**Customizable comment in support of Pregnancy Intention Screening**

*Submit comments at* [*this link*](https://www.healthit.gov/isa/taxonomy/term/3621/comment)

The Honorable Micky Tripathi, PhD, MPP

National Coordinator for Health Information Technology

Office of the National Coordinator for Health Information Technology

U.S. Department of Health and Human Services

330 C St SW, Floor 7

Washington, DC 20201

Dear National Coordinator Tripathi,

On behalf of Partners In Contraceptive Choice and Knowledge (PICCK), we support including pregnancy intention screening in USCDI v3.

Pregnancy intention screening is an important tool to provide patient-centered reproductive health services to patients. This screening can help care teams begin a conversation with a patient about the patient’s desires for reproductive health services in that healthcare encounter. Lack of access to high-quality reproductive health and contraceptive services is one important driver of high rates of unintended pregnancies in the U.S., and we support efforts to expand access to these services.

PICCK is funded by the Massachusetts Department of Health and Human Services to improve contraceptive access and quality at the state’s birthing hospitals. We have partnered with twenty hospitals and agencies to improve the quality of contraceptive care delivery, as well as provide statewide programming in the form of webinars and an annual meeting. Nearly all our partners plan to institute pregnancy intention and contraceptive needs assessment screening in their practices but would be encouraged by the ability to track implementation of this screening.

Much important work has already been done to make it easier for EHRs to capture pregnancy intention screening, including having standard LOINC and SNOMEDCT codes in place for this tool. The inclusion of this tool and associated codes in USCDI would make it easier to measure and report on the extent to which this screening has been integrated into clinical workflows and review responses to the screening question to assess trends across provider sites. It would also facilitate easier data sharing between healthcare providers and other entities, including the federal government, which will begin requiring reporting on pregnancy intention screening at the encounter level through the Title X Family Planning Program’s FPAR 2.0 reporting requirement.

Thank you for your consideration and your continued commitment to improving interoperable technologies and working toward a future of seamless and secure data exchange in the U.S.

Sincerely,

Katharine White, MD, MPH (Principal Investigator)

Natasha Lerner, DrPH(c), MPA (Program Director)

Partners In Contraceptive Choice and Knowledge (PICCK)