

C2.3 – NONDIRECTIVE COUNSELING AND REFERRAL

Purpose

The purpose of this policy is to describe Iowa HHS process for ensuring SRs are providing nondirective counseling and referral services. Iowa HHS will ensure contracted SRs are in compliance with requirements that the project: 1) will not provide abortion as a method of family planning and 2) will offer pregnant clients the opportunity to be provided neutral, factual information regarding:

1. Prenatal care, pregnancy, and delivery
2. Parenting, or adoption; and
3. Pregnancy termination

Policy

Title X projects must not provide abortion as a method of family planning (42 CFR 59.5 (a)(5)).

Title X projects must offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options: (42 CFR 59.5 (a)(5)(i))”

- Prenatal care, pregnancy and delivery;
- Parenting, infant care, foster care, or adoption; and
- Pregnancy termination.

If requested to provide such information and counseling, each SR must provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling (42 CFR 59.5 (a)(5)(ii)).

Procedure

Iowa HHS will ensure each SR complies with the following:

- Pregnant clients will be offered the opportunity to be provided **information and counseling** regarding each of the following options:
 - a. Prenatal care, pregnancy and delivery;
 - b. Parenting or adoption; and
 - c. Pregnancy termination (42 CFR § 59.5(a)(5))
- If requested to provide such information and counseling, staff at the service site will provide neutral, factual information and nondirective counseling on each of the options (except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling).
 - a. **Referral** for additional services (e.g. for prenatal care, pregnancy, delivery, parenting, adoption, or pregnancy termination) will be made **upon request** (42 CFR § 59.5(a)(5)).
 - b. When a client requests referral for pregnancy termination/abortion, they will be given a name, address, and telephone number. Staff will not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the client (65 Fed. Reg. 41281 (July 3, 2000)).
 - c. Where a referral to another provider who might perform a pregnancy termination/abortion is medically indicated because of the client’s condition or the

condition of the fetus (such as where the woman’s life would be endangered), such a referral by a Title X project is not prohibited by section 1008 and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications (65 Fed. Reg. 41281 (July 3, 2000)).

Each SRs protocol for nondirective counseling should have the following identified:

- Description of which staff will provide non-directive options counseling at the service site (e.g. clinical services providers (MD/NP/CNM/PA), nurses, or service site staff)
- Description of referral workflow for different types of referral
 - a. Note: Referrals for abortion services must comply with Title X regulations as summarized in the above sample policy
- Where staff will be able to locate clinics up-to-date referral clinic’s names and contact information and schedule for updating referral information.
- Description of the legal status of abortion in your state
 - a. Contact the Iowa HHS staff for specific details on the legal status in Iowa as changes may occur frequently.
- Procedure for vetting referral resources
 - a. Efforts should be made to ensure resources are neutral, factual, and nondirective.
 - b. There are no geographic limits for Title X recipients making referrals for their clients in order to provide a seamless continuum of care (42 CFR § 59.5(b)(8))
- Process for updating referral information
- Process on how staff will be trained and updated on changes to this policy

Date Revised	September 2023
References	<p>Title X Program Handbook, Section 3, Provision of High Quality Family Planning Services #9 https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=20</p> <p>2021 Title X Final Rule 42 CFR § 59.5 (a)(5) https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5</p> <p>65 Fed. Reg. 41281 (July 3, 2000) https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16758.pdf</p> <p>Section 1008, PHS Act https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf</p> <p>Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022)</p>

	<p>(https://www.congress.gov/117/plaws/publ103/PLAW-117publ103.pdf)</p>
<p>Additional Resources</p>	<p>Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (pages 4-20) [2014] (https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html)</p>