



August 15, 2025

Clare Coleman
President & CEO
National Family Planning & Reproductive Health Association
1025 Vermont Ave., Suite 800
Washington, DC 20005

Dear Ms. Coleman,

Thank you for your comments on the 30-day public comment request for OS-0990-0479.¹ NFPRHA notes three main areas of concern: “FPAR 2.0 implementation is not complete”, “Annualized grantee estimates are low”, and “Estimates are silent on sub-recipient burden”. OPA has addressed these areas throughout the FPAR transition process, that began in earnest in 2019.

When OPA began the transition to encounter-level FPAR data (FPAR 2.0) in 2019, OPA gathered feedback from grantees, subrecipients, and concerned stakeholders such as NFPHRA. The information provided indicated that the transition was too quick. In response to this feedback and to better address the vast difference in reporting abilities in the Title X network, OPA postponed the start of FPAR 2.0 until 2022 and enacted a 3-year period to ease transition from FPAR 1.0 to FPAR 2.0 (ending with CY2024 FPAR data) and provided additional funding to all Title X Family Planning grantees in September 2020 (\$160,000 each to prepare for transitioning to encounter-level data) and again in September 2021 (7.89% of their grant value) for FPAR 2.0 improvements. Title X grantees are also allowed to use their grant funds at any time towards FPAR activities.

Exhibit D.1a of the 2023 FPAR National Summary notes the progression made by grantees from 2022 to 2023 (the first two years of the transition period) in transitioning to FPAR 2.0 data reporting.² In 2022, one-third of grantees reported encounter-level data and more than half reported encounter-level data in 2023. 2024 numbers have not yet been published, but we are projecting another similar increase in the number of grantees who reported encounter-level data. Based on OPA project officer assessments of current grantees, all grantees have indicated the ability to submit FPAR 2.0 encounter-level data in 2026 for calendar year 2025 FPAR data.

While it is true that some grantees continue to report additional time needed to transition all subrecipient and service sites, OPA has provisions in place to accommodate incomplete encounter-level FPAR 2.0 reporting for calendar year 2025. The NFPHRA comments note that “40% of all family planning users continued to be reported as aggregated data in 2023.” This

¹ <https://www.federalregister.gov/documents/2025/05/14/2025-08415/agency-information-collection-request-30-day-public-comment-request>

² <https://opa.hhs.gov/sites/default/files/2025-05/2023-FPAR-National-Summary-Report.pdf>

statement is not correct. The 2023 FPAR National Summary reported that FPAR 2.0 encounter-level data submissions represented 60% of all Title X encounters. Encounters do not equal the number of clients. Encounters are different than clients as some clients may have multiple encounters.

OPA revised burden estimates based on comments received by NFPRHA during the original 60-day comment period in 2021. According to a member survey of 40 members at the time, NFPRHA reported to OPA an average one-time implementation burden of 183 hours per grantee. That member survey was based on outdated information, specifically the number of data elements, several of which had been deleted or made optional. Regardless, OPA utilized this number in its burden estimate calculation in 2021.

Recognizing the challenges in implementing FPAR 2.0, OPA offered a three-year optional reporting pathway for those grantees who could not meet the FPAR 2.0 implementation timeline. By January 2025, all grantees were expected to have completed the transition. Therefore, the one-time implementation burden is no longer included in burden estimates. OPA assumes twice as much hourly burden as FPAR 1.0, for 72 hours per grantee per year with additional time needed for the Clinic Locator Database for a total of 76.5 hours per grantee per year. As this is an average, there will be variation among grantees. Title X funding awards are between the government and grant recipient organizations.

Given these facts, OPA has determined that a revision of the burden hours for FPAR is not needed at this time.

Sincerely,

Jamie Kim
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