

National Family Planning & Reproductive Health Association

June 12, 2025

Jamie Kim
Office of Population Affairs (OPA)
Office of the Assistant Secretary of Health
U.S. Department of Health and Human Services

RE: Comments on 0990-30D; 30-Day Public Comment Request on Family Planning
Annual Report (FPAR) (90 FR 20477)

Dear Mr. Kim:

The National Family Planning and Reproductive Health Association (NFPRHA) welcomes the opportunity to submit comments in response to the Department of Health and Human Services' (HHS) Agency Information Collection Request 0990-30D on Family Planning Annual Report, issued on May 14, 2025. We write to express our concerns regarding the accuracy of the Office of Population Affairs' (OPA's) most recent annualized burden estimates. The estimates published in the notice are low and do not reflect the true burden of implementing and sustaining a new data collection and reporting system. Not only do the estimates not account for burden hours that the Title X Family Planning Program's 88 grantees spend as they continue to implement encounter-level data submission, but they also are completely silent on the ongoing burden to Title X subrecipient organizations, which consisted of 1,614 agencies in 2023.¹

NFPRHA is a national, nonprofit membership organization that advances and elevates the importance of family planning in the nation's health care system and promotes and supports the work of family planning providers and administrators, especially those in the safety net. NFPRHA envisions a nation where all people can access high-quality, culturally responsive family planning and sexual health services; and where people who rely on safety net settings for services, including those funded by the Title X program, receive the same respectful, patient-centered, and evidence-based care as those individuals accessing services outside of the safety net. NFPRHA's membership includes nearly 1,000 entities that operate or fund more than 3,500 health centers that deliver high-quality family planning and sexual health services to millions of people in the US every year. Including 69 of the 88 grantee organizations currently funded by OPA through the Title X Family Planning Program, NFPRHA's organizational members include state, county, and local health departments; private, nonprofit family planning organizations; family planning councils; Planned Parenthood affiliates, hospital-based clinics; and federally qualified health centers. Accordingly, NFPRHA is uniquely positioned to respond to OPA's Information Collection Request.

¹ Phillip Killewald, William Leith, Nora Paxton, et al. "Family planning annual report: 2023 national summary." Office of Population Affairs, US Department of Health and Human Services (September 2024).

The Title X Family Planning Program is the only federal grant program dedicated solely to providing comprehensive family planning and related preventive health services. Despite a documented need for funding that is at least two and a half times the current level of annual appropriated funding², the Title X program has been flat funded for a decade. This extensive period of stagnant funding has coincided with the COVID-19 pandemic, record inflation, workforce shortages, and an unprecedented need for services in the post-*Dobbs* service delivery landscape. The burden of implementing and carrying out annual FPAR 2.0 reporting has presented an additional hurdle. And, while most Title X grantees are carrying out this additional requirement, they have been forced to displace other priorities to do so.

NFPRHA supports investments in Title X program infrastructure, including investment in this more contemporary data system. Nonetheless, we request a more accurate accounting of the burden of annual FPAR 2.0 reporting for Title X grantees and subrecipients, including consideration of the following:

FPAR 2.0 implementation is not complete.

The Annualized Burden Hour Table published in the Agency Information Collection Request assumes that grantees have implemented necessary system upgrades to collect and report all encounter-level data elements through the web-based FPAR 2.0 Data System. However, many grantees still are in the process of implementing IT system upgrades, as evidenced by the fact that 40% of all family planning users continued to be reported as aggregated data in 2023.³

The transition to encounter-level data reporting has been delayed due to the limited availability of IT staff and vendors/external consultants to complete work due to competing projects and existing engagements. The outstanding work includes adding new data elements to the electronic health record (EHR) or electronic data collection system at every service site in the network (3,853 in 2023⁴), which some vendors have resisted because it increases their systems' complexity and user interface clutter. Upgrades also include building or modifying each grantee's existing data warehouse; setting up secure file transfer with each subrecipient using secure file transfer protocol (SFTP); and customizing data-mapping procedures with each subrecipient for each data element and response option.

During the implementation stage, at least one staff person from each grantee is acting as their agency's liaison with data warehouse and EHR vendors and administrative and clinical staff at service sites and subrecipient agencies. The planning, programming, and problem solving that takes place during these regular exchanges not only centers on how to implement FPAR 2.0, but also on how this new data collection and reporting system interacts with distinct systems used to collect and report program data for other funding streams [e.g., Uniform Data System (UDS) reporting for the Federally Qualified Health Center Program]. An added hurdle for grantees during this stage was the delay in coding guidance, as well as multiple revisions to guidance after it was published by Mathematica, the contractor engaged by OPA to help develop and deploy FPAR 2.0.

² Euna M. August, et al. "Projecting the unmet need and costs for contraception services after the Affordable Care Act," *American Journal of Public Health* 106, no. 2 (February 1, 2016): pp. 334-341.

³ Phillip Killewald, William Leith, Nora Paxton, et al. "Family planning annual report: 2023 national summary." Office of Population Affairs, US Department of Health and Human Services (September 2024).

⁴ Ibid.

Once data collection and reporting processes are finalized, the staff liaison typically trains subrecipients on data definitions and how to extract data from their EHRs or electronic data collection systems. Training typically takes place on an agency-by-agency basis, as each subrecipient has distinct templates, clinical workflows, and data capture processes. It also is important to highlight that many grantees have resorted to manual data entry and processes to fulfill FPAR 2.0 reporting requirements while they continue implementation, a time-consuming activity that carries additional burden hours.

Annualized grantee estimates are low.

Putting FPAR 2.0 implementation aside, OPA's estimates for the annualized number of burden hours each grantee dedicates to collecting and reporting encounter-level data are woefully low. Grantees spend significant time working with each of their subrecipients to electronically validate data. Data validation is an involved process that entails verifying all data are present and, from there, conducting quality assurance to ensure there are no incongruent or incomplete counts, incomplete submissions, duplicate data, incorrect formats, and null field values. Training invariably accompanies data validation, specifically training all staff involved with data capture on entering valid values for the FPAR 2.0 system's 43 data elements correctly and consistently.

In addition, because the EHR systems utilized within a grantee's service delivery network undergo upgrades every one or two years, grantees regularly manage system modifications with subrecipients. Specifically, when system modifications take place, grantees collaborate with subrecipients to update their reporting methodologies, secure file transfer processes, and data mapping procedures, as well as to conduct quality assurance activities.

After conferring with a sample of grantee members, NFPRHA conservatively estimates that each grantee dedicates an average of 12 hours per week of staff time to FPAR 2.0 data collection and reporting once initial implementation has been completed. Over a full year minus paid time off (i.e., 48 weeks), this amounts to 576 hours per grantee (48 weeks x 12 hours) and 50,688 hours among 88 grantees. This annualized burden estimate is eight times greater than that published in the Agency Information Collection Request (i.e., 6,336 hours).

Estimates are silent on sub-recipient burden.

Another significant oversight in OPA's estimates is the failure to account for the burden of FPAR 2.0 data collection and reporting on the Title X network's roughly 1,614 subrecipients. After implementation—which involves subrecipients engaging in system upgrades that may involve adopting and implementing new EHR or electronic data collection systems to report encounter-level data or customizing existing systems so the FPAR 2.0 data elements map to existing standardized value sets—at least one staff person at each subrecipient agency is tasked with:

- Training staff on FPAR 2.0 data entry, including updates;
- Conducting quality assurance to ensure that administrative and clinical staff are entering data correctly;
- Carrying out quality improvement activities; and
- Reporting complete encounter-level data through the FPAR 2.0 Data System or their grantee's data warehouse.

In many cases, this staff person also serves as the Title X liaison with their agency's data department to extract data from the EHR or electronic data collection system.

NFPRHA very conservatively estimates that each subrecipient spends an average of 4 hours per week on these activities. Each year, this amounts to 192 burden hours per subrecipient (48 weeks x 4 hours) and 309,888 hours across the Title X network's 1,614 subrecipients. It is also important to highlight that many grantees and subrecipients have multiple service sites, all with different staff and workflows. Due to these differences, training, data extraction, and quality assurance typically take place on a site-by-site basis.

Accordingly, NFPRHA recommends updating the Annualized Burden Hour Table as follows:

Forms	Respondents	Number	Average Burden Hours	Total Burden Hours
FPAR 2.0	Grantees	88	576	50,688
	Subrecipients	1,614	192	309,888
Total				360,576

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NFPRHA's members and the entire Title X service delivery network's willingness to work diligently to fulfill FPAR 2.0 reporting requirements is evident when reviewing the 2023 FPAR National Summary. Despite the challenges the network continues to navigate, more than half of the 2023 FPAR submissions included encounter-level data, compared with only 34% of 2022 FPARs.⁵ However, as mentioned above, these achievements are not without significant investment of time and resources by grantees and subrecipients. We strongly urge OPA to fully account for these efforts in its burden estimates.

If you require additional information about the estimates and issues referenced in this letter, please contact Elizabeth Jones, Senior Director, Program, at ejones@nfprha.org.

Sincerely,



Clare Coleman
President & CEO
National Family Planning & Reproductive Health Association

⁵ Ibid.