

## Increasing Access to Contraception Learning Community Nine Focus Areas for Success

Nearly half (45%) of [pregnancies](#) in the United States are unintended. For women who want to delay or prevent pregnancy, having access to reliable, effective contraception that meets their lifestyle needs and preferences is critical. Many states are using a systems change approach to increase access to contraception. To support these efforts, in 2016, ASTHO, with support from CDC's Division of Reproductive Health, the Centers for Medicare and Medicaid Services' (CMS) Center for Medicaid and CHIP Services (CMCS), and the HHS Office of Population Affairs (OPA), convened the *Increasing Access to Contraception Learning Community* with state and national partners. The learning community aims to disseminate strategies and best practices to implement policies and programs that increase access to the full range of contraceptive methods. The learning community has identified nine focus areas with strategies that can be implemented to increase access to contraception and may warrant additional resources to achieve the greatest impact. The nine focus areas described below represent a broad spectrum of strategies, ranging from a provider-level focus to a systems-level change approach.

### **Focus Area 1: Provider Awareness and Training**

Training, continuing education, and provider buy-in are critical components for successfully increasing clients' access to contraception. Providers need ongoing guidance, resources, and training to enhance their awareness and familiarity with recommending various contraceptive methods. States may improve provider awareness and training by identifying provider champions, promoting [CDC's evidence-based contraceptive guidance](#) and [guidance on providing quality family planning services and client-centered counseling](#), training healthcare providers on current insertion and removal techniques for long-acting reversible contraception (LARC), encouraging training for ancillary providers, supporting training on billing and coding procedures, and increasing awareness of medical eligibility criteria and selected practice recommendations for contraceptive use.

### **Focus Area 2: Reimbursement and Financial Sustainability**

Securing adequate funding for contraception and reproductive health is critical for supporting and developing policies and programs, and for ensuring program sustainability over time. States use multiple reimbursement and financing sources, including Medicaid, private insurance, [Title X](#), the [340B Drug Pricing Program](#), and the [Temporary Assistance for Needy Families](#) program. Examples of strategies to improve reimbursement and financial sustainability include directly billing for LARC devices to reduce the burden on providers, and reimbursing healthcare providers and facilities for the full range of contraceptive services, including:

- Screening for pregnancy intention.
- Client-centered contraception counseling.
- Full cost of LARC device insertion, removal, replacement, and reinsertion in both inpatient and outpatient settings.

### **Focus Area 3: Informed Consent and Ethical Considerations**

States may consider approaches to improve clients' satisfaction with their chosen contraceptive services and methods by encouraging informed consent and trust in providers, assuring that a chosen method can be changed or removed if desired, and ensuring that clients do not feel pressured to select a particular method. This focus area's strategies address the timing and content of informed consent,

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client-centered counseling, reducing provider bias, enhancing counseling and removal protocols, and broader issues of reproductive justice and ethics.

### **Focus Area 4: Logistical, Stocking, and Administrative Barriers**

States can address administrative and other logistical barriers to support the successful implementation of policies and procedures to increase access to contraception. Strategies to address these barriers include:

- Stocking the full range of contraceptive methods.
- Partnering with manufacturers and pharmaceutical companies to increase method availability in all jurisdictions.
- Decreasing costs through cost-sharing programs, use of specialty pharmacies, and pharmaceutical incentives on pricing.
- Ensuring availability of a sufficient supply of methods for same-day services, particularly with LARC.
- Removing grandfathered clauses, preauthorization requirements, step therapy restrictions and required use of generic drugs before brand name medications, and three-year moratoriums on new devices in insurance plans.

### **Focus Area 5: Consumer Awareness**

This focus area includes strategies for conducting consumer outreach, including assessing client satisfaction with methods and service delivery, client experience, and implementation of public and private campaigns to increase awareness of the full range of contraceptive options and services.

### **Focus Area 6: Stakeholder Partnerships**

Engaging national and federal partners and identifying state partnerships is essential for successfully increasing access to contraception. Strategies in this area include establishing partnerships across agencies to develop lasting and sustainable consortiums and task forces, and facilitating partnerships among private and public insurers, device manufacturers, and multiple state agencies.

### **Focus Area 7: Service Locations**

Facilities and clinics with adequate staff support to deliver comprehensive services are critical for enhancing clients' access to the full range of contraceptive methods. This focus area includes strategies for:

- Urban, rural, and frontier settings.
- Smaller clinics and service centers.
- Community health centers.
- Federally Qualified Health Centers.
- Family planning clinics.
- Hospitals.
- [Geographic regions identified as contraceptive deserts.](#)
- Using telemedicine for remote, rural, or frontier areas, and the need for partnerships with larger facilities to implement contraceptive services.

## **Focus Area 8: Data, Monitoring, and Evaluation**

Quality assurance and measuring improvements in access to contraception is critical for modifying clinical practice, and for monitoring and reporting long-term success and growth. Strategies may include developing a quality improvement program that integrates clinical performance measures related to contraceptive care, improving surveillance systems, conducting process and outcome evaluations, establishing agreements to access existing data (e.g., Medicaid or hospital records), and developing innovative data collection methods that provide information to guide the implementation of these strategies. States can perform ongoing data analyses to discover opportunities to strengthen contraceptive programs, such as identifying providers who need training, service locations that do not provide a full range of contraceptive methods, sub-populations or geographic areas experiencing highest need, and ways to ensure method satisfaction among clients.

## **Focus Area 9: Specific Populations**

There are often persistent access challenges and barriers for groups that are difficult to engage through traditional outreach, such as adolescents, clients with disabilities, the uninsured and underinsured, non-English speakers, undocumented populations, incarcerated individuals, and individuals with substance use disorders. This focus area includes specialized workforce, communication, outreach, policy, cultural competence, and clinical practice strategies for improving access for specific populations. Strategies may include:

- Educating healthcare providers on confidentiality concerns.
- Addressing automated distribution of explanation of benefits.
- Partnering with drug addiction specialists and referring clients to treatment facilities.
- Providing reproductive services in close proximity to prisons, halfway houses, shelters, and other settings.
- Building and providing accessible clinic facilities and medical equipment.
- Offering extended and weekend hours.
- Providing teen-friendly or culturally appropriate information and materials in multiple languages during healthcare visits.