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BRIGHAM HEALTH



BRIGHAM AND WOMEN'S

Mary Horrigan Connors Center

for Women's Health and Gender Biology

The Honorable Alex M. Azar
Secretary, Department of Health and Human Services
[200 Independence Avenue, S.W.](#)
[Washington, DC 20201](#)

RE: Docket No.: HHS-OS-2018-0008;42 CFR Part 59; RIN 0937-ZA00
Compliance with Statutory Program Integrity Requirements

Dear Secretary Azar,

The undersigned organizations, representing Massachusetts physicians, medical students, and residents, are writing in opposition to the above referenced rulemaking, which would significantly change the Title X program and compromise patients' access to health care. If passed, these rules would censor physicians, preventing us from providing our patients with the information needed to seek evidence-based care that meets the medical standard. This change would fundamentally compromise one of the most vital tenets of medical ethics governing the patient - physician relationship: trust built on open communication between physicians and patients. In addition, these proposed rules discriminate against a group of women who rely on Title X funded clinics for health care and would thereby impede their access to a wide range of health care services beyond those involved with reproductive health. We believe strongly that enactment of these rules would constitute an unconscionable violation of our oaths and the fundamental tenets of medical ethics.

The proposed rules would prohibit physicians practicing at facilities that receive Title X funds from referring their patients to institutions or to colleagues that provide abortions. The administration has argued that these proposed rules do not constitute a gag rule, but their argument is premised on a specious distinction: that physicians may refer to abortions in conversation with their patients, but that they may not knowingly refer patients to colleagues or institutions where abortions are provided. Prohibiting physicians from providing referrals to evidence-based care is a gag order, and an unconscionable interference by the federal government into the practice of medicine. There is virtually no other medical treatment where it would be acceptable for a physician to be knowledgeable about a legal medical treatment and be prohibited by law from referring a patient for care. The precedent that

this proposal would set is untenable - that the federal government could prohibit access to necessary and legal health care based on religious or political bias.

Given the administration's stated objective, it is sadly ironic that the proposed rules would also deter access to a comprehensive range of preventative health care services, without which, many more unplanned pregnancies and abortions would occur. According to 2015 data from the Guttmacher Institute, Title X funding allowed providers to serve 3.8 million women to avoid 822,300 unintended pregnancies that year, which would have resulted in 277,800 abortions, and 188,700 teen pregnancies. Despite significant cuts to funding, Title X-funded services have reduced the rate of unplanned pregnancies and abortions in the U.S. by 31% and teen pregnancy by 44%. Government savings from Title X funding was estimated at \$7 billion in just one year for averting unintended pregnancies as well as protecting women from sexually transmitted infections (STIs) and reproductive cancers.

The administration's policy on this issue is discriminatory, as it would impede women who are dependent upon Title X-funded healthcare from accessing the full complement of health care services they are entitled to under the law. The discriminatory impact of this policy is exacerbated by the fact that the proposed rules would disproportionately affect already marginalized patient populations who often lack medical literacy or financial or employment resources to take time off of work for care. Such women and adolescents would be further disenfranchised without the benefit of open communication and guidance from trusted physicians.

Title X-funded clinics provide access to a wide range of health care services essential to women's health. In Massachusetts, 6 out of 10 women who use Title X family planning services use these services as their regular source of health care for a range of services that includes pregnancy testing, contraceptive services, pelvic exams, screening for cervical and breast cancer, screening for high blood pressure, anemia, and diabetes, screening for STIs and HIV/AIDS, infertility services, health education, and referrals for other health and social services. The administration has targeted Title X clinics in order to prevent women from seeking abortions; in so doing, they will inadvertently, and catastrophically, jeopardize the full range of non-abortion services that these clinics provide.

It must also be noted that the alleged concerns that have spurred these regulations are unfounded: Title X funds have not been used, and are not being used, to provide abortions. In institutions that both use Title X funds and provide abortions, review audits confirm the complete separation of those processes and of their funding streams. The proposed rules, then, are unnecessary, and could potentially harm the millions of women who rely on Title X clinics for their care

In conclusion, as physicians, we find it unconscionable that the government would compromise the patient-physician relationship by prohibiting the open communication about evidence-based medical care that is a cornerstone of that relationship. The precedent that would be set by this rule is dangerous and unwarranted. As physicians, we will continue to defend and advocate strenuously support of our medical and ethical responsibility to fully inform or patients of all treatment options and to help them receive medical care. We urge the Administration to withdraw these proposed rules which we believe will impede access to health care for a significant number of women and adolescents and thus cause harm to their wellbeing.

Sincerely,

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