

STANDARD TERMS

1. The FY 2012 HHS Appropriations Act, the *Consolidated Appropriations Act, 2012* (Public Law 112-74), was signed into law on December 23, 2011. The Act provides OASH funding for the Federal fiscal year ending September 30, 2012. The following statutory provisions limit the use of funds on this OASH grant or cooperative agreement during the current budget period.

(1) Acknowledgment of Federal Funding (Section 505)

"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state: (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources."

(2) Restriction on Abortions (Section 506)

"(a) None of the funds appropriated under this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement. "

(3) Exceptions to Restriction on Abortions (Section 507)

(a) The limitations established in the preceding section shall not apply to an abortion— (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

(d)(1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or

government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. (2) In this subsection, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan."

(4) Ban on Funding of Human Embryo Research (Section 508)

"(a) None of the funds made available in this Act may be used for— (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). (b) For purposes of this section, the term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells."

(5) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

"(a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications. (b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage."

(6) Dissemination of False or Deliberately Misleading Scientific Information (Section 516(b)).
"None of the funds made available in this Act may be used to disseminate information that is deliberately false or misleading."

(7) Restriction on Distribution of Sterile Needles (Section 523)

"Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."

(8) Salary Limitation (Section 203)

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." **Effective December 23, 2011, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. That amount is \$179,700. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate**

limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

(9) Anti-Lobbying (Section 503)

“(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–

148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.”

(10) Gun Control (Section 218)

“None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.”

WOMEN'S AND MEN'S HEALTH SECTION FAMILY PLANNING PROGRAM

BACKGROUND

The Montana Department of Public Health and Human Services contracts with 14 family planning clinics in 25 locations to offer comprehensive reproductive health services to Montana men and women. Clinics receiving funds are required to follow uniform regulations and guidelines guaranteeing access to reproductive health services and referrals for other health and social services when necessary.

SERVICES

Family Planning clinics provide routine reproductive health exams for women and men, breast and cervical screenings, contraceptive services, testing and treatment for sexually transmitted infections, and HIV testing counseling and referrals. Family planning also prevents costly health and social problems associated with unintended pregnancy such as:

- Premature births and infant mortality
- Teen pregnancy
- The need for abortion
- The spread of infectious disease
- The incidence of some cancers

IMPROVING LIFELONG HEALTH

Family Planning contributes to individual, family, and social well-being and therefore multiplies the return on investmentsⁱ. Women and men who plan the timing of their pregnancies are more likely to:

- Complete their education
- Have a better chance for employment
- Achieve economic security
- Obtain prenatal care

ACCOMPLISHMENTS

Federal funds account for approximately 30% of a clinic's total budget. In SFY 2012, however, the Family Planning program **provided services to over 25,000 men and women** on a sliding fee scale based on income. Income cannot be a barrier to services, and no one is denied services due to inability to pay.

During the same time period, approximately **12,000 patients obtained breast exams; 11,000 received Chlamydia tests**, a major cause of infertility; and **8,960 were screened for cervical cancer**.

Family Planning clinics have implemented the use of Preconception Health Promotion – also called **Reproductive Life Plans** - for women and men. One of the best protections against low birth weight and other poor pregnancy outcomes is for a woman to plan for pregnancy and enter into pregnancy in good health. Reproductive Life Plans help women identify and modify risk behaviors to improve pregnancy outcomes through prevention and management. During SFY 2012, Family Planning staff provided Reproductive Life Planning counseling to approximately **3,000 patients**.

Family Planning clinics often serve as a person's entry point into the health care system; more than 6 in 10 women consider them their usual source of medical care. By helping women avoid unintended pregnancies and the births that would follow, the services provided at DPHHS supported **family planning clinics saved approximately \$14,361,000 in public funds in 2008ⁱⁱ**.

ⁱ Hoffman, SD, By the Numbers: The Public Costs of Teen Childbearing. The National Campaign to Prevent Teen Pregnancy: Washington, DC. 2006

ⁱⁱ Guttmacher Institute, State Facts About Title X and Family Planning: Montana. 2011.