• Colorado’s Family Planning Program Overview
• Expanded Access Program
• Outcomes
• Policy
• Colorado’s Family Planning Program Overview
• CDPHE has been grantee for Title X/ State General Funds for 48 years.
• Bi-partisan support.
• 45,000-50,000 clients a year.
• 25-30 contractors doing business in 60-70 clinics
Family Planning Services Provided:

- Family planning counseling, education and supplies
  - (recently a focus on long-acting, reversible contraceptive methods)
- STD screening and treatment
- Annual Exams
- Breast and cervical cancer screening
- Male services

_Federally Qualified Health Centers, public health, hospitals and nonprofit organizations_
• Expanded Access Program – Colorado Family Planning Initiative (CFPI 2009-2015)
Between 2008 and 2016 - Anonymous Donor invested in CDPHE family planning program. Called it “Colorado Family Planning Initiative (CFPI)”

- Directed funds toward LARC devices
- Statewide - within existing Title X network
- Provided over 40,000 LARCs to low-income women
- Improved business practices
- Identified “champions” in the field
- Trained providers, built confidence
- Watched data - researched and published
- Partnered with media outlets to help normalize the work
Focus on expanding all methods with an emphasis on long-acting, reversible contraceptive methods

**Intrauterine Device**

Both types of IUDs work primarily by preventing sperm from fertilizing an egg.

The copper IUD releases copper into the uterus, which works as a spermicide. The hormonal IUDs release a form of the hormone progestin into the uterus. The progestin thickens the cervical mucus so that sperm can't reach the egg.

3-10 years

**Implant**

Hormones in birth control stop an egg from being released by your ovary and also prevent sperm from reaching the egg.

The contraceptive implant puts a steady, low dose of hormone into your bloodstream.

3 years
Clinical
• Provider Training
• Build a larger Cadre of Champions
• NP, PA and front desk clinical training
• Best Trainers and Tools (Sim Models)
• Mentors and follow-up
• Focus on new providers: SBHC, FQHCs,
• rural health, IPP, Pediatricians
Business Improvements
• Billing and Coding
• Cost Setting training
• Clinic Efficiencies
• Electronic Health Records
• Advocating with insurance
• Public Health has a place at the table
<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid Reimbursement</th>
<th>Private Health Insurance Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$464,699</td>
<td>$52,832</td>
</tr>
<tr>
<td>2012</td>
<td>$1,031,994</td>
<td>$138,394</td>
</tr>
<tr>
<td>2013</td>
<td>$1,137,395</td>
<td>$273,005</td>
</tr>
<tr>
<td>2014</td>
<td>$2,333,932</td>
<td>$547,387</td>
</tr>
<tr>
<td>2015</td>
<td>$3,187,623</td>
<td>$884,157</td>
</tr>
<tr>
<td>2016</td>
<td>$3,969,743</td>
<td>$1,191,984</td>
</tr>
<tr>
<td>2017</td>
<td>$3,534,950</td>
<td>$1,351,523</td>
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</tbody>
</table>
• Outcomes
Since the start of the LARC project, the birth rate for young women ages 15 to 19 was reduced by more than half, falling 54 percent between 2009 and 2016. The rate dropped from 37.5 births per 1,000 teens in 2009 to 17.1 in 2016.

A similar downward trend was seen among women ages 20 to 24, with their birth rates dropping 30 percent between 2009 and 2016.
The number of repeat teen births (teens < 18 years giving birth for the second or third time, etc.) dropped by 39% percent between 2009 and 2018 (9.3% to 5.7%).

The abortion rate among women ages 15 to 19 fell by 64 percent and among women ages 20 to 24 by 41 percent between 2009 and 2016.

The average age of first birth increased by 1.9 years among all women between 2009 and 2018, from 25.9 years to 27.8 years.
September 2014 Game Change in Colorado: Widespread Use Of Long-Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low-Income Women

January 2017
Cost Avoidance Research
Q: How many other public support costs were avoided for all of the unintended births that did not happen?

A: By estimating how many births did not occur and then by assigning a dollar amount for each birth.
<table>
<thead>
<tr>
<th>Program</th>
<th>Costs (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$52.3 to $53.7</td>
</tr>
<tr>
<td>TANF</td>
<td>$5.8 to $7.0</td>
</tr>
<tr>
<td>SNAP</td>
<td>$5.2 to $5.5</td>
</tr>
<tr>
<td>WIC</td>
<td>$2.7 to $3.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$66.1 to $69.6</strong></td>
</tr>
</tbody>
</table>

Ranges are based on the two different estimates of births averted.
• Policy
• Medicaid/ ASTHO Cohort 2016-2018
• Educate patient and clinics regarding the Affordable Care Act, Expanded Medicaid in Colorado
• Explanation of Benefits and confidentiality
• $5 million legislative bill failed in 2015
• $2.5 million Decision Item in 2016
• $1,025,000 Decision Item 2019
• State Family Planning Amendment / Waivers (Medicaid to 263% of FPL):  https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D


• ASTHO Coalition:  http://www.astho.org/Programs/Maternal-and-Child-Health/Increasing-Access-to-Contraception/
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