**PROPOSED REPRODUCTIVE HEALTH PROGRAM CHANGES**

**CLHO, July 20 2017**

Section 5 of HB 3391

The Oregon Health Authority shall administer a program to reimburse for the cost of reproductive health services (listed below) for *individuals who can become pregnant* and would be eligible for medical assistance if not for their *immigration status* (i.e. undocumented).

* Well-woman care
* Counseling and screening for STIs
* Screening for breast and cervical cancer
* Screening and counseling related to the BRCA1 and BRCA2 genetic mutations, if indicated
* Abortion
* Voluntary sterilization
* Full-range of contraceptive methods

Current RH Program Structure

* Title X grant funds are currently distributed, via a funding formula based on clients served in the prior year, to all LPHAs and two Planned Parenthood affiliates through Program Element 41. PE 41 outlines the Title X procedural and operational requirements for the provision of family planning clinical services.
* Oregon ContraceptiveCare (CCare) funds are distributed on a fee-for-service basis to enrolled CCare providers, including all LPHAs (except one), Planned Parenthood clinics, FQHCs, University health centers, and other community-based clinics, via a Medical Services Agreement (MSA).

Proposed RH Program Structure

Separate the provision of RH clinical services from PE 41. PE 41 becomes the mechanism to fund LPHAs for core foundational program deliverables (not clinical services). A new contract mechanism, open to LPHAs, provides fee-for-service funding for the provision of clinical services.

| **Provider type** | **Eligible entity(s)** | **Non-clinical services?** | **Clinical services?** | **Fund type(s)** | **Mechanism** |
| --- | --- | --- | --- | --- | --- |
| RH Public Health Provider | LPHA only | Yes, including outreach/education, partnership development, quality assurance and monitoring | No | Title X: grant | PE 41 |
| RH Clinical Services Provider | Any, including LPHA, PP, FQHC, CHC, etc. | No | Yes, broad set of RH services based on Title X & CCare standards of care | Title X, CCare, & HB 3391: fee-for-service | Application based on program certification standards. Contract via MSA or Provider Enrollment Agreement |
| RH Specialty Provider | Imaging centers, abortions clinics, female sterilization providers, vasectomy providers | No | Yes, specialty services only | HB 3391: fee-for-service | Application based on specialty program certification standards. Contract via MSA or Provider Enrollment Agreement |

Key Points about Proposed Structure

* PE 41 would be amended to reflect non-clinical service deliverables, in support of the Reproductive Health program; including key functions of the following public health foundational programs - *prevention and health promotion* and *access to clinical services*. Specific activities might include: outreach and education, and/or partnership development. Funding for LPHAs would be determined based on expectations set forth in the revised PE 41. A funding formula would be developed in consultation with CLHO.
* LPHAs could *choose* to continue to provide clinical services through a separate RH Clinical Services Provider Contract. All reproductive health services provided would be reimbursed on a fee-for-service basis, regardless of the fund source (CCare, Title X, HB 3391). *All* reproductive health clients would be eligible for services.
* A separate RH Specialty Provider Contract would be available for specialty providers for a specific set of services (abortion, mammography, female sterilization, etc.).