



COMMONWEALTH of VIRGINIA

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December 21, 2023

MEMORANDUM

TO: The Honorable Glenn A. Youngkin
Governor of Virginia

The Honorable Janet D. Howell
Co-Chair, Senate Finance and Appropriations Committee

The Honorable George L. Barker
Co-Chair, Senate Finance and Appropriations Committee

The Honorable Barry D. Knight
Chair, House Appropriations Committee

The Honorable Terry L. Austin
Vice Chair, House Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: State Funding of Abortions in Cases of Fetal Anomalies

This report is submitted in compliance with the Virginia Acts of the Assembly – Appropriation Act - Item 294 F2. (Special Session I, 2022), which states:

The Virginia Department of Health shall report on metrics to measure the effectiveness of the [Virginia Contraceptive Access Initiative] program such as impacts on morbidity, reduction in abortions and unplanned pregnancies, and impacts on maternal health such as an increase in the length of time between births, among others. In addition, the department shall collect data on the number of women served who also sought treatment for substance use disorder. The department shall submit a report to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, the Secretary of Health and Human Resources, and the Director, Department of Planning

and Budget, that describes the program, and metrics used to measure results, actual program expenditures, and projected expenditures by September 1 of each year.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/AJ

Enclosure

Pc: The Honorable John Littel, Secretary of Health and Human Resources

2022 Report to the General Assembly

Virginia Contraceptive Access Initiative

**Office of Family Health Services
Virginia Department of Health**

Table of Contents

Executive Summary5
Introduction.....6
Background.....7
Findings and Recommendations8
 Program Implementation8
 DMAS Collaboration9
 Results.....10
 Metrics Used to Measure Results11
 Project Expenditures12
 Recommendations.....13
Conclusion13
References.....15
Appendix A: Fact Sheet16

Executive Summary

The 2020 General Assembly appropriated \$3 million to the Virginia Department of Health (VDH) for the FY21-22 biennium from the Temporary Assistance for Needy Families (TANF) Block Grant to design and administer a program to increase access to contraception for women in need. The 2021 General Assembly increased funding for the second year to \$4 million. The Virginia Contraceptive Access Initiative (CAI) offers contraception to uninsured patients whose income is below 250% of the federal poverty level (FPL). Originally launched as a pilot program in 2018, this program is designed to prevent unintended pregnancies and improve maternal and child health outcomes.

This report includes data about the program from July 1, 2021 to June 15, 2022. Highlights include the following:

- VDH currently contracts with eighteen qualified health providers across the Commonwealth;
- Patient volume has increased each year of program implementation and is set to increase again this year;
- VDH has provided funding for 5,576 patient encounters during the current budget period; and
- VDH continues to partner with the Department of Medical Assistance Services (DMAS) to maximize program impact.

Given the positive public health impact of making family planning services available to patients regardless of ability to pay, VDH anticipates that the CAI will achieve positive health outcomes. To evaluate this, VDH monitors both patient-level and aggregate-level data.

Introduction

The CAI is funded by the Commonwealth of Virginia's TANF Block Grant. Originally called the Virginia Long Acting Reversible Contraception (LARC) Initiative, this program began as a pilot in 2018 and originally covered hormonal intrauterine devices (IUDs) and implants, both LARCs. The 2020 General Assembly extended the program for another two years and expanded it to include all U.S. Food and Drug Administration (FDA)-approved contraceptive methods. Due to this expansion, the program's name was changed to the Virginia Contraceptive Access Initiative (CAI). The purpose of the CAI is to expand access to all FDA-approved methods of contraception in order to decrease unintended pregnancies and improve maternal and birth outcomes. Under this program, qualified health providers offer free contraception to patients whose incomes are below 250% of the federal poverty level (FPL). Patients must also be uninsured or unable to use their insurance for contraception in order to qualify.

Funding for the CAI is detailed in the 2022 Appropriation Act (Item 294, subsection F), which states the following:

- F.1. Out of this appropriation, \$3,000,000 the first year and \$3,000,000 the second year from the Temporary Assistance for Needy Families (TANF) block grant shall be provided for the purpose of expanding access to long acting reversible contraceptives (LARC). The Virginia Department of Health shall establish and manage memorandums of understanding with qualified health care providers who will provide access to LARCs to patients whose income is below 250 percent of the federal poverty level, the Title X family planning program income eligibility requirement. Providers shall be reimbursed for the insertion and removal of LARCs at Medicaid rates. As part of the pilot program, the department, in cooperation with the Department of Medical Assistance Services and stakeholders, shall develop a plan to improve awareness and utilization of the Plan First program and include outreach efforts to refer women who have a diagnosis of substance use disorder and who seek family planning services to the Plan First program or participating providers in the pilot program.*
- 2. The Virginia Department of Health shall report on metrics to measure the effectiveness of the program such as impacts on morbidity, reduction in abortions and unplanned pregnancies, and impacts on maternal health such as an increase in the length of time between births, among others. In addition, the department shall collect data on the number of women served who also sought treatment for substance use disorder. The department shall submit a report to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, the Secretary of Health and Human Resources, and the Director, Department of Planning and Budget, that describes the program, and metrics used to measure results, actual program expenditures, and projected expenditures by September 1 of each year.*
- 3. Out of this appropriation, \$1,000,000 the first year and \$1,000,000 the second year from the Temporary Assistance for Needy Families (TANF) block grant shall be made available to supplement the funding provided under paragraph 1. of this Item to expand access to FDA-approved contraceptives, that are not long acting reversible contraceptives. The Virginia Department of Health shall establish and manage memoranda of understanding with qualified health care providers who have existing contracts pursuant to paragraph 1. of this Item or to new ones if funding is available.*

Providers shall be reimbursed for the cost of the contraceptives, as provided under this paragraph, at Medicaid rates.

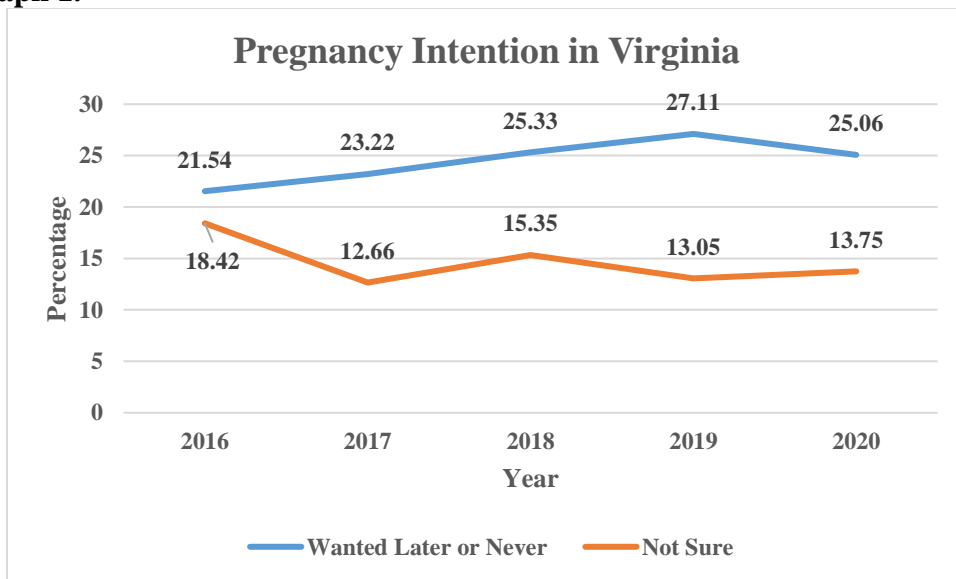
4. The appropriation as described under paragraphs F.1. and F.3. of this Item shall be used to expand access to both LARC and non-LARC contraceptives and the Virginia Department of Health is authorized to use funds in either paragraph to supplement the funds in the other paragraph for the purposes described.

Background

[Virginia’s Plan for Wellbeing](#) defines key health priorities for the Commonwealth and helps VDH define the agency’s goals and objectives for improving health outcomes among all Virginians. The CAI aims to reduce unintended pregnancies and improve birth spacing, supporting Virginia’s goal to establish a strong start for children. FDA-approved contraceptive methods, particularly LARCs, are incredibly effective at preventing pregnancies and are an ideal choice for Virginians aiming to achieve healthy birth spacing. Pregnancies that occur less than 18 months after a prior birth are at increased risk for negative health outcomes, including preterm birth, low birthweight, and birth complications (March of Dimes, 2015).

Graph 1 shows trends in pregnancy intention in Virginia from 2016 to 2020. In order to collect this information, VDH surveyed approximately 1,200 new mothers through the Pregnancy Risk Assessment Monitoring System (PRAMS), asking “Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?” The data suggests that approximately 40% of Virginia women experienced a pregnancy that they either wanted later, did not want, or were not sure that they wanted (Virginia Department of Health, 2020).

Graph 1.



Based on the academic literature, of pregnancies that were “wanted later or unwanted,” 46% resulted in births, 41% in abortions, and the remainder in pregnancy loss (Kost, 2018). While unintended pregnancy rates are steadily declining across the nation, the fact remains that approximately 39% of Virginia families experienced pregnancy ambivalence or a pregnancy that was unwanted or mistimed. Furthermore, all communities do not have equal access to

preventive services. Poverty is strongly correlated with unintended pregnancy. In 2011, national unintended pregnancy rates among women with incomes below the FPL were more than five times the rate among women with incomes of at least 200% of the FPL (Finer & Zolna, 2016). The 2016 study is the most recent analysis correlating poverty to unintended pregnancy.

Evidence indicates that modern contraceptives are very effective at preventing pregnancy. Data shows that among U.S. women at risk of unintended pregnancy, the 68% who use contraceptives consistently and correctly through the course of any given year account for only 5% of all unintended pregnancies (Guttmacher Institute, 2015). Conversely, the 18% who use contraceptives inconsistently account for 41% of unintended pregnancies, and the 14% who do not use contraceptives at all or have a gap in use of at least one month account for 54% of unintended pregnancies (Guttmacher Institute, 2015).

While contraception is covered by most insurance plans, cost is a significant barrier for people who are uninsured. The most effective methods are particularly expensive, with some LARCs costing approximately \$1,000. The CAI removes financial barriers for all contraceptive methods, making them more accessible to people who would otherwise lack access. This program allows patients to work with their providers to choose the contraceptive method that best meets their needs rather than potentially settling for a less effective method due to costs. The CHOICE Project and the Colorado Family Planning Initiative both demonstrated that increasing access to contraception regardless of ability to pay leads to declines in unintended pregnancy rates (McNicholas, 2014; Ricketts, 2014).

Findings and Recommendations

Program Implementation

The CAI began as a pilot program in 2018. At its inception, the program, then known as the Virginia LARC Initiative, partnered with twelve organizations in the first year and eighteen in the second year to offer hormonal IUDs and implants to eligible patients. This program was extended an additional two years during the 2020 General Assembly session. On July 1, 2020, the Virginia General Assembly authorized funds to cover all FDA-approved methods of contraception rather than limiting coverage to only implants and IUDs. During the 2021 General Assembly session, the legislature increased state fiscal year 2022 (SFY22) funding to \$4 million. A list of currently funded organizations and expenditures as of June 15, 2022, is found in Table 2.

Participating organizations submit patient encounter and demographic data to VDH on a rolling basis and are then reimbursed for services rendered according to reimbursement rates determined by DMAS. DMAS reimbursement rates can be found on the [DMAS webpage](#). In order to facilitate data collection requirements and ultimately demonstrate program effectiveness, VDH uses REDCap, a HIPAA-compliant data collection system developed by Vanderbilt University. VDH enters all patient encounter and demographic data into REDCap upon receipt of each invoice.

Because this funding stream only supports provider reimbursements for contraception, LARC insertions, and LARC removals, administrative support for the CAI is funded by VDH's federal Title V Maternal and Child Health Block Grant. The VDH Reproductive Health Unit manages

all programmatic components of the CAI, including reviewing sub-recipient invoices, entering patient data into the REDCap system, administering contracts, and monitoring program impact and expenditures. Staff offer quarterly webinars to participating agencies, providing sub-recipients an opportunity to discuss program updates and troubleshoot any implementation challenges they may be experiencing. The VDH Shared Business Services unit manages the financial components of the program, ensuring timely reimbursement according to state procurement policies.

DMAS Collaboration

In order to best meet the needs of low-income Virginians, VDH and DMAS have worked together over the course of the project to effectively leverage the CAI; Medicaid Expansion; and Plan First, Virginia's limited eligibility program that covers family planning services. In January 2019, DMAS rolled out Medicaid Expansion, which has helped over 500,000 Virginians access medical coverage. Medicaid Expansion is available to eligible adults between the ages of 19 and 64 through DMAS's existing delivery systems and contracted health plans. Contraception is covered under all Medicaid plans. Qualifying Virginians not eligible for Medicaid Expansion may be able to access family planning coverage through the DMAS Plan First benefit. DMAS provides coverage for family planning services to Medicaid members and Plan First beneficiaries, and the CAI provides these services to Virginians who are not eligible for Medicaid coverage.

DMAS and VDH regularly collaborate in order to support contraceptive access. During the current reporting period, VDH and DMAS identified a barrier to access at federally qualified health centers (FQHCs). Based on conversations with FQHC providers, VDH identified that FQHCs could benefit from additional instruction on how to bill Medicaid for LARCs, and the two agencies worked together to develop a fact sheet with this information. The fact sheet is currently being reviewed by FQHCs and will be disseminated during the upcoming fiscal year.

Results

This report includes preliminary results for program implementation from July 1, 2021, to June 15, 2022. Because the amount of time varies between the date when services are rendered and the date when the invoice is received, program data can lag by several months. The full reach of the program is underrepresented in this report. This year's invoice deadline is July 15th, and VDH will have complete program data by September 1st.

Based on the data available on June 15, 2022, the CAI has reimbursed providers for 5,576 encounters. At each of these encounters, patients receive individualized counseling to help them choose to begin, continue, or discontinue the contraceptive method of their choice. Table 1 lists the quantity of contraception dispensed by type, along with the number of LARC insertions and removals provided to patients during this reporting period. The Virginia General Assembly also requires VDH to collect information about patients who have sought treatment for substance use disorder; however, this information is not used to evaluate program effectiveness. During this reporting period, ten patients disclosed that they had sought treatment within the previous year.

Table 1.

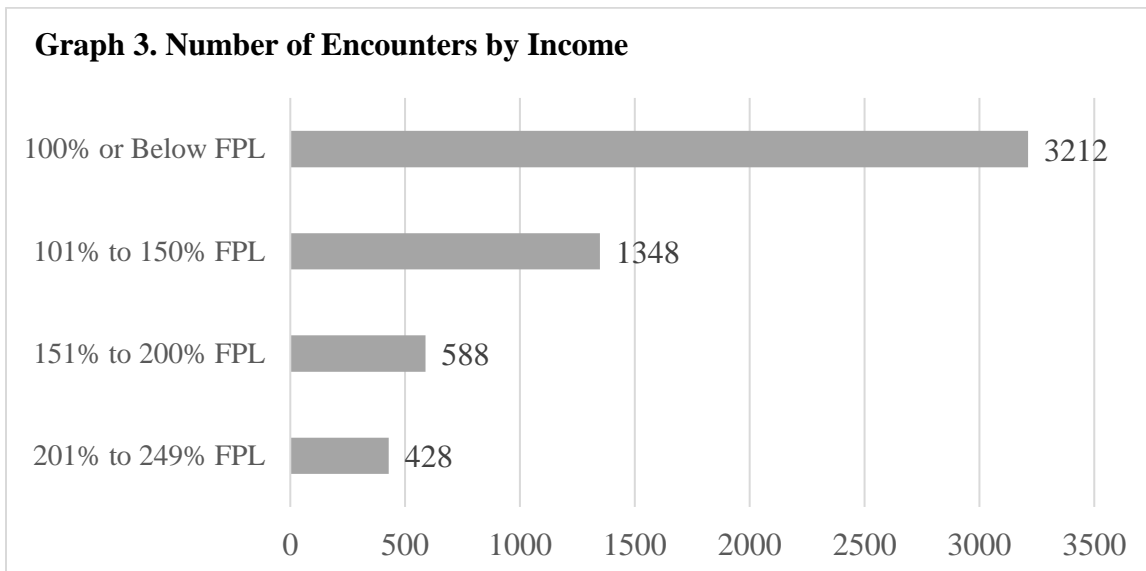
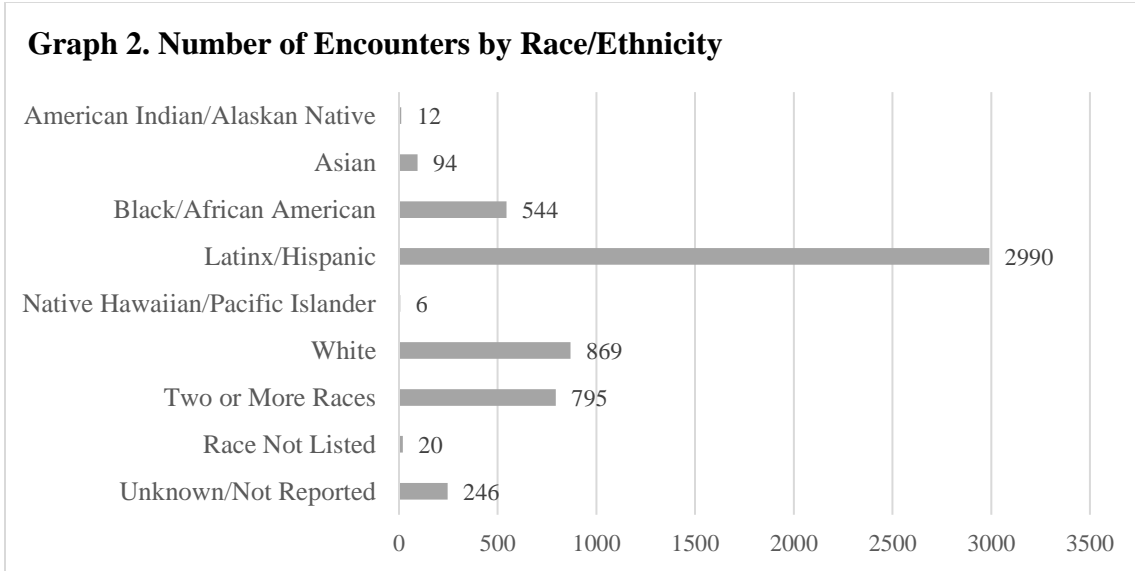
Service	Total
Cumulative Encounters	5,576
Cumulative Insertions	1,390
Cumulative Removals	805
Cumulative Removals + Reinsertions at Same Visit	293
Cumulative LARCs Purchased	1,683
Cumulative Shots Purchased	1,583
Cumulative Packs of Pills Purchased	7,977
Cumulative Packs of Rings Purchased	211
Cumulative Packs of Patches Purchased	511

Note. The number of insertions and reinsertions do not equal the number of LARC devices because these figures include cases when an insertion failed, when an insertion was billed but not the device, and when a device was billed but not the insertion.

This program experienced a 260% increase in patient encounters and expenditures during SFY21 compared to the previous biennial budget period and will likely experience an increase in encounters and expenditures during SFY22 as well when the program data is completed in September 2022. A fact sheet outlining program progress is found in Appendix A. The increase in SFY21 is largely due to two reasons:

1. The CAI now covers all FDA-approved contraceptive methods rather than limiting coverage to only hormonal LARCs.
2. Public awareness about the program has increased over time.

Graphs 2 and 3 show the number of encounters by race/ethnicity and income. During the current budget period, the CAI has met the needs of some of the most vulnerable Virginians, with 58% of patients being at or below the FPL. Over half of patients identify as Hispanic/Latino.



The CAI serves any eligible patient who can experience an unintended pregnancy, regardless of the patient’s age. The median age of patients served during this reporting period is 30 years of age. This data suggests that although national unintended pregnancy rates are highest among women aged 18-24 (Centers for Disease Control and Prevention, 2019), Virginia residents continue to lack access to contraception well beyond that age range. This program is rising to meet the need.

Metrics Used to Measure Results

VDH has entered an agreement with Vanderbilt University to evaluate the CAI along with other state efforts to increase access to contraception. At the conclusion of the external evaluation, VDH anticipates lower teen pregnancy and abortion rates in areas with a high concentration of patients served through the CAI. In the meantime, VDH intends to track the following information:

Virginia Contraceptive Access Initiative

- Demographic information about patients served, including race, ethnicity, and income;
- Number of patients served with a substance use diagnosis as required by the Virginia General Assembly;
- Geographic information about patient residences and provider locations; and
- Patient satisfaction.

Project Expenditures

Table 2 lists the cumulative amount of invoices that were submitted by June 15, 2022. The deadline for SFY22 invoices to be submitted is July 15, 2022, and VDH expects the full \$4 million to be expended when the final invoices are received and processed.

Table 2. SFY22 Expenditures to Date

Health Provider	Cumulative Invoices
Carilion	\$24,595.19
Central Virginia Health Services	\$95,354.50
CrossOver	\$81,419.32
Daily Planet	\$51,945.50
Greater Prince William CHC	\$156,436.44
Harrisonburg Community Health Center	\$107,198.92
HealthWorks	\$243,253.56
Mary Washington Healthcare	\$4,435.71
Neighborhood Health	\$432,612.06
Planned Parenthood South Atlantic	\$100,817.18
Rockbridge Area Health Center	\$9,421.43
Sinclair Health Clinic	\$17,999.84
UVA Health System	\$49,477.48
VCU Health System	\$49,151.22
Virginia League for Planned Parenthood	\$728,213.22
West End Midwifery	\$4,318.92
Whole Woman's Health Alliance	\$91,081.79
Whole Woman's Health LLC	\$32,966.25
Total	\$2,295,253.83

Table 3 lists the cumulative amount of invoices that were paid to each agency during SFY21. During SFY21, the CAI was allocated \$3 million, and half of the participating agencies had to absorb costs in order to stay within the program budget.

Table 3. SFY21 Expenditures

Health Provider	Cumulative Invoices
Carilion	\$41,352.22
Central Virginia Health Services	\$66,665.59
CrossOver	\$117,779.73
Daily Planet	\$71,399.50
Greater Prince William CHC	\$176,567.82
Harrisonburg Community Health Center	\$77,109.75
HealthWorks	\$261,469.65
Mary Washington Healthcare	\$3,192.99
Neighborhood Health	\$623,320.38
Olde Towne Medical Center	\$6,416.07
Planned Parenthood South Atlantic	\$174,276.64
Rockbridge Area Health Center	\$23,139.17
Sinclair Health Clinic	\$17,195.71
UVA Health System	\$95,121.63
VCU Health System	\$100,011.85
Virginia League for Planned Parenthood	\$1,021,897.09
West End Midwifery	\$4,273.77
Whole Woman's Health Alliance	\$96,738.28
Whole Woman's Health LLC	\$18,177.75
Total	\$2,996,105.57

Recommendations

In order to more comprehensively meet the needs of Virginians, VDH recommends that the Virginia General Assembly consider the following:

- Continue funding for the Virginia Contraceptive Initiative: This will ensure sustainability of this important safety net program for low-income women in the years to come.
- Increase the number of eligible services with additional funding to support the increase: The program notably does not cover current procedural terminology (CPT) codes related to Depo-Provera administration, contraceptive counseling, or patient visits. When possible, providers typically bill private and public insurance plans for these services in order to cover staff time during a patient visit. Because providers cannot bill VDH for these services under this program, they must absorb the costs.

Conclusion

Since its inception, the CAI has undergone several changes that have led to increased access to vulnerable Virginians. The program now covers all FDA-approved methods of contraception, allowing patients to choose the best method for them regardless of financial circumstances. In addition, program funding has increased over time, allowing more patients to receive services. The current program's flexibility incentivizes participation from providers who may not be suited for other public family planning funding streams but still provide essential safety net services to patients. The CAI has become an important safety net program for low-income

Virginia Contraceptive Access Initiative

women, making contraceptive services available to over 5,000 women during the current budget year. Through strong collaborations with partnering health providers and DMAS, VDH is working to ensure that contraception is available to patients regardless of ability to pay. VDH is committed to continuing efforts to reduce unintended pregnancies and improve maternal and child health outcomes.

References

- Centers for Disease Control and Prevention. (2019). Unintended pregnancy. Retrieved from <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm>
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- Virginia Department of Health. (2020). *Pregnancy Risk Assessment and Monitoring System*.

Appendix A: Fact Sheet



Overview

The Contraceptive Access Initiative (CAI) began as a pilot program in 2018. That year, the Virginia Department of Health (VDH) was tasked by the Commonwealth of Virginia to design a two-year pilot program to increase access to hormonal long acting reversible contraceptives (LARCs) among women up to 250% of the federal poverty level. In 2020, this program was extended an additional two years and expanded to cover all FDA-approved methods of contraception rather than only hormonal LARCs. The CAI is funded by Temporary Assistance for Needy Families (TANF) with an annual budget of \$4 million.

Health providers participating in the program include:

- Seven federally qualified health centers
- Three private women's health clinics
- Four hospital systems
- Two free clinics
- Two Planned Parenthood affiliates

Funds are **only** used for LARC insertions, LARC removals, and contraceptives.



Public Health Impact

Improved Health Outcomes

When Colorado provided contraception at no cost, the state saw a **significant reduction** in:

- Teen births,
- Abortions, and
- Rapid repeat births

While Colorado's initiative was larger than Virginia's, Virginia expects to see similar outcomes due to this program.

Cost Savings

- It is estimated that every \$1 invested in family planning services saves \$7.09 in public expenditures¹
- Colorado's Family Planning Initiative saved \$66.1-69.6 million in Medicaid, TANF, SNAP, and WIC expenditures²



VDH.Virginia.gov

¹ (Frost, J. J., et al. (2014). Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program. *The Millbank Quarterly*. doi: 10.1111/1468-0009.1208).

² (Finer, L. B. and Zolna, M. R. (2011). Unintended pregnancy in the united states: Incidence and disparities, 2006. *Contraception*, 84(5), 478-485).



CONTRACEPTIVE ACCESS INITIATIVE:

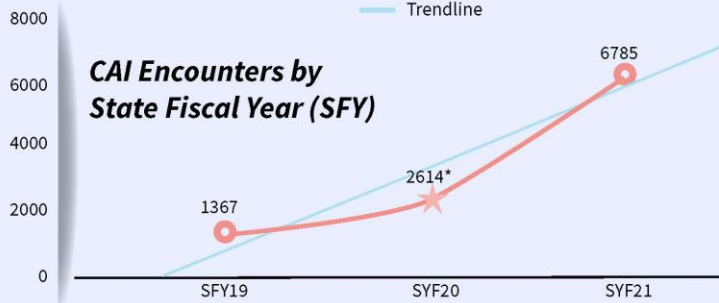


Program Impact:

October 1, 2018-June 30, 2021

The Contraceptive Access Initiative has covered 10,766 contraceptive visits since its inception. When the program expanded to include all methods of contraception in July 2020, program utilization increased significantly (Chart 1).

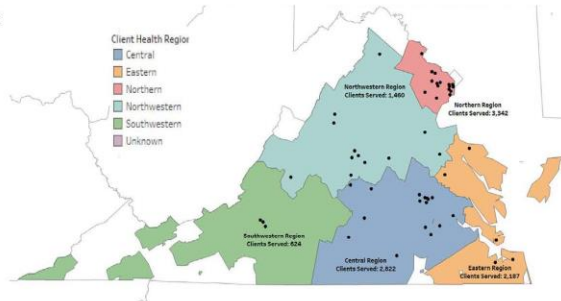
- 96% of women served are between 15 to 44 years of age.
- 59% of women served are 100% or below the federal poverty level, which is \$21,960 for a family of three.
- The contraceptive implant (Nexplanon) is the most popular method, followed by the contraceptive injection (Depo Provera).



*Indicates program expansion on July 1, 2020

Chart 1.

CAI providers are located as far north as Winchester, as far east as Virginia Beach, and as far west as Roanoke. Patients travel to the most convenient location to receive services. Map 1 shows the residence of patients who have received services through this program. *Note: The numbers listed on the map do not equal 10,766 because some patients chose not to share this information.*



Patient Testimonials

"They were able to provide the birth control I wanted and gave it to me at no fee which was unexpected. Very grateful!"

"I am so glad that I don't have to worry about getting pregnant or have to remind myself to take medicine."

"This is the best that I've felt in years. Not just from a physical standpoint, but also from an emotional one. The implant is keeping my cysts under control, my hormones stable, and I enjoy not having a heavy flow during my period. Very grateful to my doctor and the nurses for the care they gave me."

"Great care with dignity and respect."

