

A1.5 – VOLUNTARY PARTICIPATION

Purpose

The purpose of this policy is to describe the Iowa HHS process for ensuring compliance (including SRs and service sites) with the expectation that projects provide services without: 1.) subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning (42 CFR § 59.5(a)(2)); ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient (Sections 1001 and 1007, PHS Act; 42 CFR § 59.5(a)(2)), and that services are provided without the imposition of any durational residency requirement or that the client be referred by a physician. (42 CFR § 59.5(b)(5))

Policy

- Family planning services are provided without subjecting individuals to any coercion to accept services or to employ, or not to employ, any particular methods of family planning.
- Family planning services are provided without the imposition of durational residency requirements.
- Family planning services are provided without the imposition of a requirement that the client be referred by a physician.
- General consent forms or other documentation provided state that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
- Services are not made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient.
- Staff are informed that any officer or employee of the United States, officer or employee of any state, political subdivision of a state, or any other entity, which administers or supervises the administration of any program receiving federal financial assistance, or person who receives, under any program receiving federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo pregnancy termination or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than a year, or both. (42 U.S.C. § 300a-8, as set out in 42 CFR § 59.5(a)(2)).

Procedure

As part of the Iowa HHS Title X Program, each SR will have a:

- Process for ensuring family planning services, including contraception, are provided on a voluntary basis.
- Process for ensuring that staff are informed during their initial orientation and again, at a minimum of once per project period, that Title X FP services:
 - may not be coerced to use contraception, or to use any particular method(s) of contraception or services,
 - family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program,
 - they may be subject to prosecution if they coerce, or try to coerce, any person to undergo a pregnancy termination or sterilization procedure,

- Title X services do not impose durational residency or physician referral requirements for the receipt of services
 - Iowa HHS will monitor through the Title X federal rules and regulations acknowledgment form provided by the Agency as well as the annual attestation form as part of the RFP/RFA application.
- Process for documenting that clients are informed that services are provided on a voluntary basis (such as the use of general consent forms or other documentation maintained in an electronic health record).
- Administrative policies used by all service sites include a written statement that FP services are provided on a voluntary basis and Title X services do not impose durational residency or physician referral requirements for the receipt of services.
- All Title X staff and contracted SR's/staff are required to review the *Title X Requirements Acknowledgement Form*.
 - *This will be reviewed on an annual basis through auditing and/or site visits, as requested.*

Date Revised	September 2024
References	Title X Program Handbook, Section 3, Program Administration #1, #2, and #3 https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=16 Sections 1001 and 1007, Public Health Service (PHS) Act https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf 2021 Title X Final Rule (42 CFR § 59.5(a)(2)) https://www.ecfr.gov/current/title-42/chapter-1/subchapter-D/part-59#59.5), Title X Program Handbook, Project Administration #6 https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17), 2021 Title X Final Rule 42 CFR § 59.5(b)(5) https://www.ecfr.gov/current/title-42/chapter-1/subchapter-D/part-59#59.5)
Additional Resources	