*[INSERT AGENCY NAME AND LOGO]*

# FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

## Provision of High-Quality Family Planning Services

## Nondirective Options Counseling and Referral

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the requirements that the project: 1) will not provide abortion as a method of family planning and 2) will offer pregnant clients the opportunity to be provided information and counseling regarding: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. This policy also describes the process by which, if requested to provide such information and counseling, ***(insert Agency Name)***will provide neutral, factual information, and nondirective counseling on each of the options, as well as 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. (42 CFR § 59.5(a)(5), Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444.

| **Policy Information**  | **Description** |
| --- | --- |
| **Title** | **Nondirective Options Counseling and Referral** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High Quality Family Planning Services #9(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=20>)2021 Title X Final Rule 42 CFR § 59.5 (a)(5) (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>)65 Fed. Reg. 41281 (July 3, 2000) (<https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16758.pdf>)Section 1008, PHS Act (<https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf>)Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022) (<https://www.congress.gov/117/plaws/publ103/PLAW-117publ103.pdf>) |
| **Additional Resources** | Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (pages 4-20) [2014] (<https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

● Abortion will not be provided as a method of family planning.

● Pregnant clients will be offered the opportunity to be provided information and counseling regarding each of the following options:

o Prenatal care and delivery

o Infant care, foster care, or adoption

o Pregnancy termination (42 CFR § 59.5(a)(5))

● If requested to provide such information and counseling, staff at the service site will provide neutral, factual information [RL(1] and nondirective counseling on each of the options (except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling).

o Referral for additional services (e.g., for prenatal care, delivery, infant care, foster care, adoption, or pregnancy termination) will be made upon request (42 CFR § 59.5(a)(5)).

When a client requests referral for pregnancy termination/abortion, they may be given a name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.). Staff will not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the client (65 Fed. Reg. 41281 (July 3, 2000)).

o Where a referral to another provider who might perform an abortion is medically indicated because of the client’s condition or the condition of the fetus (such as where the woman’s life would be endangered), such a referral by a Title X project is not prohibited by section 1008 of the Public Health Service Act and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications (65 Fed. Reg. 41281 (July 3, 2000)).

● Written policies and procedures detail how pregnant clients will be offered the opportunity to be provided information and nondirective counseling.

**Procedure:** *[Agency may want to include the following]*

● Description of which staff will provide nondirective options counseling at the service site (e.g., clinical services providers, physician, nurse practitioner, certified nurse midwife, physician’s assistant, nurses, or service site staff).

● Description of referral workflow for different types of referral

○ Note: Referrals for abortion services must comply with Title X regulations as summarized in the above sample policy.

● Where staff will be able to locate up-to-date referral names and contact information.

● A list of agencies and/or websites that staff can use to provide information about resources (e.g., [AbortionFinder.org](https://www.abortionfinder.org/)).

● Description of the legal status of abortion in your state *(There is currently no federal protection for abortion access. Some states have legal protections in place that will ensure that abortion remains legal, while other states have banned or severely restricted abortion. Pregnant clients that request a referral for pregnancy termination may benefit from general information about the status of abortion access in your state, if it is impacted by restrictions.)*

● Workflow and script for sharing information about specific options. *(For instance, “Abortion is currently banned in [STATE] with very limited exceptions. For information about the current legal status of abortion in other states, visit www.abortionfinder.org.”*)

● Process for referral out of state, if necessary.

○ Title X providers have flexibility to refer clients for services across state lines if necessary (42 CFR § 59.5(b)(5)).

○ Title X recipients cannot limit receipt of services to only residents from their states. Title X recipients are required to provide services without the imposition of any durational residency requirements (42 CFR § 59.5(b)(5)).

○ There are no geographic limits for Title X recipients making referrals for their clients. Title X recipients are required to provide for coordination and use of referrals and linkages with primary health care providers, other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, 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 (42 CFR § 59.5(b)(8)).

● Procedure for vetting referral resources

○ Efforts should be made to ensure resources are neutral, factual, and nondirective. The [Pregnancy Center Map](https://crisispregnancycentermap.com/) provides location information about all of the crisis pregnancy centers operating in the United States. Crisis Pregnancy Centers may appear to be professional health care centers but do not follow prevailing medical standards of sexual and reproductive health care.

● Schedule for updating referral information.

● Location of written collaborative agreements.

● Schedule for updating and renewing written collaborative agreements.

● How staff will share referral resources with clients

○ See the RHNTC [Local Resource List](https://rhntc.org/resources/local-resource-list) for a template to keep track of free and low-cost health, social services, and other resources available in your community.

● Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.

* How staff are notified about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).