Removal of a Collection of Webpages Related to the Affordable Care Act from HHS’s Office of Population Affairs Website

Access Assessment Report
February 5, 2019

This report is accompanied by a blog post, providing context for the changes detailed here.

Sunlight Foundation’s Web Integrity Project
webintegrity@sunlightfoundation.com

Lead Author: Aaron Lemelin
Contributing Author: Rachel Bergman
Comprehensive reviewer: Sarah John
Content reviewer: Jon Campbell
See WIP’s Report Production Protocol for details of our review process

Classification of Web content alterations and changes in access to Web resources:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Changed in this report?</th>
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</thead>
<tbody>
<tr>
<td>1. Altering or removing text and non-text content</td>
<td>Yes</td>
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<tr>
<td>2. Altering or removing links</td>
<td>Yes</td>
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<td>3. Moving an entire webpage or collection of webpages or establishing redirects</td>
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<td>4. Altering or removing an entire pertinent section of a webpage or collection of webpages</td>
<td>Yes</td>
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<td>5. Removing an entire webpage or document</td>
<td>Yes</td>
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<td>6. Overhauling or removing an entire website</td>
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<td>7. Altering or removing search engines and open data platforms</td>
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<td>8. Altering, removing, or deleting datasets</td>
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The Sunlight Foundation’s Web Integrity Project does not intend to assess any government agency’s intentions in presenting the changes to webpages or other Web content that appear in this report.
Removal of a Collection of Webpages Related to the Affordable Care Act from HHS’s Office of Population Affairs Website

Overview
The Office of Population Affairs, under the Department of Health and Human Services (HHS), removed a collection of ten webpages related to the Affordable Care Act (ACA) (referred to as “the ACA Collection” throughout this report) from its “Title X Family Planning” website. The removed pages included a main ACA page, titled “Affordable Care Act,” which linked to three pages titled “Initiatives,” “Resources,” and “Contraceptive Coverage.” These three pages linked to six additional ACA-related subpages, including pages with the titles “Affordable Care Act Collaborative,” “Health Insurance Marketplace,” and “Contraceptive Coverage.” The URLs for all ten pages were within the “hhs.gov/opa/title-x-family-planning/affordable-care-act/” filepath and now lead to error notices. An “Affordable Care Act” menu in the sidebar of the “Title X Family Planning” website, which previously linked to all webpages in the ACA Collection, was also removed. While OPA completely removed the content on most of these pages from its website, information related to the content on three of the removed pages can still be found elsewhere on the OPA website. In particular, similar content that existed on the “Contraceptive Coverage” page can be found on a page titled “Women’s Preventive Services.”

Background
Agency details: The Office of Population Affairs (OPA) is an agency within the Department of Health and Human Services (HHS). According to the “Mission” page on the OPA website, the office “administrates the Title X program and serves as the focal point to advise the Secretary and the Assistant Secretary for Health on a wide range of reproductive health topics, including family planning, adolescent pregnancy, sterilization and other population issues.”

Communications about changes: The office has not proactively communicated about or explained the changes described within this report.


Description of Most Notable Changes
1. A collection of ten ACA-related webpages (“the ACA Collection”), all with URLs within the “hhs.gov/opa/title-x-family-planning/affordable-care-act/” filepath, were removed from the “Title X Family Planning” website. According its main page, the ACA Collection previously provided and linked users to information and resources “intended to assist
Title X-funded family planning centers and other safety net providers in implementing the Affordable Care Act. The URLs for all ten pages now lead to error notices.

a. The main page, which was titled "Affordable Care Act" and found at the URL https://www.hhs.gov/opa/title-x-family-planning/affordable-care-act/index.html, was removed between April 27, 2017 and May 16, 2017 (Webpage 2).

b. The main page linked to three pages that were also removed and organized around the topics Initiatives, Resources, and Contraceptive Coverage.

i. The “Initiatives” and “Resources” pages each linked to additional subpages related to the ACA, including:

1. The “Affordable Care Act Collaborative” page (Webpage 3), one of the four subpages removed from the “Initiatives” section of the ACA Collection, was removed between July 2, 2017 and December 6, 2017. The removed page provided information about four projects that were granted Title X funds to study the impact on Title X centers of health system changes resulting from the ACA.

2. The “Health Insurance Marketplace” page (Webpage 4), one of the two subpages removed from the “Resources” section of the ACA Collection, was removed between April 27, 2017 and June 18, 2018. The removed page contained information and links to different models, enrollment processes, health plans, community providers, and tax credits related to health insurance marketplaces.

ii. The “Contraceptive Coverage” page (Webpage 5) was removed between April 27, 2017 and May 30, 2017. The “Affordable Care Act” main page linked directly to this page. Some of the content from the removed “Contraceptive Coverage” page can be found on another page within the “Title X Family Planning” website titled “Women’s Preventive Services.” However, the “Women’s Preventive Services” page does not contain information formerly found on the removed page about the “proven health benefits for women that come from using contraception.”

2. The dropdown menu that directed users to the ACA Collection was removed from the sidebar of the “Title X Family Planning” website (compare versions of the “Title X Family Planning” page, Webpage 1, between April 27, 2017 and April 28, 2017).

a. A link for the “Affordable Care Act Collaborative” page was removed with the rest of the dropdown menu with links to the ACA collection, added back as its own link to the “Title X Family Planning” website’s sidebar between June 29, 2017 and June 30, 2017, and removed again a month later.
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Detailed Description of Changes in Access and Content

Note: Throughout the entire report, links to captures of pages from the Internet Archive’s Wayback Machine’s (IAWM) on specified dates are provided for reference. IAWM displays time in GMT, but WIP reports dates and times in EST/EDT.

Webpage 1: Title X Family Planning

- URL: https://www.hhs.gov/opa/title-x-family-planning/index.html
- Changes occurred between April 27, 2017 and July 28, 2017
- Previous versions of this webpage are available in the HHS Web archive, but there has not been a new version saved since August 30, 2016.
- Webpage 1 is the main page of the OPA’s “Title X Family Planning” website, which previously linked to the ACA Collection.

Webpage 1 Details:

1. Text beneath the title of the “Title X Family Planning” page states that “Title X family planning clinics play a critical role in ensuring access to a broad range of family planning and preventive health services.” Below this text are panels with links to pages on relevant topics, as well as descriptive text about the topics.

2. The following content was changed between April 27, 2017 and April 28, 2017 (Screenshot 1.1):
   a. Removed a panel with a link to the “Affordable Care Act” main page (Webpage 2).
      i. The panel, which was located in the body of the page, included the following descriptive text:
         1. “Learn about resources to assist providers in implementing the Affordable Care Act.”
   b. Removed a dropdown menu with links to the ACA Collection from the sidebar of the entire “Title X Family Planning” website.
      i. The header of the menu was a link with the text “Affordable Care Act,” which linked to the main page of the ACA Collection (Webpage 2).
      ii. The removed dropdown menu contained the following links to pages in the ACA Collection:
         1. Initiatives
            a. ACA Collaborative
            b. Enrollment Assistance Grants
            c. Ensuring Access Grants
            d. Health IT
         2. Resources
            a. Resources for Providers
3. The following content was changed between May 2, 2017 and May 3, 2017:
   a. **Altered** the link text of a link header in the top menu from “About OPA & Initiatives” to “About OPA.”
         1. The former URL redirects to the new URL.
   b. **Removed** the “Initiatives” link (different than the link listed under the “Affordable Care Act” dropdown) with the URL https://www.hhs.gov/opa/title-x-family-planning/initiatives/index.html from the sidebar and **added** the “Preventive Services” link with the URL https://www.hhs.gov/opa/title-x-family-planning/preventive-services/index.html.
      i. The “Initiatives” link served and the “Preventive Services” link now serves as the header of a dropdown menu in the sidebar. The menus are the same, except for the following changes:
         1. **Altered** the URL paths for all of the links from “/title-x-family-planning/initiatives” to “/title-x-family-planning/preventive-services/.”
         2. **Altered** the link text “HIV Prevention” to “HIV Prevention in Family Planning.”
      ii. The “Initiatives” link led to a page titled “Initiatives” and the “Preventive Services” link leads to a page titled “Preventive Services.” The content on the pages is the same, except that link URLs and text have been changed to reflect the changes to the dropdown menu links noted above (including the addition of the link “Women’s Preventative Services”).
   c. **Removed** the link with the text “Initiatives” from a panel in the main body of the page and **added** a link with the text “Preventive Services” to the panel. These links have the same link URLs described above.
      i. **Altered** the descriptive text within the panel from: “Learn about Title X initiatives, including Healthy People 2020 and more.”
To: “Learn about Title X preventive services, including Healthy People 2020 and more.”

4. The following content was changed between June 1, 2017 and June 2, 2017:
   a. Removed the link with the text “About Grant Policies” from the “About Title X Grants” dropdown menu in the sidebar.

5. The following content was changed between June 2, 2017 and June 3, 2017:
   a. Altered the descriptive text in the panel titled “Service Delivery Improvement” from: “See the list of grants that support applied research to enable programs to improve the delivery of reproductive health services.” To: “Learn about activities to improve the delivery of family planning and related preventive health services.”

6. The following content was changed between June 29, 2017 and June 30, 2017:
   a. Added a link with the text “ACA Collaborative” to the top of the sidebar menu.
      i. This link was one of the links found in the “Affordable Care Act” dropdown menu that was removed between April 27 and April 28, 2017. Until at least July 2, 2017 the link led to the “Affordable Care Act Collaborative” page. As of the writing of this report, the page led to a “Page Not Found” notice.

7. The following content was changed between July 27, 2017 and July 28, 2017:
   a. Removed the link with the text “ACA Collaborative” from the sidebar menu.
Table 1: Links listed in the “Affordable Care Act” menu in the “Title X Family Planning” sidebar. The following table details the links in the “Affordable Care Act” dropdown menu that were removed from the sidebar of the “Title X Family Planning” website. All links were removed between April 27, 2017 and April 28, 2017.* The links led to pages in the ACA Collection. Those pages were removed at different times but now all lead to “Page Not Found” notices. Dates listed in the “First capture of error” column correspond to the date of the first IAWM capture of a “Page Not Found” or “Access Denied” notice. All of the pages were previously part of the “hhs.gov/opa/title-x-family-planning/affordable-care-act” URL filepath.

*Note: The link for “ACA Collaborative” was removed between April 27 and 28, 2017, then re-added to the sidebar between June 29-30, 2017. It was removed, for a second time, between July 27-28, 2017.

<table>
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<th>Last live IAWM version</th>
<th>First capture of error</th>
<th>Is content elsewhere on OPA site?</th>
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The “Announcement of Availability of Funds to Enroll Family Planning Clients into Health Insurance Programs” PDF does not contain content identical to that which was on the removed page, but provides information about a 2014 opportunity to apply for enrollment assistance grants. It does not include a list of past grants awarded. This PDF does not appear to be linked from elsewhere on the “Title X Family Planning” website, nor the OPA website.

The “Past Title X Grants for Ensuring Access to Quality Family Planning Services” page which is linked from the OPA website’s “Grants and Funding” page, has the list of grants awarded for one year beginning July 1, 2016 that was found on the removed page. The “Announcement of Anticipated Availability of Funds for Ensuring Access to Quality Family Planning Services” PDF, which is linked from the “Past Funding Opportunity Announcements” page, contains information about ensuring access grants. It does not contain content identical to that which was on the removed page nor does it include a list of past grants awarded.

The “FPAR and Health IT Initiative 2.0” page has a similar to the title of the removed “Health IT” page and is broadly about health information technology. The “Title X Service Delivery Improvement” page also has a section about improving service delivery through Health IT. However, the “FPAR and Health IT Initiative 2.0” page and section of the “Title X Service Delivery Improvement” page do not include the same content from the “Health IT” page about using electronic health records. They both focus on information about FPAR 2.0 — a data reporting system for Title X grantees — which was not mentioned on the removed “Health IT” page.

See Webpage 5 for a full description of the content that can be found elsewhere on the “Title X Family Planning” website.
Screenshot 1.1: A side-by-side comparison of the “Title X Family Planning” page on April 27, 2017 and April 28, 2017, as captured by the Internet Archive’s Wayback Machine, showing the removal of both the “Affordable Care Act” dropdown menu from the “Title X Family Planning” sidebar and the “Affordable Care Act” panel from the body of the page.
Webpage 2: Affordable Care Act (Main Page of ACA Collection)

- Page was removed between April 27, 2017 and May 16, 2017
- Previous versions of this page are not included in the HHS Web archive.
- This page was the main page of the “ACA Collection” and was linked from the “Title X Family Planning” page and sidebar (Webpage 1). Table 1 above assesses the status of the main page and nine other pages that were part of the removed ACA Collection. Webpages 3, 4 and 5, below are representative examples of these nine other pages.

Webpage 2 Details:
1. The “Affordable Care Act” page was removed between April 27, 2017 and May 16, 2017.
2. As early as May 16, 2017, the page’s URL began leading to an “Access Denied” notice, stating “you are not authorized to access this page.”
4. Before the page was removed, it contained the following text beneath the title of the page:
   a. “The information and resources provided here are intended to assist Title X-funded family planning centers and other safety net providers in implementing the Affordable Care Act.”
5. The page included panels with links and descriptive text about three different topics related to the ACA. The links served as headers for the panels, each of which linked to subpages with titles that were the same as the link text (Screenshot 2.1):
   a. Initiatives
      i. Text in panel: “Learn about initiatives, including Ensuring Access grants and enrollment assistance grants.”
   b. Resources
      i. Text in panel: “Find resources for providers.”
   c. Contraceptive Coverage
      i. Text in panel: “Learn about contraceptive coverage requirements of the Act.”
6. Links corresponding to the “Affordable Care Act” page were previously listed in the body of the “Title X Family Planning” page and the “Affordable Care Act” menu in the sidebar for the “Title X Family Planning” website (Webpage 1).
Screenshot 2.1: The April 27, 2017 version of the removed “Affordable Care Act” main page, captured by the Internet Archive’s Wayback Machine.
Webpage 3: Affordable Care Act Collaborative

- Page removed between July 2, 2017 and December 6, 2017
- Previous versions of this page are not included in the HHS Web archive.
- This is a representative example of one of four “Initiatives” subpages removed from the ACA Collection. A link to the page was also listed under the “Initiatives” section in the “Affordable Care Act” dropdown menu in the “Title X Family Planning” sidebar (Webpage 1, Table 1).

Webpage 3 Details:
1. The “Affordable Care Act Collaborative” page was removed between July 2, 2017 and December 6, 2017.


3. The top portion of the page contained information about the Affordable Care Act Collaborative, including that it was created in 2014 with Title X funds allocated by the OPA to three primary grantees – the Guttmacher Institute, the National Family Planning & Reproductive Health Association (NFPRHA), and Altarum Institute. These organizations were tasked with studying “the impact of health system changes resulting from the Affordable Care Act on Title X centers,” analyzing “whether or not service sites continue to see a disproportionate number of uninsured clients, and if so, why,” and assessing “the long-term factors affecting the sustainability of Title X centers, including costs, billing, and reimbursements” (Screenshot 3.1).

4. The bottom portion of the page contained details about and links to the specific projects funded by the Collaborative (Screenshots 3.2 and 3.3). The titles of the projects included:
   a. “Financial Viability and Sustainability of Title X Centers” (Screenshot 3.2).
   b. “Confidential and Covered: Protecting Patients While Preventing Loss” (Screenshot 3.2) (Note: the descriptive text about this project included an external link to the Confidential and Covered website, which is still live).
   c. “Addressing the Impact of the Affordable Care Act on Title X Family Planning Services: Qualitative Data Analysis and Dissemination” (Screenshot 3.3).
   d. “Need for, and Impact of, Publicly Funded Family Planning in the Era of Health Reform” (Screenshot 3.3).
5. Links corresponding to the “Affordable Care Act Collaborative” page were previously listed in the “Affordable Care Act” dropdown menu in the “Title X Family Planning” sidebar (Webpage 1).
   a. The link was removed between April 27, 2017 and April 28, 2017, along with links to the other pages in the ACA Collection.
   b. A link to the “Affordable Care Act Collaborative” page was re-added to the top of the “Title X Family Planning” sidebar between June 29, 2017 and June 30, 2017 and then removed between July 27, 2017 and July 28, 2017.
   
   **Note:** The link corresponding to the “Affordable Care Act Collaborative” page was the only link from the “Affordable Care Act” dropdown menu that was added back to the “Title X Family Planning” website’s sidebar after the dropdown menu was initially removed in late April 2017 (Webpage 1).

**Screenshot 3.1:** The top portion of the July 2, 2017 version of the “Affordable Care Act Collaborative” page, captured by the Internet Archive’s Wayback Machine.

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**Affordable Care Act Collaborative**

In August 2014, the Office of Population Affairs (OPA) allocated Title X funds to create the Affordable Care Act Collaborative. The three primary grantees, the Guttmacher Institute, the National Family Planning & Reproductive Health Association (NFPRHA), and Altarum Institute, will study the impact of health system changes resulting from the Affordable Care Act on Title X centers. The Collaborative will analyze whether or not service sites continue to see a disproportionate number of uninsured clients, and if so, why. In addition, the Collaborative will assess the long-term factors affecting the sustainability of Title X centers, including costs, billing, and reimbursements. The Collaborative partners will also conduct qualitative and quantitative analyses of how state Medicaid and commercial insurance reimbursement policies impact Title X centers, particularly, around the issues of billing and confidentiality.

The funded organizations will work to inform each other’s analyses and best present the picture of how the Affordable Care Act is impacting service delivery in the Title X program. Additionally, the Collaborative will offer steps that providers can take to reach and serve clients in need of quality—and sometimes confidential—family planning services most effectively under the Affordable Care Act.

Information on research results and data findings will be shared as it becomes available in the coming years.
Screenshot 3.2: The first two projects found in the bottom portion of the July 2, 2017 version of the “Affordable Care Act Collaborative” page, captured by the Internet Archive’s Wayback Machine.

The four funded projects are as follows:

Guttmacher Institute (under the research cooperative agreement)

“Financial Viability and Sustainability of Title X Centers”

Changes stemming from the Affordable Care Act increase family planning centers’ access to third-party reimbursement for a greater share of the clients they serve; and the financial viability of these providers will, to a large degree, be determined by their success in expanding their third party reimbursements.

This project will:

- Document the gap between levels of third-party reimbursement and the cost to Title X-funded sites of delivering care;
- Assess differences in the extent to which costs of providing care to clients are being recovered by Title X-funded systems and identify best practices in cost recovery;
- Create a model for financial sustainability for Title X providers that will allow individual providers to forecast the impact of actual or potential changes within their own systems;
- Identify women, or groups of women, who are seeking Title X-funded services but who are falling through gaps in the Affordable Care Act’s coverage expansions; and,
- Document the revenue lost to Title X systems because of clients’ confidentiality concerns.

National Family Planning & Reproductive Health Association

“Confidential and Covered: Protecting Patients While Preventing Loss”

The Title X program has a historic commitment to client confidentiality. The National Family Planning & Reproductive Health’s (NFPRHA) “Confidential and Covered” project seeks to prevent and minimize revenue losses at Title X service sites due to the provision of confidential services. NFPRHA will lead a team of researchers from the above named institutions to identify factors impacting the ability of family planning centers to bill insurance when confidential services are requested. Expected outputs from the project will include: a tool for Title X grantees and sub-recipients to use to determine the magnitude of revenue losses occurring in service sites due to the provision of confidential services, and recommended operational practices that maintain client confidentiality while preventing or mitigating revenue loss.
Screenshot 3.3: The second two projects found in the bottom portion of the July 2, 2017 version of the "Affordable Care Act Collaborative" page, captured by the Internet Archive’s Wayback Machine.

Altarum Institute, in partnership with the Urban Institute

"Addressing the Impact of the Affordable Care Act on Title X Family Planning Services: Qualitative Data Analysis and Dissemination"

Many Title X providers have historically received the majority of their funding from federal grants and thus have limited experience contracting with private insurers. Furthermore, in an effort to guarantee client confidentiality, family planning centers often forgo billing private insurance so that reports (e.g., Explanation of Benefits) will not be generated and potentially compromise patient confidentiality.

Altarum Institute and the Urban Institute will conduct a detailed qualitative analysis to identify the barriers, strategies, and infrastructure required for Title X providers to negotiate favorable reimbursement rates and contract with health insurers, while having the ability to continue to provide the confidential services their clients need. It is anticipated that this research will generate promising practices that will be shared with Title X and other family planning providers, policy makers, and other stakeholders, to inform practice and policies.

Guttmacher Institute (under the ACA Impact analysis FOA)

"Need for, and Impact of, Publicly Funded Family Planning in the Era of Health Reform"

This OPA-funded research project will produce timely evidence needed by national and local policy makers, program planners, and family planning providers as they respond to the changing health care environment, helping them ensure that high quality, confidential sexual and reproductive health (SRH) services continue to be available to young and disadvantaged Americans. The project will include five major activities:

- Examine patterns and trends in the delivery of family planning services;
- Examine changes in the need for publicly funded care and in the amount of need that is met through annual estimates of women in need, including the proportion who are uninsured, at the state and county levels;
- Estimate the impact of publicly funded services on helping women avoid unintended pregnancies, as well as other negative sexual and reproductive health, and the resulting public cost savings;
- Examine changes in public funding for contraceptive services through a national survey of Title X grantees and state health and Medicaid agencies, and from data obtained from the Centers for Medicare & Medicaid Services (CMS); and,
- Analyze changes in contraceptive use and sexual and reproductive health service utilization using women's data from the National Survey of Family Growth (NSFG).

State and county data will be made easily accessible using a new web-based tool on the Guttmacher website. Other reports and peer-reviewed journal articles will be posted on the Guttmacher website.
Webpage 4: Health Insurance Marketplace

- Page was removed between April 27, 2017 and June 18, 2018 (Note: The large date range is due to sporadic captures by the Internet Archive’s Wayback Machine.)
- Previous versions of this page are not included in the HHS Web archive.
- This is a representative example of one of two “Resources” subpages in the ACA Collection. A link to the page was also listed under the “Resources” section in the “Affordable Care Act” dropdown menu of the “Title X Family Planning” sidebar (Webpage 1).

Webpage 4 Details:

1. The “Health Insurance Marketplace” page was removed between April 27, 2017 and June 18, 2018.

2. The page’s URL

3. The page contained information about Health Insurance Marketplaces, as well as links to related resources and informational pages on other federal government websites. The top portion of the page stated:
   a. “Marketplaces provide individuals and small businesses with a "one-stop shop" to find and compare affordable, quality private health insurance options. The Marketplaces bring new transparency to the health insurance market as Americans are now able to compare plans based on price, quality, benefits and other important features. By increasing competition between insurance companies and allowing individuals and small businesses to take advantage of combined purchasing power, the Marketplaces will help lower costs.” (Screenshot 4.1).

4. The bottom portion of the page contained information and links to resources about five topics (Note: while each topic included text beneath each of the following headers, only the text and links found beneath the header for the “Essential Community Providers” topic are included below as an example of the removed content):
   a. Title X and the Health Insurance Marketplaces (Screenshot 4.2)
   b. Enrollment in the Health Insurance Marketplaces (Screenshot 4.2)
   c. Qualified Health Plans (Screenshot 4.2)
   d. Essential Community Providers (Screenshot 4.3):
“All Title X providers are Essential Community Providers.

Under the Affordable Care Act, health insurance plans that offer plans on the Health Insurance Marketplace are required to include in their networks a sufficient number and geographic distribution of providers that serve predominantly (sic) low-income, medically underserved individuals, referred to as essential community providers (ECPs). ECPs are defined as providers that serve predominantly low-income, medically underserved individuals including health care providers defined in 340B(a)(4) of the Public Health Service Act and providers described in section 1927(c)(1)(d)(i)(IV) of the Social Security Act.

ECPs include family planning providers receiving funds under Title X of the Public Health Service Act, federally qualified health centers, Ryan White HIV/AIDS Program providers, children’s hospitals and disproportionate share hospitals, among others. Section 1927 allows the Secretary of HHS to identify any "safety net facility or entity" that would benefit from nominal drug pricing under the Medicaid program.

The ECP designation is significant primarily for purposes of contracting with Qualified Health Plans (QHPs). A non-exhaustive database of ECPs is available here.

The Centers for Medicare & Medicaid Services which maintains the ECP data base notes the list is not exhaustive. Issuers may identify and write in other providers who meet the regulatory standard. The list is also updated periodically. The Office of Population Affairs will also continue to facilitate the inclusion of Title X providers in the ECP database.

The Family Planning National Training Centers offer trainings and other resources to help guide Title X and other safety net providers on issues relating to contracting with qualified health plans. Check their website for upcoming and archived trainings.

For more on essential community providers:

May 13, 2013 Centers for Medicare & Medicaid Services letter - PDF to Potential Essential Community Providers

Frequently Asked Questions - PDF on Essential Community Providers.”

e. Premium Tax Credits *(Note: not included in any screenshot).*
5. A link corresponding to this page was previously listed in the “Affordable Care Act” dropdown menu in the “Title X Family Planning” website’s sidebar (Webpage 1).

Screenshot 4.1: The top portion of the April 27, 2017 version of the “Health Insurance Marketplace” page, captured by the Internet Archive’s Wayback Machine.
Screenshot 4.2: The first three topics found in the bottom portion of the April 27, 2017 version of the “Health Insurance Marketplace” page, captured by the Internet Archive’s Wayback Machine.

Title X and the Health Insurance Marketplaces

Title X-funded providers have two main roles in relation to the Health Insurance Marketplaces:

1. Helping enroll clients in the Marketplace or directing them to where they can enroll
2. Contracting as providers with Qualified Health Plans to become providers in the Marketplace

Enrollment in the Health Insurance Marketplaces

Quick links! Providers can find education and outreach materials, training resources and related information at the CMS Marketplace website or the Family Planning National Training Centers.


Note that:

• Some people may now qualify for special enrollment periods (outside of open enrollment) if they experience certain events.
• Medicaid and CHIP enrollment are ongoing.

For more information on the Health Insurance Marketplaces:

Healthcare.gov is the most up-to-date source for information about the Marketplace.

Look up your state’s Marketplace here.

Get answers to Frequently Asked Questions about the Marketplace here.

The Kaiser Family Foundation offers information about the Marketplaces in each state.

Qualified Health Plans

Under the Affordable Care Act, a qualified health plan (QHP) is an insurance plan offered through the Marketplace. It must provide essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), meets other requirements and is certified by the Marketplace in which it is sold.

The law generally requires QHPs to include some essential community providers (ECPs) in their networks. ECPs are providers that serve predominantly low-income medically underserved individuals. Title X providers should contact health insurers directly if they are interested in becoming network providers for QHPs.
Screenshot 4.3: The fourth topic found in the bottom portion of the April 27, 2017 version of the “Health Insurance Marketplace” page, captured by the Internet Archive’s Wayback Machine.

Essential Community Providers

All Title X providers are Essential Community Providers.

Under the Affordable Care Act, health insurance plans that offer plans on the Health Insurance Marketplace are required to include in their networks a sufficient number and geographic distribution of providers that serve predominately low-income, medically underserved individuals, referred to as essential community providers (ECPs). ECPs are defined as providers that serve predominately low-income, medically underserved individuals including health care providers defined in 340B@4) - PDF of the Public Health Service Act and providers described in section 1927(a)(4)(D)(IV) of the Social Security Act.

ECPs include family planning providers receiving funds under Title X of the Public Health Service Act, federally qualified health centers, Ryan White HIV/AIDS Program providers, children's hospitals and disproportionate share hospitals, among others. Section 1927 allows the Secretary of HHS to identify any “safety net facility or entity” that would benefit from nominal drug pricing under the Medicaid program.

The ECP designation is significant primarily for purposes of contracting with Qualified Health Plans (QHPs). A non-exhaustive database of ECPs is available here.

The Centers for Medicare & Medicaid Services which maintains the ECP data base notes the list is not exhaustive. Issuers may identify and write in other providers who meet the regulatory standard. The list is also updated periodically. The Office of Population Affairs will also continue to facilitate the inclusion of Title X providers in the ECP database.

The Family Planning National Training Centers offer trainings and other resources to help guide Title X and other safety net providers on issues relating to contracting with qualified health plans. Check their website for upcoming and archived trainings.

For more on essential community providers:

May 13, 2013 Centers for Medicare & Medicaid Services letter - PDF to Potential Essential Community Providers

Frequently Asked Questions - PDF on Essential Community Providers
Webpage 5: Contraceptive Coverage

- Page was removed between April 27, 2017 and May 30, 2017
- Previous versions of this page are not included in the HHS Web archive.
- This is a representative example of one of the ten webpages in the ACA Collection removed from the “Title X Family Planning” website. This is one of three pages for which some of the contents can be found on live pages within the website.

Webpage 5 Details:
1. The “Contraceptive Coverage” page was removed between April 27, 2017 and May 30, 2017.

2. As early as May 30, 2017, the page’s URL began leading to an “Access Denied” notice, stating “you are not authorized to access this page.”

3. The page’s URL https://www.hhs.gov/opa/title-x-family-planning/affordable-care-act/contraceptive-coverage/index.html began leading to a “Page Not Found” notice between May 30, 2017 and June 18, 2018, and did so as of the writing of this report. (Note: The large date range is due to sporadic captures by the Internet Archive’s Wayback Machine.)

4. The removed page contained information about contraceptive coverage under the ACA, including an explanation of what health plans must cover, and the exemptions from covering contraception that non-profit religious organizations receive. The page provided a link to and description of guidelines for preventive services for women, and noted the “proven health benefits for women that come from using contraception” (Screenshot 5.1).

   a. The “Women’s Preventive Services” page is linked from the “Preventive Services” page and the “Preventive Services” dropdown menu in the sidebar for the “Title X Family Planning” website (see information about the addition of the sidebar link to this page on Webpage 1).

6. Differences between the removed “Contraceptive Coverage” page and the live “Women’s Preventive Services” page include:
   a. Added text:
“The U.S. Preventive Services Task Force (USPSTF) makes evidence-based recommendations about clinical preventive services. These recommendations are based on a rigorous review of existing peer-reviewed evidence and are intended to help primary care clinicians and patients decide together whether a preventive service is right for a patient's needs. The Task Force assigns each recommendation a letter grade based on the strength of the evidence and the balance of benefits and harms of a preventive service.”

b. Altered text from: “Because of the Affordable Care Act, most health plans cover recommended women’s preventive services, including contraception prescribed by a health care provider, without charging cost sharing, such as a co-pay, co-insurance, or deductible.”

to: “Under the Affordable Care Act, most health plans cover recommended women’s preventive services, including contraception, prescribed by a healthcare provider without requiring cost sharing, such as a co-pay, co-insurance, or deductible, for evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the USPSTF.

c. Removed text:
“All Food and Drug Administration (FDA)-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity, as prescribed by a provider, must be provided without cost-sharing. There are proven health benefits for women that come from using contraception. In fact, nearly 99 percent of women in the United States have relied on contraception at some point in their lives, but more than half of women between the ages of 18 and 34 have struggled to afford it.”

i. Removed the footnote corresponding to the above text:

d. Removed text:
“The Affordable Care Act also ensures that recommended preventive care, including all FDA-approved contraceptive services prescribed by a health care provider, will be provided to women without cost-sharing, while also ensuring certain non-profit religious organizations that object to contraceptive coverage on religious grounds do not have to contract, arrange, pay, or refer for such coverage for their employees or students.”

i. Removed the footnote corresponding to the above text:
“3 And its implementing regulations.”

e. Altered text from: “Frequently Asked Questions regarding contraceptive services can be found here.”

To: “For more information regarding covered preventive services, please see this frequently asked questions resource.”
7. Similarities between the removed “Contraceptive Coverage” page and the live “Women’s Preventive Services” page:
   a. The “Women’s Preventive Services” page includes content about guidelines regarding preventive services for women, created from recommendations provided by the Institute of Medicine. Although the following content was not presented as a single paragraph on the “Contraceptive Coverage” page as it is on the “Women’s Preventive Services” page, the text is essentially identical (aside from a few grammatical corrections):
      i. “[T]he independent Institute of Medicine (IOM) provided recommendations to the U.S. Department of Health and Human Services regarding which preventive services help keep women healthy and should be considered in the development of comprehensive guidelines for preventive services for women. The IOM guidelines, which were incorporated into the Health Resources Services Administration’s (HRSA) Women’s Preventive Services Guidelines, updated in 2016, include contraceptive methods and counseling to include “all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.”

(Note: the text “updated in 2016” was not included on the “Contraceptive Coverage” page).
Screenshot 5.1: The April 27, 2017 version of the “Contraceptive Coverage” page, captured by the Internet Archive's Wayback Machine.

Contraceptive Coverage

Because of the Affordable Care Act, most health plans cover recommended women's preventive services, including contraception prescribed by a health care provider, without charging cost sharing, such as a co-pay, co-insurance, or deductible. The independent Institute of Medicine (IOM) provided recommendations to the Department of Health and Human regarding which preventive services help keep women healthy and should be considered in the development of comprehensive guidelines for preventive services for women.

All Food and Drug Administration (FDA)-approved contraceptive methods, sterilization procedures and patient education and counseling for women with reproductive capacity, as prescribed by a provider, must be provided without cost-sharing. There are proven health benefits for women that come from using contraception. In fact, nearly 99 percent of women in the United States have relied on contraception at some point in their lives, but more than half of women between the ages of 18 and 34 have struggled to afford it.

The IOM guidelines which were incorporated into the Health Resources Services Administration's (HRSA) Women’s Preventive Services Guidelines include contraceptive methods and counseling to include “all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.”

The Affordable Care Act also ensures that recommended preventive care, including all FDA-approved contraceptive services prescribed by a health care provider, will be provided to women without cost-sharing, while also ensuring certain non-profit religious organizations that object to contraceptive coverage on religious grounds do not have to contract, arrange, pay, or refer for such coverage for their employees or students.

Frequently Asked Questions regarding contraceptive services can be found here.


3 And its implementing regulations.
Screenshot 5.2: The July 31, 2018 version of the “Women’s Preventive Services” page, captured by the Internet Archive’s Wayback Machine.

Women’s Preventive Services

The U.S. Preventive Services Task Force (USPSTF) makes evidence-based recommendations about clinical preventive services. These recommendations are based on a rigorous review of existing peer-reviewed evidence and are intended to help primary care clinicians and patients decide together whether a preventive service is right for a patient’s needs. The Task Force assigns each recommendation a letter grade based on the strength of the evidence and the balance of benefits and harms of a preventive service. Under the Affordable Care Act, most health plans cover recommended women’s preventive services, including contraception, prescribed by a healthcare provider without requiring cost sharing, such as a co-pay, co-insurance, or deductible, for evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the USPSTF.

Additionally, the independent Institute of Medicine (IOM) provided recommendations to the U.S. Department of Health and Human Services regarding which preventive services help keep women healthy and should be considered in the development of comprehensive guidelines for preventive services for women. The IOM guidelines, which were incorporated into the Health Resources Services Administration’s (HRSA) Women’s Preventive Services Guidelines, updated in 2016, include contraceptive methods and counseling to include “all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.”

For more information regarding covered preventive services, please see this frequently asked questions resource.

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