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May 2, 2025

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor

The Honorable Janet V. Kelly
Secretary of Health and Human Resources

The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
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: Virginia Contraceptive Access Initiative

This report is submitted in compliance with the Virginia Acts of the Assembly – 2024 Appropriation Act (Item 278, subsection F.2), which states:

> *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.

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

KS/KB
Enclosure

VIRGINIA CONTRACEPTIVE ACCESS INITIATIVE

REPORT TO THE GOVERNOR AND THE GENERAL ASSEMBLY

2024

VIRGINIA DEPARTMENT OF HEALTH

PREFACE

The Virginia General Assembly directs the Virginia Department of Health (VDH) to administer the Virginia Contraceptive Access Initiative (CAI). The CAI offers contraception to uninsured patients whose income is below 250 percent of the federal poverty level (FPL). VDH is required to 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 of the Department of Planning and Budget, that describes the program, metrics used to measure results, actual program expenditures, and projected expenditures by September 1 of each year.

REPORT CONTRIBUTOR

Virginia Department of Health

Emily Yeatts, Reproductive Health Unit Supervisor, Office of Family Health Services

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EXECUTIVE SUMMARY

In 2023, the General Assembly appropriated $4 million to the Virginia Department of Health (VDH) from the Temporary Assistance for Needy Families (TANF) Block Grant to administer a program to increase access to contraception. The Virginia Contraceptive Access Initiative (CAI) offers contraception to uninsured patients whose income is below 250 percent 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. VDH is required to submit a report by September 1 of each year 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 of the Department of Planning and Budget that describes the program, metrics used to measure results, actual program expenditures, and projected expenditures.

This report fulfills this mandate for 2024. The report includes final data about the CAI program from July 1, 2022 to June 30, 2023 (State Fiscal Year (SFY) 23) and preliminary data about the program from July 1, 2023 to June 30, 2024 (SFY24). Main points are listed below.

FINDINGS

1. VDH currently contracts with 18 qualified health providers across the Commonwealth.

2. VDH provided funding for 6,238 patient encounters during SFY23 and 4,416 patient encounters so far in SFY24.

3. VDH continues to partner with the Department of Medical Assistance Services (DMAS) to maximize member awareness of available family planning resources in the community.

Given the known positive public health impact of making family planning services available to patients regardless of ability to pay, VDH anticipates that the CAI will continue to result in positive health outcomes. To evaluate this, VDH monitors both patient-level and aggregate-level data. Virginia's drop in unintended pregnancy rates temporally coincides with the CAI's launch and subsequent expansion. Vanderbilt University's external evaluation of the program confirmed lower natality rates in areas served by the CAI. The full evaluation will be added as an addendum to the 2025 CAI report, as it has not yet been published.

INTRODUCTION

PROGRAM MANDATE

The Contraceptive Access Initiative (CAI) is funded by the Commonwealth of Virginia's Temporary Assistance for Needy Families (TANF) Block Grant. The 2024 Appropriation Act, Item 278, subsection F allocated $4 million of this grant to administer a program to increase access to contraception (Appendix A). Originally called the Virginia Long-Acting Reversible Contraceptives (LARC) Initiative, this program began as a pilot in 2018 and initially covered hormonal intrauterine devices (IUDs) and implants, known as LARCs. The 2020 General Assembly extended the program for another two years and expanded it to include all Food and Drug Administration (FDA)-approved contraceptive methods. Due to this expansion, the program's name was changed to the Virginia Contraceptive Access Initiative. The 2021 General Assembly increased program funding from $3 million to $4 million, and the program has received level funding each year since.

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, health providers offer free contraception to patients whose incomes are below 250 percent of the federal poverty level (FPL). Patients must also be uninsured or unable to use their insurance for contraception to qualify.

The Virginia Department of Health (VDH) is required to submit a report by September 1 of each year 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 of the Department of Planning and Budget, that describes the program, and metrics used to measure results, actual program expenditures, and projected expenditures.

REPORT OUTLINE

This report includes data about unintended pregnancies; the role of family planning services in promoting public health; program data; and a conclusion.

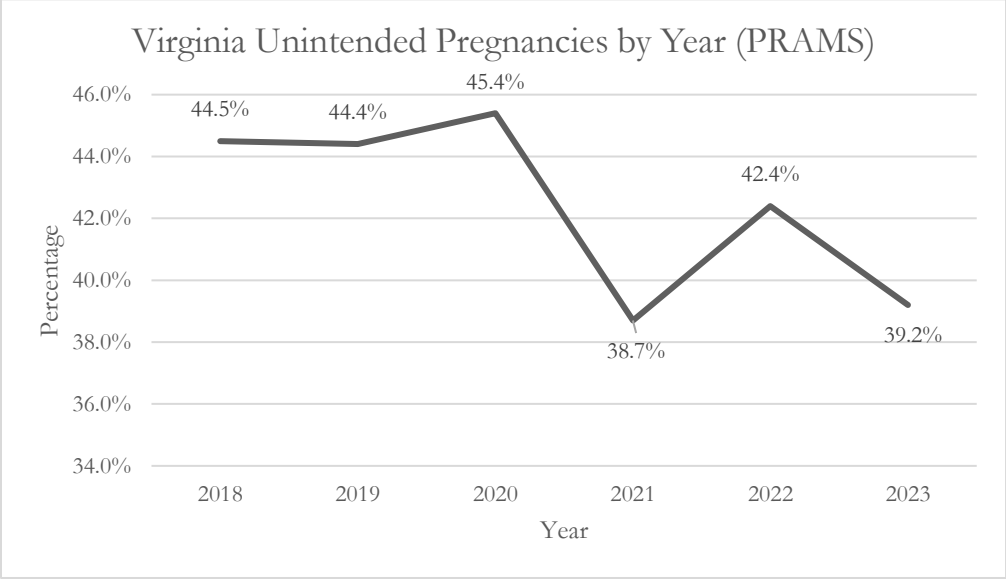
BACKGROUND

Virginia's Plan for Wellbeing 2016-2020 outlines 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 maternal and infant health outcomes, supporting Virginia's goal to establish a strong start for children. FDA-approved contraceptive methods, particularly LARCs, are incredibly effective at preventing pregnancies (Centers for Disease Control and Prevention, 2016). They are also an ideal choice for Virginians aiming to achieve healthy birth spacing, which can impact health outcomes. 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 (Lonhart et al., 2019).

VDH is currently updating Virginia's Plan for Well-Being. The CAI helps address several goals outlined in the updated plan, including reducing infant mortality and supporting economic stability for Virginia's families. VDH intends to publish the updated plan in the upcoming year.

Graph 1 shows trends in pregnancy intention in Virginia from 2018 to 2022. To collect this information, VDH asked participants of the Pregnancy Risk Assessment Monitoring System (PRAMS) survey, "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 experience a pregnancy that they either wanted later, did not want, or were not sure that they wanted (Virginia Department of Health, 2024).

Graph 1



Based on historical data, of those 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 experience pregnancy ambivalence or a pregnancy that is unwanted or mistimed (VDH, 2024). 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 percent of the FPL (Finer & Zolna, 2016). The 2016 study is the most recent national analysis correlating poverty to unintended pregnancy.

"When used correctly, modern contraceptives are very effective at preventing pregnancy. 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; in contrast, 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 cost. Research shows that initiatives aimed at increasing access to contraception for those who may otherwise not be able to afford it – such as the CHOICE Project and the Colorado Family Planning Initiative – have led to declines in unintended pregnancy rates (McNicholas, 2014; Ricketts, 2014).

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FINDINGS

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 12 organizations in the first year and 18 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 hormonal implants and IUDs. During the 2021 General Assembly session, the legislature increased state fiscal year 2022 (SFY22) funding from $3 million to $4 million. Program funding has remained at $4 million for each state fiscal year since. A list of currently funded organizations and expenditures is found in Tables 2 and 3 in the report section entitled "Project Expenditures."

VDH establishes contracts with healthcare organizations to offer contraceptive care to eligible patients. Participating organizations screen patients for eligibility, provide contraceptive care to patients, and then submit patient encounter and demographic data to VDH on a rolling basis. VDH reimburses organizations for services rendered according to reimbursement rates determined by the Department of Medical Assistance Services (DMAS). DMAS reimbursement rates can be found on the DMAS webpage. To facilitate data collection 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 administrative office manages the financial components of the program, ensuring timely reimbursement according to state procurement policies.

DMAS COLLABORATION

The CAI is a safety net program designed for patients who would not otherwise be served by Virginia's other publicly funded family planning programs. As directed in the budget language and 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 600,000 Virginians gain access to medical coverage (Virginia Department of Medical Assistance Services, 2024). Medicaid Expansion is available to eligible adults between the ages of 19 and 64 through DMAS' 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 also work together to share information with Medicaid providers, partners, and members about family planning services available throughout the Commonwealth. Each year, VDH offers presentations about this topic, including ways to locate family planning clinics that accept Medicaid and/or receive CAI funds. In each presentation, VDH stresses the importance of client-led family planning services where patients decide their method of contraception and describes how VDH works to make family planning available regardless of a patient's ability to pay.

PROGRAM DATA

This report includes final program implementation data from July 1, 2022 to June 30, 2023 (State Fiscal Year (SFY) 23) and preliminary data for July 1, 2023-June 30, 2024 (SFY24). VDH tracks the following metrics to assess program reach and service delivery:

- Number of eligible encounters;
- Contraceptive services provided at each eligible encounter;
- 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.

During SFY23, the CAI reimbursed providers for 6,238 encounters. So far in SFY24, the CAI has reimbursed providers for 4,416 encounters. VDH accepts claims on a rolling basis, and all invoices must be submitted by July 15, 2024. VDH anticipates receiving a significant number of additional claims by this deadline. Final program data for SFY24 will be available in August 2024, after this report was written.

At each CAI encounter, patients receive individualized counseling to help them choose to begin, continue, or discontinue the contraceptive method of their choice. Table 1 lists the number of reimbursed encounters, the number of LARC insertions and removals, and the quantity of contraception dispensed by type during SFY23 and so far in SFY24.

Table 1

Service*	Final SFY23 Total	Preliminary SFY24 Total
Total Encounters	6,238	4,416
Total Insertions	1,563	1,118
Total Removals	945	776
Total Removals + Reinsertions at Same Visit	408	327
Total LARCs Purchased	1,933	1,415
Total Shots Purchased	1,859	1,553
Total Packs of Pills Purchased	8,812	6,015
Total Packs of Rings Purchased	205	103
Total Packs of Patches Purchased	586	799
Total Other Methods Purchased	3	0

*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.

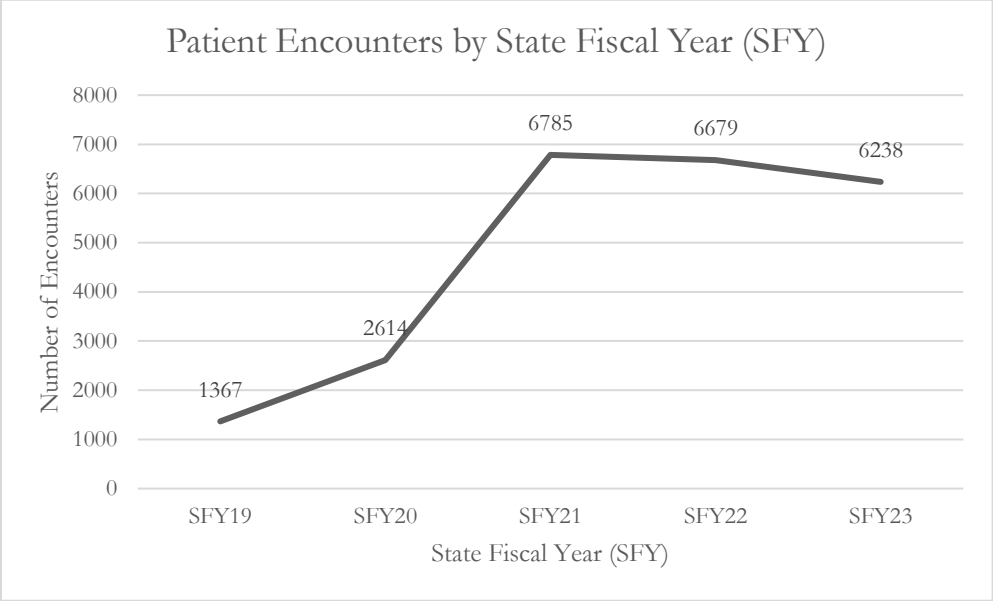
The Virginia General Assembly also requires VDH to collect information about patients who have sought treatment for substance use disorder; however, this information is not used to evaluate program effectiveness. During SFY23, two patients disclosed they had sought treatment within the previous year. No patients have disclosed seeking treatment so far in SFY24.

Graph 2 illustrates the total patient encounters over time, from SFY19 to SFY23. The program experienced a 260% increase in patient encounters during SFY21 compared to the previous biennial budget period. The increase in SFY21 is largely due to two reasons:

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

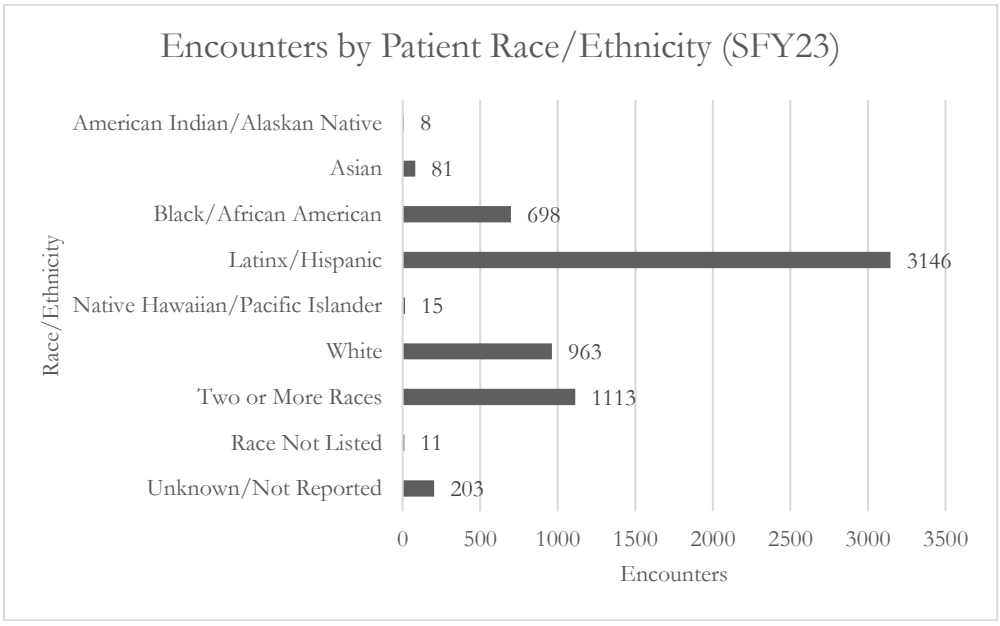
After this significant increase in SFY21, patient volume remained relatively steady through subsequent years. This indicates that the need for subsidized family planning services continues. Patient volume has not increased since program expansion in SFY21, and partner organizations have confirmed that they are serving as many patients as they have the capacity to serve. To continue to meet the initiative's goals related to reducing unintended pregnancies and improving maternal and infant health outcomes through increased access to contraception, the program must reach more individuals. To do so, VDH will need to contract with additional health providers. Existing contracts are active through SFY25. VDH will release a competitive Request for Applications to invite health providers across the Commonwealth to participate in SFY26. Through this process, VDH anticipates recruiting additional providers into the program, ultimately serving more patients each year moving forward within the current budget.

Graph 2

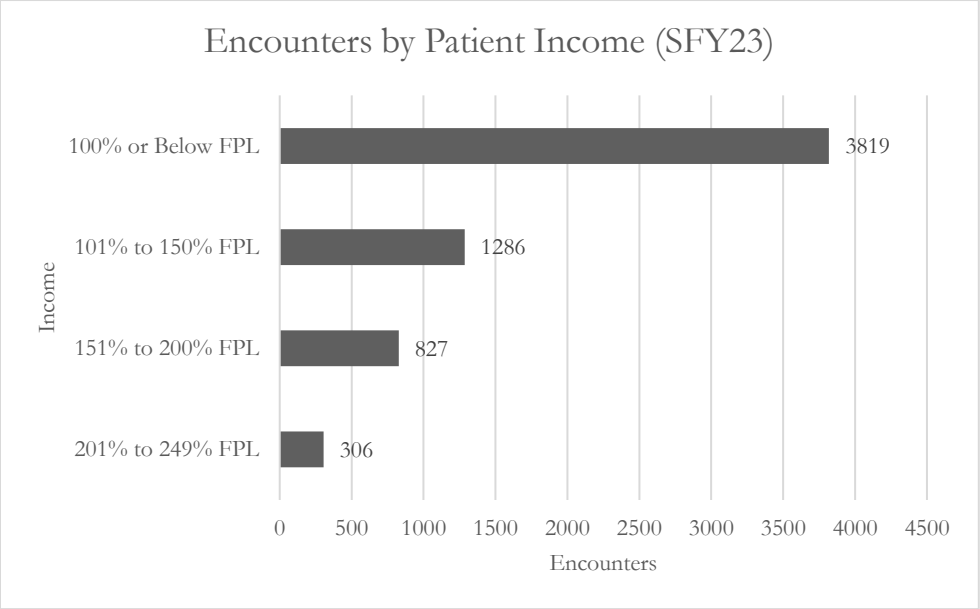


Graphs 3 and 4 show the number of encounters by race/ethnicity and income during SFY23. During this budget period, the CAI has met the needs of some of the most vulnerable Virginians, with 61% of patients being at or below the FPL. Fifty percent of patients identify as Hispanic/Latinx.

Graph 3

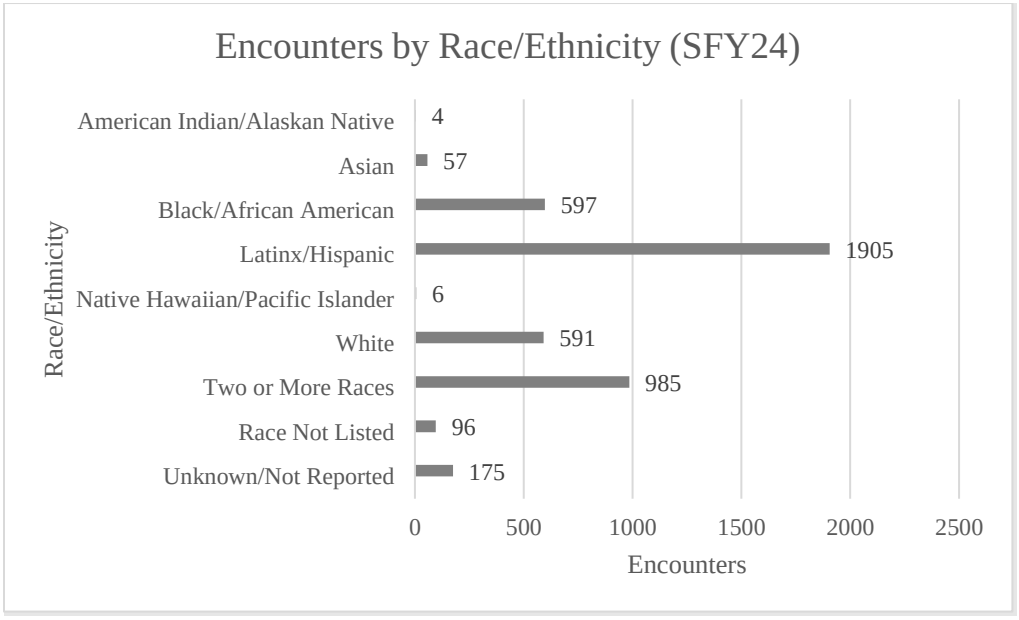


Graph 4

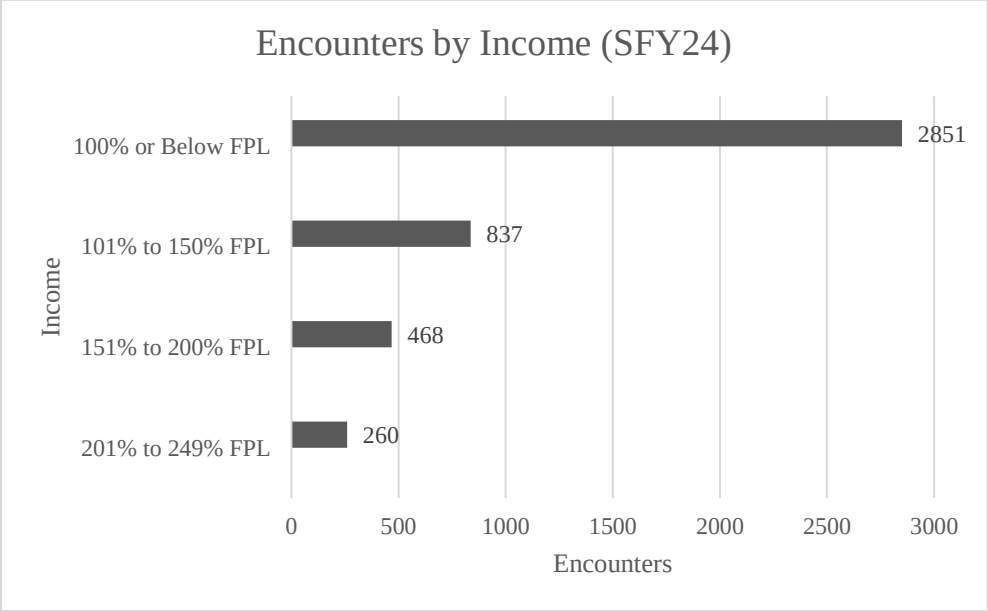


Graphs 5 and 6 show the number of encounters by race/ethnicity and income so far in SFY24. Demographic trends are relatively consistent across state fiscal years, with Hispanic/Latinx patients representing the largest racial/ethnic group among patients and over 60% of patients having incomes at or below the FPL.

Graph 5



Graph 6



The CAI serves any eligible patient who can experience an unintended pregnancy, regardless of their age. The median age of patients served during SFY23 is 29, and the median age of patients served so far in SFY24 is 28. National unintended pregnancy rates are highest among women aged 20-24 followed closely by women aged 25-29 and then women aged 30-34 (National Center for Health Statistics, 2023). The CAI consistently serves patients within the age groups most at risk for unintended pregnancy.

DISCUSSION

Graph 1 in the "Background" section shows the trend of unintended pregnancy rates in Virginia. This graph shows that the statewide unintended pregnancy rates dropped in 2021, which could be correlated with the expansion of CAI in 2020. Because PRAMS data cannot be analyzed by locality, VDH cannot determine the CAI's impact on unintended pregnancy rates in the specific localities most served by the program, but VDH can confidently state that statewide unintended rates have dropped since the program was implemented.

Vanderbilt University conducted an external evaluation of Virginia's efforts to expand contraceptive access, including CAI and Title X Family Planning clinics, and summarized the results in an article titled, "Effects of Expanding Contraceptive Choice: New Evidence from Virginia's Contraceptive Access Initiative." Vanderbilt scientists are actively seeking publication in a peer-reviewed journal, so the study will be included as an addendum in next year's CAI report. Vanderbilt confirmed that the CAI is achieving its intended goal of increasing access to contraception in the Commonwealth. Further analysis concluded that the CAI reduced natality rates by 3% in localities served, with the largest effects among women aged 25-34.

While Vanderbilt observed a difference in natality rates in areas served by CAI, the difference was not as drastic as that observed by the Colorado Family Planning Initiative, a program famously credited for significantly reducing the state's unintended pregnancy rate. The

reason for this is simple: Virginia's baseline contraceptive utilization rates at the beginning of the CAI were at least four times higher than baseline contraceptive utilization rates among Colorado participants. Vanderbilt cites several policies and programs that contributed to high baseline utilization in Virginia that were not present at the beginning of Colorado's project:

- Affordable Care Act: The Affordable Care Act required that most insurance plans cover contraception with no out-of-pocket costs beginning in 2012, increasing contraceptive access to millions of patients across the United States.

- Medicaid Expansion: Virginia expanded Medicaid eligibility in 2019, increasing the number of Virginians eligible for coverage. Because Medicaid Fee-For-Service and Managed Care Organizations cover contraception at no copay, more Virginians could access the contraceptive method of their choice because of this policy.

- Title X Family Planning Program: Virginia's federally funded Title X Family Planning Program offers a broad range of contraceptive methods, maintains clinics in most health districts throughout the Commonwealth, and serves a significant number of low-income and uninsured patients. While the program does not have resources to serve all patients in need of publicly funded family planning services, Title X clinics are an important safety net provider and partner for the CAI. LARC utilization rates among Title X patients in Virginia at the beginning of Virginia's initiative were significantly higher than LARC utilization rates among Title X patients in Colorado at the beginning of Colorado's initiative.

The CAI compliments existing policies and programs in Virginia to increase access to contraception and has become a critical safety net provider in the Commonwealth.

PROJECT EXPENDITURES

VDH tracks program expenditures by provider and type of contraceptive method provided (LARC or Non-LARC). Expenditures for SFY23 and SFY24 to date are provided in Tables 2 and 3 below.

Table 2: SFY23 Expenditures by Organization

Health Provider	LARC	Non-LARC	Grand Total
Carilion	$9,181.64	$1,111.50	$10,293.14
Central Virginia Health Services	$72,309.88	$35,528.58	$107,838.46
CrossOver	$76,843.69	$137.15	$76,980.84
Daily Planet	$45,005.27	$16,672.50	$61,677.77
Greater Prince William Community Health Center	$110,124.06	$0	$110,124.06
Harrisonburg Community Health Center	$70,860.41	$0	$70,860.41
HealthWorks	$234,694.37	$16,587.00	$251,281.37
Mary Washington Healthcare	$0	$0	$0
Neighborhood Health	$345,497.72	$67,793.60	$413,291.32
Planned Parenthood South Atlantic	$40,037.08	$3,591.00	$43,628.08
Rockbridge Area Health Center	$15,073.41	$5,492.57	$20,565.98
Sinclair	$35,260.96	$22,253.49	$57,514.45
UVA	$170,419.48	$0	$170,419.48
VCU	$22,141.43	$0	$22,141.43
Virginia League for Planned Parenthood	$729,358.80	$259,117.30	$988,476.10
West End Midwifery	$5,440.24	$0	$5,440.24
Whole Woman's Health Alliance	$118,673.46	$6,412.50	$125,085.96
Whole Woman’s Health LLC	$138,517.28	$5,130.00	$143,647.28
Grand Total	**$2,239,439.18**	**$439,827.19**	**$2,679,266.37**

Table 3: SFY24 Expenditures to Date by Organization

Health Provider	LARC	Non-LARC	Grand Total
Carilion	$19,808.46	$1,282.50	$21,090.96
Central Virginia Health Services	$58,072.23	$15,837.48	$73,909.71
CrossOver	$66,050.35	$587.77	$66,638.12
Daily Planet	$44,317.69	$12,825.00	$57,142.69
Greater Prince William Community Health Center	$63,088.77	$0	$63,088.77
Harrisonburg Community Health Center	$62,239.47	$0	$62,239.47
HealthWorks	$166,838.22	$21,033.00	$187,871.22
Mary Washington Healthcare	$0	$0	$0
Neighborhood Health	$296,552.12	$1,453.50	$298,005.62
Planned Parenthood South Atlantic	$37,560.22	$2,907.00	$40,467.22
Rockbridge Area Health Center	$2,621.20	$2,565.98	$5,187.18
Sinclair	$27,131.81	$21,713.49	$48,845.30
UVA Health Sciences Center	$57,457.84	$0	$57,457.84
VCU	$8,523.04	$0	$8,523.04
Virginia League for Planned Parenthood	$711,898.92	$277,249.38	$989,148.30
West End Midwifery	$15,689.87	$0	$15,689.87
Whole Woman's Health Alliance	$46,865.91	$1,368.00	$48,233.91
Whole Woman’s Health LLC	$56,886.00	$3,505.50	$60,391.50
Grand Total	**$1,741,602.12**	**$362,328.60**	**$2,103,930.72**

As previously stated, VDH accepts claims from partner organizations on a rolling basis, and all invoices must be submitted by July 15, 2024. VDH anticipates receiving a significant number of additional claims by this deadline. Final program expenditures for SFY24 will be available in August 2024. VDH anticipates that SFY24 expenditures will be comparable to the final SFY23 expenditures.

CONCLUSION

The CAI has become an important safety net program for low-income women, making contraceptive services available to over 6,000 patients during the most recent full program year. Through strong collaborations with partnering health providers and DMAS, VDH is working to ensure that contraception is accessible across the Commonwealth. Family planning services have a proven positive impact on individuals, families, and communities, and through continuous investment in the public health system, Virginia is ensuring the health and wellbeing of the Commonwealth's most vulnerable residents.

The CAI has undergone several changes since its inception that have led to increased access for 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. The current program's flexibility and reimbursement mechanism incentivizes participation among providers who may not be suited for other public family planning funding streams. Continued funding will ensure sustainability of this important safety net program for low-income patients in the years to come.

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APPENDIX A – 2024 APPROPRIATION ACT (ITEM 278, SUBSECTION F)

F.1. Out of this appropriation, $3,000,000 the first year from the Temporary Assistance for Needy Families (TANF) block grant and $3,000,000 the second year from the general fund 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 from the Temporary Assistance for Needy Families (TANF) block grant and $1,000,000 the second year from the general fund shall be made available to supplement the funding provided under paragraph F.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 F.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.

APPENDIX B – ACRONYMS AND ABBREVIATIONS

CAI – Contraceptive Access Initiative

DMAS – Department of Medical Assistance Services

FDA – Food and Drug Administration

FPL – Federal poverty level

IUD – Intrauterine device

LARC – Long-acting reversible contraceptive

PRAMS – Pregnancy Risk Assessment Monitoring System

SFY – State fiscal year

TANF – Temporary Assistance for Needy Families

VDH – Virginia Department of Health

APPENDIX C – PROGRAM FACT SHEET

CONTRACEPTIVE ACCESS INITIATIVE

A Public Health Program for Women in Need

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 expenditures[1]
- Colorado's Family Planning Initiative saved $66.1-69.6 million in Medicaid, TANF, SNAP, and WIC expenditures[2]

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[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).*

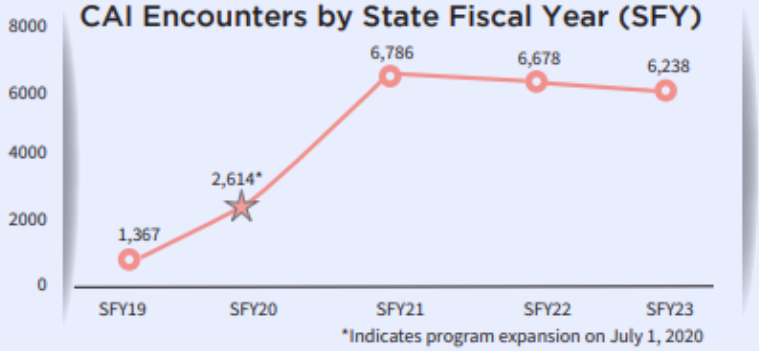
CONTRACEPTIVE ACCESS INITIATIVE

Program Impact:

October 1, 2018-June 30, 2023

The Contraceptive Access Initiative has covered 23,683 contraceptive visits since its inception. When the program expanded to include all methods of contraception in July 2020, program utilization increased significantly.

- 95% of women served are between 15 to 44 years of age.



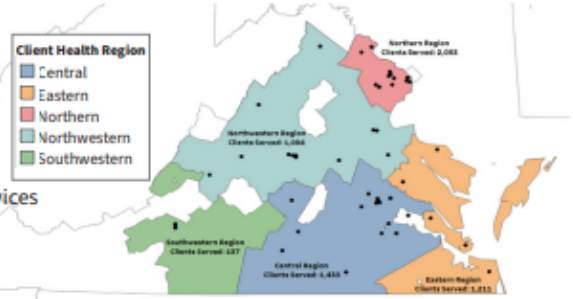
- 60% of women served are 100% or below the federal poverty level, which is $25,820 for a family of three.
- The contraceptive injection (Depo Provera) is the most popular method, followed by the contraceptive implant (Nexplanon).

CAI Patients and Providers

(July 1, 2022 – June 30, 2023)

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 regional count of patients who have received services through this program. The black dots indicate the locations of the CAI clinics providing services in this fiscal year.

Note: The numbers listed on the map do not equal 6,238 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!"

"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."

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

"Great care with dignity and respect."

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APPENDIX D – REFERENCES

Centers for Disease Control and Prevention. (2016). US medical eligibility criteria for contraceptive use, 2016 (US MEC). https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/intro.html#Figure

Finer, L.B., & Zolna, M.R. (2016). Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*, *374*(9), 843–852. doi:10.1056/NEJMsa1506575

Guttmacher Institute. (2015). Contraceptive use in the United States. https://www.guttmacher.org/sites/default/files/pdfs/pubs/fb_contr_use.pdf

Kost, K., et al. (2018). Pregnancy desires and pregnancies at the state level: Estimates for 2014. https://www.guttmacher.org/report/pregnancy-desires-and-pregnancies-state-level-estimates-2014

Lonhart, J., et al. (2019). "Short interpregnancy interval as a risk factor for preterm birth in non-Hispanic Black and White women in California. *Journal of Perinatology*, *39*, 1175-1181. doi: 10.1038/s41372-019-0402-1

McNicholas, C., et al. (2014). The contraceptive choice project roundup: What we did and what we learned. *Clinical Obstetrics and Gynecology, 57*(4): 635-43. doi: 10.1097 /GRF.0000000000000070

National Center for Health Statistics. (2023). Updated methodology to estimate overall and unintended rates in the United States. *Vital and Health Statistics*, *2*(201). https://www.cdc.gov/nchs/data/series/sr_02/sr02-201.pdf

Ricketts, S., et al. (2014). Game change in colorado: Widespread use of long-acting reversible contraceptives and rapid decline in births among young, low-income women. *Perspectives on Sexual and Reproductive Health, 46*(3): 125-132. doi: 10.1363/46e1714

Virginia Department of Health. (2024). *Pregnancy Risk Assessment and Monitoring System*.

Virginia Department of Medical Assistance Services. (2024). *Medicaid expansion enrollment*. https://www.dmas.virginia.gov/data/medicaid-expansion-enrollment/