.

# Pregnancy Testing-Positive Pregnancy Test ("post-conception activities")

## How to respond to client's questions

- You should encourage them to seek prenatal care as soon as possible and explain that the prenatal provider will answer all their questions.
- You can state that under new federal laws you are not allowed to provide counseling on pregnancy but you will direct them to someone who will answer their questions.
- You can take them to other services within your agency (e.g. WIC or HANDS). These staff members may answer the client's questions.

# Pregnancy Testing-Positive Pregnancy Test ("post-conception activities")

## What if a client asks an RN or other non-APRN staff directly about abortion or adoption services?

- Your LHD should create and maintain a resource list of local providers and social services, including community based organizations, that care for and provide services for pregnant women. You may list an abortion clinic on the list but if you choose to do this then the list must not identify the agencies and providers. The abortion clinic would be just one more resource on the list.
- Bottom line: Remember you are a patient advocate and should provide the patient with the best information you are able to provide.

Partnering with  
the Division of  
Women's  
Health to  
provide  
reproductive  
health services



**It's a new day!**



**KentuckyPublicHealth**  
Prevent. Promote. Protect.