

POLICY & PROCEDURE



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|----------------------------------------------------------------------------------------------|----------------------|------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------|
| TITLE: Fertility Regulation – Family Planning | | | | |
| Scope/Purpose: To offer a wide range of approved methods for Family Planning services | | | | |
| Division/Department: : All HealthPoint Clinics | | | Policy/Procedure #: | |
| Original Date: 8/4/2009 | | | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement for: Same/Basic Infertility Procedure | |
| Date Reviewed: | Date Revised: | Implementation: | CPIC Approved: | Board Approved: |
| 11/12/13 | 12/23/2013 | | | |
| Responsible Party: Director of Compliance/QA | | | | |

DEFINITIONS:

N/A

POLICY:

One of the goals of family planning is to help patients develop a reproductive health life plan. This may involve avoiding or delaying pregnancy or achieving a desired pregnancy to reach optimal family size.

Staff will be knowledgeable of program expectations and guidelines for Department of State Health Services (DSHS) Family Planning, Primary Health Care, and Expanded Primary Health Care programs. Methods of contraception will be provided in accordance to these program regulations.

Basic infertility services will be provided to men and women desiring such services.

PROCEDURE:

- I. Contraceptives
 - A. All Federal Drug Administration (“FDA”) approved methods of contraception must be made available to the patient, either directly or by referral to another provider of contraceptive services. All brands of the different contraceptive methods need not be made available, but each major contraceptive category must be made available.
 - B. The major categories of contraceptive methods that must be available are:
 1. Abstinence from sexual intercourse – patient counseling
 2. Withdrawal – patient counseling
 3. Fertility Awareness Methods (“Natural family planning”) – patient education
 4. Postpartum Lactational Amenorrhea Method – patient counseling

5. Male condoms
 6. Vaginal Spermicides
 7. Vaginal Barriers (female condom, diaphragm, sponge, cervical cap)
 8. Oral Contraceptive Pills
 9. Transdermal Hormonal Contraceptive (“patch”)
 10. Vaginal Hormonal Contraceptive Ring (“ring”)
 11. Contraceptive Injections
 12. Contraceptive Implant
 13. Intrauterine Devices (IUD)
 14. Emergency Contraception
 15. Female and Male Sterilization
- C. HealthPoint Clinics will offer the full range of available contraceptive methods on-site whenever possible. At a minimum the following must be available to patients on-site:
1. Sexual abstinence counseling
 2. At least one barrier method and one spermicide method
 3. Oral contraceptives (at least one combined oral contraceptive monophasic formulation, one combined oral contraceptive multiphasic formulation, and one progestin only oral contraceptive)
 4. Injectable hormonal contraceptive
 5. Transdermal hormonal contraceptive (“patch”) and/or vaginal hormonal contraceptive (“ring”)
 6. Emergency Contraceptive Pills.
- D. The contraceptive implant and intrauterine devices or systems have benefits related to patient convenience, contraceptive efficacy, and long term costs. These methods should be offered for consideration by appropriate patients. The patient’s preference after receiving unbiased, factual, nondirective education should be respected.
- E. Should a more expensive contraceptive method be requested, HealthPoint will prioritize patients to whom these methods would be made available.
1. Prioritization is based on need and availability of funding.
 2. A patient who is not offered a more expensive method according to the policy will have access to a range of available methods to meet the individual needs of the patient.
- F. If the contraceptive method is not reimbursable under Family Planning, PHC, or EPHC, but is preferred by the patient, other options are available.
1. HealthPoint may charge the patient the full fee after the patient has been fully informed of other options and the cost of the preferred method. Documentation that this information has been provided to the patient must be entered into the patient record.

2. HealthPoint may also provide a prescription for the non-reimbursed method after the patient has been fully informed of other options and the cost of the method preferred. Documentation that this information has been provided to the patient must be entered into the patient record.

II. Sterilization Procedures

- A. Sterilization procedures will not be performed at HealthPoint Clinics. However, sterilization procedures will be arranged by the Clinic (refer to Sterilization policy and procedure).
- B. Sterilization procedures must be in compliance with regulations for sterilization of persons in federally assisted family planning projects. The federally mandated consent form is required for both abdominal and transcervical sterilization procedures in women and vasectomy in men.
- C. For services provided by referral, the service must be provided to patients at the referral site at no fee or at the same discounted fee to the patient that would be charged if the method or service were provided on-site.

III. Abortions

- A. Abortion is not considered a method of family planning.
- B. No state funds appropriated to HealthPoint Clinics will be used to pay the direct or indirect costs (including overhead, rent, phones and utilities) of abortion procedures provided by contractors.

IV. Infertility Services

- A. Basic infertility services will be available on-site to women and men desiring such services.
- B. Basic services include initial infertility interview, education, physical examination, counseling, and appropriate referral.
 1. An initial physical assessment and interview is completed by the provider and documented in the patient's medical record.
 2. Patient education regarding infertility and interventions to correct it will be provided to the patient by the provider/staff and documented in the medical record.
 3. When all physical assessment components, including lab results, are obtained the provider/ staff will counsel the patient regarding the next step in the evaluation process and possible resources for these services.

RELATED POLICY:

Sterilization Services
Eligibility Procedure
Family Planning Sterilization Payment and Billing

REFERENCES:

FY14 DSHS Family Planning Program Policy & Procedure Manual
FY14 Primary Health Care Program Policy Manual
FY14 Expanded Health Care Program Policy Manual

REQUIRED BY:

FY14 DSHS Family Planning Program
FY14 Primary Health Care Program
FY14 Expanded Health Care Program

ATTACHMENTS/ENCLOSURES

POLICY/PROCEDURE TRACKING FORM (to be added as last page of each P&P for documentation of changes)

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| Date Reviewed: | Date Revised: | Implementation: | CPIC Approved: | Board Approved: |
| 12/9/2013 | 12/23/13 | | | |
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| Date of Revision | | | | |
| Date of Revision | | Description of Changes | | |
| 12/23/2013 | | Updated format; updated consistent with PHC, EPHC, Family Planning Standards; combined Basis Infertility procedure | | |
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