



Implementing Contraceptive Access Now

Mission

To transform how contraceptive care is delivered, accessed, and paid for so that everyone can achieve reproductive well-being.

Our Goal

To eliminate the contraceptive coverage gap in the United States through guiding and resourcing state-based actors to implement model Family Planning State Plan Amendments (SPAS) and waivers.

- Equitable access to high quality contraceptive care remains out-of-reach for millions of people of color and people with low-incomes—a persistent problem that has taken on new urgency post *Dobbs*.
- Community health centers (CHCs) provide essential prenatal, birth, postpartum, and family planning care for the nation’s most underserved communities, but they are struggling due to:
 - Closures of birthing hospitals, CHCs are absorbing more prenatal and postpartum patients.
 - Medicaid unwinding is expected to reduce CHC revenue by an estimated \$2.8 billion as patients lose coverage.

Well-implemented Medicaid Family Planning Programs can help to address these challenges by:

- Providing more robust and predictable funding for CHCs to deliver family planning and related preventive and primary care services.
- Ensuring access to sexual and reproductive healthcare services at a time when people need to know that they can access the birth control method of their choice.

Connecticut Reproductive Health Landscape Today

Connecticut ranks **#4** overall in women's health care thanks to high rates of cervical cancer screenings, a robust maternity care workforce, and low rates of pregnancy-related maternal deaths.¹

But challenges remain when it comes to reproductive, sexual, and maternal health access and outcomes.

STIs/HIV

11.2% of CT women ages 18-44 reported engaging in behaviors that put them at high risk of HIV. **Less than half** of CT women have never had an HIV/AIDS test.²

From 2017–2021, Connecticut experienced a **193.5%** increase in syphilis cases (from 3.1 to 9.1/100,000 persons).³



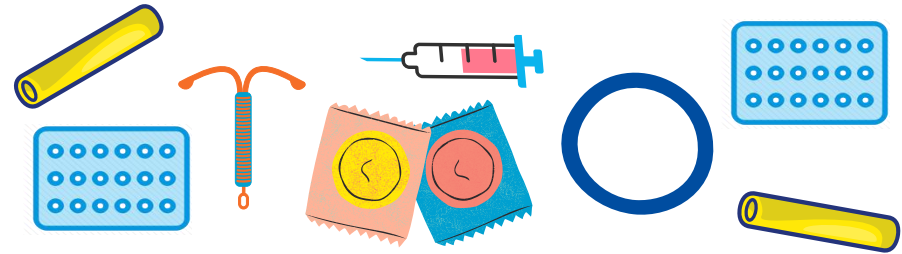
MATERNAL HEALTH



23% of live births have short interpregnancy intervals.⁴

40% of births covered by Husky Health.

The maternal death rate of non-Hispanic Black women is **2.6x** that of non-Hispanic White women, and **4x** higher than that of AAPI women.⁵



CONTRACEPTIVE CARE AND ACCESS

Only **20.5%** of women who gave birth reported visiting a provider to discuss family planning or birth control 12 months prior to pregnancy.⁶

14% of women 18-44 reported a time in the past year where cost prevented them from seeing a doctor when they needed to.⁷

64.9% of CT women who gave birth reported their pregnancies were intended, but among non-Hispanic Black women, **less than half** (47%) of pregnancies were intended.⁸

This data highlights the need to normalize birth control as basic health care in community health centers where patients access primary care.



HUSKY Health Limited Benefit - Family Planning

Who is eligible?

- ✓ Any gender of reproductive age
- ✓ Connecticut resident
- ✓ US citizen or legal immigration status >5 years (unless < 21 years old)
- ✓ Household income < 263% FPL (~\$3301/mo individual | ~\$5659/hh of 3)
- ✓ People >21 can apply without their parents' income considered

What services are covered?

- ✓ Contraceptive services/supplies, including sterilization
- ✓ HPV vaccines
- ✓ STI /HIV screening, treatment for most STIs
- ✓ Treatment of a medical problem from a family-planning service
- ✓ Comprehensive physical exams
- ✓ Nonemergency medical transportation to doctor visits

How does enrollment work?

- ✓ Apply for full Medicaid online, over the phone, or in person or for presumptive eligibility (PE) in person. Receives voucher, must help client apply through AHCT.
- ✓ PE until the last day of the following month after PE was determined
- ✓ Apply twice for PE every 12 months

- Mean annual enrollment rate: **1.9%**¹
- Mean annual % of enrollees utilizing any family planning service: **73%**¹

Opportunities to Strengthen Husky Health Limited Benefit – Family Planning



Enhance SPA inclusions

Coverage eligibility can be expanded even further.

- Understand and rectify PE obstacles.
- Apply flexible household composition rules. Allow individuals to qualify based on their own income (vs. household).
- Expand ongoing coverage eligibility to non-citizens ≥ 21 .
- Develop enrollment and utilization data dashboard.



Train and support primary care providers.

Mean annual enrollment rate is just 1.9%.

- Support providers to register as Husky Health Certified Entities (HHCE) for on site immediate enrollment.
- Facilitate trainings and provide TA to health centers focused on SPA covered services, eligibility, and enrollment, with focus on the following:
 - Capturing coding for move to bundled payment
 - LARC carve out for FQHCs
 - Continuation of coverage at 12 months and 1 day postpartum
- Facilitate trainings for social service providers in partnership with Title V agencies, local community-based organizations, school districts, etc. focused on screening, enrollment, and/or referrals to enrollment sites.



Drive patient awareness.

Lack of direct-to -consumer information about benefits/options.

- Explore state funding for public awareness campaign that is community-driven, evidence-informed, culturally affirming and responsive to the needs of those who fall into the contraceptive coverage gap.
- Develop consumer-facing landing page with user-friendly digital tools that help individuals determine coverage eligibility and simplify the complexities of healthcare coverage.
- Optimize existing Husky Health Nurse hotline, AHCT, and 211 script and directory.

Sample Resources

For Providers

- Foundational Training Live and on-demand webinars
- Enrollment job aids
- Coverage and eligibility fact sheets
- Sliding Fee Discount Scales
- Peer learning networks



For Patients

- Marketing campaign messaging and creative assets.
- Digital platform including tools such as:
 - Screening eligibility quiz.
 - Enrollment site directory.
 - Consumer FAQs.

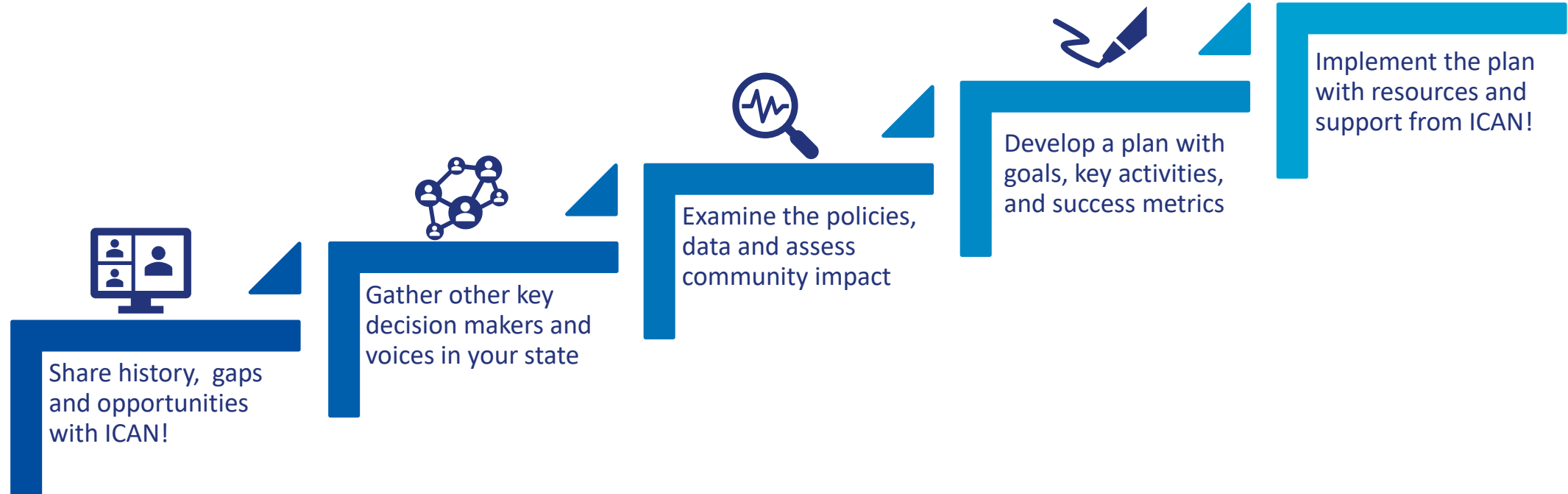


Key ingredients for success

- Setting the table with State Key Players (SKPs).
 - Connecticut Husky Health Medicaid and Access Health CT
 - Connecticut Department of Public Health – Maternal and Child Health Coalition
 - Connecticut Department of Social Services – ConneCT
 - Connecticut Office of Early Childhood
 - Community Health Center Association of Connecticut (CHC/ACT)
 - Connecticut Primary Care Association
 - Connecticut Perinatal Quality Collaboration (CPQC)
 - Connecticut Office of Health Strategy
 - Medical Assistance Program Oversight Council (Women & Children's Health Committee)
 - Connecticut's Women's Consortium
- Activating provider networks.
- Elevate community voices through ICAN! Community Advisory Board participation.
- Drive accountability and impact through metrics development and monitoring.



2-3 Year Partnership



Sample Annual Engagement Process



→ = Community Advisory Board input and guidance

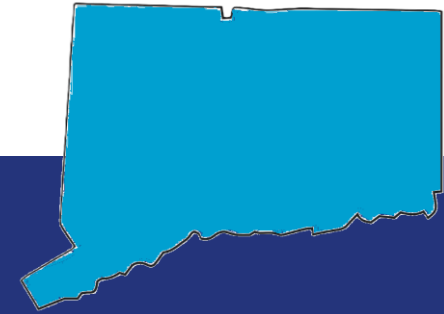
Connecticut Reproductive Health Landscape after coordinated SPA implementation



- ↑ Access to person-centered contraceptive care and related family planning services in the context of whole person health care.
- ↑ Patients' ability to decide if, when, and under what circumstances to become pregnant.
- ↑ Patients whose postpartum coverage expires access ongoing coverage for family planning services.



- ↑ Predictable funding for community health centers.
- ↑ Public funds can be allocated for outreach and education, as well as for truly uninsured patients.
- ↑ Ability to sustainably expand scope of family planning services.



- ↓ Reproductive, sexual, and maternal health outcome disparities.
- ↓ Birth-related costs paid by Medicaid.

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