

# FAMILY PLANNING ELEVATED

STRATEGIES TO INCREASE ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES AND SUPPORT HEALTHY WOMEN, CHILDREN AND FAMILIES IN UTAH.

## UTAH CONSIDERATIONS & BACKGROUND

The ability to determine if and when to become pregnant impacts a woman's physical, emotional, social and economic health. Having a child is a deeply personal decision that for one person may fulfill their dream of becoming a parent but for another person may derail them from meeting their personal goals. Family planning services support women and couples' ability to determine if and when they want to start or grow their family.

In Utah, one in five new moms report their pregnancy was unintended; however, this number jumps to one in three among low-income and uninsured women.<sup>1</sup> **These most disadvantaged women experience the lowest rates of contraceptive use, and the highest rates of unintended pregnancy.**<sup>2</sup>

Unintended pregnancies are associated with adverse health outcomes for women and children, including postpartum depression and premature and low-weight births.<sup>2</sup> Additionally, unintended pregnancies impact the fiscal health of our state, since thousands of unintended births are funded by Medicaid each year.<sup>3</sup>

Currently, thousands of women in Utah face geographic and economic barriers in accessing family planning services, including the most effective methods of contraception, IUDs and implants. Women in rural and frontier areas of Utah may not have a family planning service provider in their community and uninsured women across the state may not be able to afford an IUD or implant, which can cost up to \$1,000 out-of-pocket. These barriers may increase women's risk of experiencing an unwanted pregnancy.

**The HER Salt Lake Contraceptive Initiative provided 7,400 women with free contraception in Salt Lake County** and prevented an estimated 1,590 unintended pregnancies, 750 unplanned births, 540 abortions, 100 unplanned preterm or low-birth weight births and averted an estimated \$7.3 million in maternal and infant health care costs. Family Planning Elevated aims to leverage lessons learned from HER Salt Lake and work to remove access barriers, cost barriers, and education barriers statewide.

1 [https://ibis.health.utah.gov/indicator/complete\\_profile/HlthIns.html](https://ibis.health.utah.gov/indicator/complete_profile/HlthIns.html);  
2 <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>;  
3 <http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12080/epdf>

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### GENERAL RULES FOR DISCUSSION

- + Focus on the options.
- + All options should be considered fairly.
- + No one or two individuals should dominate.
- + Maintain an open and respectful atmosphere.
- + Everyone is encouraged to participate.
- + Listen to each other.

## PATIENTS

### Problem Statement

More than 11,000 women in Utah are uninsured and in need of affordable contraceptive care. Many patients are unaware of the variety of contraceptive methods available to them or are unable to access the methods they want due to expensive up-front costs or because they do not live near a family planning provider.

### Possible Actions

1. **EDUCATION:** Create an informational, online media campaign to improve contraceptive knowledge and awareness of clinics providing low-cost or free birth control methods. Hire and train community health workers on contraceptive needs assessment, counseling and referral. Empower patients to engage in family planning conversations at every health care encounter.
2. **ACCESS:** Utilize telehealth mechanisms to provide contraceptive counseling and prescriptions.
3. **FUNDING:** Reduce patients' out-of-pocket costs for contraceptive care, including clinic visit, device insertion & removal and prescription costs. Find funding sources for providers to care for uninsured or underinsured patients not eligible for Medicaid.

## PROVIDERS

### Problem Statement

Many uninsured women seek reproductive healthcare at publicly funded health centers. Yet, staffing, training and inventory limitations often mean these health centers cannot provide women with IUDs, implants and other methods patients desire.

### Possible actions

1. Train clinicians on IUD and implant provision and patient-centered counseling approaches using reproductive justice frameworks.
2. Build a network for patient care teams and administrative staff to communicate with one another and create opportunities to provide standardized, evidence-based training for: marketing & outreach, referrals, scheduling, comprehensive reproductive life counseling, device stocking, provision, and billing.
3. Assist health centers to incorporate telehealth services for contraceptive care.

## POLICY

### Problem statement

A Family Planning Waiver allows a state to provide coverage for family planning services to women and men who do not qualify for full Medicaid benefits. Utah is one of seven states that does not have a Family Planning Waiver. This means that thousands of women are not eligible for publicly funded contraceptive care. However, if they become pregnant, their prenatal and labor and delivery costs become Medicaid eligible. Policy changes that cover preventive contraceptive care can improve the intended pregnancy rate and reduce governmental spending.

### Possible actions

1. Support state-level policy changes that increase insurance coverage for contraceptive services and seek a Contraceptive Equity Act (prohibits commercial and public insurers from applying cost-sharing or prior authorization for all FDA approved contraceptive medications and devices).
2. Incorporate comprehensive sexual and reproductive health care services into existing and upcoming legislation (i.e. include contraceptive services in homeless healthcare initiatives, community health worker reimbursement, home visitations, maternal mental health, mobile health clinics and opioid crisis solutions).
3. Ensure policies support Utahns' free choice regarding providers for their sexual and reproductive health care, including Planned Parenthood.