



2.7 PROVISION OF FAMILY PLANNING AND RELATED SERVICES

POLICY:

OPA's Title X Family Planning Program is the only federal grant program dedicated to providing comprehensive family planning and related preventive health services. Every year, the Title X Program is critical in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured clients, including adolescent clients.

Title X recipients are to follow additional program guidance issued by OPA. This includes providing clinical services consistent with the Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP).[1] In 2014, with updates in 2015 and 2017, OPA collaborated with the Centers for Disease Control and Prevention (CDC) to create the first federal evidence-informed guidelines for delivering family planning and related preventative health services. QFP answers the questions, "What services should be offered to a client who is in need of family planning, and how should those services be provided?" The QFP recommendations support all providers in delivering quality family planning services and define family planning services within a broader context of preventive services, to improve health outcomes for women, men and their (future) children.

A Title X project must provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated and provide for the effective usage of contraceptive devices and practices. 42 CFR § 59.5(b)(1)

PROCEDURE:

Family planning services. These include contraceptive services for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and mental health). STD/HIV and other preconception health services are considered family planning services because they improve women's and men's health and can influence a person's ability to conceive or to have a healthy birth outcome.

Related preventive health services. These include services that are considered to be beneficial to reproductive health, are closely linked to family planning services, and are appropriate to deliver in the context of a family planning visit, but that do not contribute directly to achieving or preventing pregnancy (e.g., breast and cervical cancer screening).

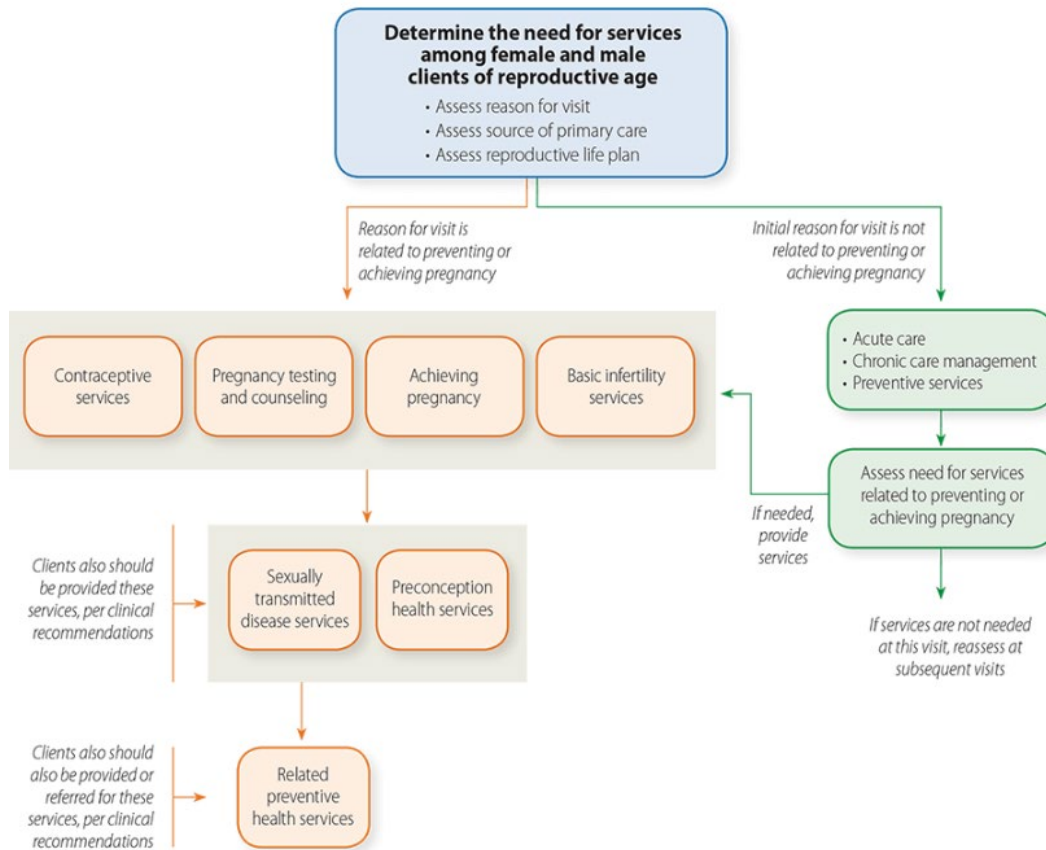
Other preventive health services. These include preventive health services for women that were not included above, as well as preventive services for men. Screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis is an example of this service. Although important in the context of primary care, these have no direct link to family planning services.

- are not qualified for sliding fee discounts as they are not Title X services
- subrecipients may use their own sliding fee discounts as they see appropriate.



This flow chart of Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP) - PDF lays out a clinical pathway for determining the client's needs for family planning services.

- First, the clinician will assess the reason for the visit, the source of primary care, and the reproductive life plan.
- If the reason for the visit is related to preventing or achieving pregnancy, the clinician will provide the following services as appropriate:
 - Contraceptive services
 - Pregnancy testing and counseling
 - Achieving pregnancy services
 - Basic infertility services
- Clinicians should also provide sexually transmitted infection services and preconception health services per clinical recommendations.
- Additionally, clinicians should provide or refer clients for related preventive health services, per clinical recommendations.
- If the initial reason for the visit is not related to preventing or achieving pregnancy, then clinicians will assess the need for services related to preventing or achieving pregnancy. If services are not needed at that visit, clinicians will reassess the need at subsequent visits.



Effective Date: September 2025

Last Reviewed: August 2025, August 2024, July 2023

Next Scheduled Review: August 2026



For many individuals of reproductive age, a family planning service site is their only source of health care; therefore, visits should include the provision of or referral to other preventive health services.

Providers of family planning services that do not have the capacity to offer comprehensive primary care services should have strong links to other community providers to ensure that clients have access to primary care. If a client does not have another source of primary care, priority should be given to providing related reproductive health services or providing referrals, as needed.

RESOURCES:

RHNTC Family Planning and Related Preventive Health Services

[Checklists for Family planning and related preventive health services \(rhntc.org\)\](https://rhntc.org/)

ND FPP Protocol: HM 2 Preventive Health Visit (Annual Female Exam)

ND FPP Protocol: HM 3 Preventive Services for Men

ND FPP Protocol: HM 5 Health Screenings