



COLORADO'S FAMILY PLANNING INITIATIVE

By: Nicole Dube, Principal Analyst

ISSUE

This report provides a brief summary of the Colorado Family Planning Initiative, a state-administered program that, among other things, provides low-income women with access to long-acting, reversible contraceptives at reduced or no cost.

SUMMARY

In 2009, the Colorado Department of Public Health and Environment (DPHE) established the Colorado Family Planning Initiative (CFPI) to provide operational assistance, training, and outreach to the state's 68 family planning clinics receiving federal funds (i.e., the Title X National Family Planning Program). Additionally, the program provides funding to clinics so that they may offer their clients free access to long-acting, reversible contraceptives (LARCs), tubal ligations, and vasectomies.

The program was funded by a \$23 million private donation from 2009 through June 2015. In 2015, the legislature considered, but did not pass, legislation to appropriate \$5 million to the department in FY 16 to fund the program ([2015 HB 15-1194](#)). According to an August 2015 DPHE [press release](#), the department received \$2 million in temporary funding from more than a dozen organizations and intends to pursue permanent funding through legislation.

Since the program's inception, it has provided more than 30,000 women with free or reduced-price LARCs. According to the department, when LARCs became more readily available to low-income women between 2009 and 2013, the state experienced significant improvement in teen birth statistics. For example, teen birth and abortion rates decreased by 40% and 35%, respectively, and teen birth rates declined more rapidly than in any other state. Additionally, DPHE estimates that every dollar spent providing LARCs to low-income women saved \$5.85 in birth-related expenses for the state's Medicaid program.



SERVICES

Funding for LARCs, Tubal Ligations, and Vasectomies

Generally, LARCs are considered the most effective contraceptive method (99% effectiveness), particularly among teenagers, but access is limited due to their high cost and lack of provider and consumer knowledge. To reduce these cost barriers, CFPI provides funding to clinics to offer low-income women free or reduced-cost LARCs, including intrauterine devices (IUDs) and implants. Clinics are prohibited from (1) using CFPI funds to purchase any other type of contraceptive or (2) billing clients or insurers for the cost of the contraceptives. However, clinics may charge clients or insurers for inserting and removing the contraceptives. (Clinics must charge clients using the same sliding fee scale for all Title X services.)

Additionally, clinics may use CFPI funds to provide clients free tubal ligations or vasectomies, provided they do not have insurance coverage for the procedures.

Clinics must target the above services to women and men with incomes at or below 150% of the federal poverty level (i.e., \$11,770 for an individual and \$24,250 for a family of four in 2015) and all teenagers. However, CFPI encourages clinics to extend services to all clients.

Training

CFPI provides clinics with funds to conduct reproductive health trainings on (1) LARC insertion and removal, (2) using client-centered counseling approaches that discuss the most effective contraceptive methods first, (3) educating providers that LARCs are safe for teens, (4) increasing the number of clients served, or (5) implementing the state's reproductive health Medicaid waiver.

Operational Assistance

The program also provides clinics with grants to expand their operations, provided they do so at a cost that does not exceed \$310 per additional client. Grants must also result in increased utilization rates of LARCs, tubal ligations, and vasectomies. DPHE monitors the number of clients served at each clinic receiving such a grant monthly. If the actual number of clients is significantly less than the clinic's goal, it must submit a report to DPHE explaining why the goal was not met and action the clinic plans to take to improve outcomes in the next quarter.

FUNDING SOURCE

CFPI was initially funded by an anonymous, private \$23 million donation from 2009 through June 2015. (Several media articles cite the Susan Thompson Buffet Foundation as the program's donor, however we were unable to confirm this with

DPHE.) In 2015, the legislature considered, but did not pass, a bill that would have appropriated \$5 million to the department in FY 16 to fund the program ([2015 HB 15-1194](#)). In an August 2015 [press release](#), the department announced that it received \$2 million in temporary funding from several organizations, including:

1. The Ben and Lucy Ana Walton Fund of the Walton Family Foundation,
2. Buell Foundation,
3. Caring for Colorado Foundation,
4. Chambers Family Fund
5. The Colorado Health Foundation,
6. The Colorado Trust,
7. Community First Foundation,
8. The Community Foundation Serving Boulder County,
9. Global Health Foundation,
10. Kaiser Permanente Colorado, and
11. The Women's Foundation of Colorado.

The department plans to pursue permanent funding through legislation.

OUTCOMES

According to DPHE, since its inception, the program has provided more than 30,000 women with free or reduced-price LARCs. In 2014, the department published a [study](#) in the journal *Perspectives on Sexual and Reproductive Health* that evaluated the program's effectiveness by reviewing caseloads and clients' LARC use in the state's 68 Title X family planning clinics during the program's first two years. It found that the percentage of Title X clients using LARCs quadrupled, while the state's teen birth rate fell from 29th highest in the nation in 2008 to 19th highest in 2012.

According to the department, when LARCs became more readily available to low-income women between 2009 and 2013:

1. the state's teen birth and abortion rates decreased by 40% and 35%, respectively;
2. abortion rates fell 42% among women ages 15 to 19;

3. teen birth rates declined more rapidly than in any other state;
4. nine out of 10 teen moms who received LARCs before leaving the hospital after delivery did not get pregnant again within two years; and
5. the number of teens with repeat births decreased by 53%.

Additionally, DPHE notes that the birth rate for Medicaid-eligible women ages 15 to 24 significantly decreased from 2010 to 2012, resulting in an estimated savings in Medicaid birth-related costs of between \$49 million and \$111 million.

RESOURCES

Colorado Department of Public Health and Environment Press Release, "State Health Department Seeks Funding For Successful Family Planning Initiative." July 1, 2015: <https://www.colorado.gov/pacific/cdphe/news/CDPHE-family-planning-funding>

Colorado Department of Public Health and Environment Press Release, "Organizations Pledge \$2 Million in Funding to Successful Family Planning Initiative." July 1, 2015: <https://www.colorado.gov/pacific/cdphe/news/LARC-funding>

Colorado Department of Public Health and Environment CFPI website: <https://www.colorado.gov/pacific/cdphe/reducing-unintended-pregnancy>

Colorado Department of Public Health and Environment, "Reducing Unintended Pregnancies in Colorado:" https://www.colorado.gov/pacific/sites/default/files/HPF_FP_UP-Reducing-Unintended-Pregnancies-in-CO.pdf

Colorado General Assembly, 2015 House Bill 15-1194, An Act Concerning State General Fund Dollars for DPHE to Continue Providing Specified Family Planning Services Throughout the State, and, in Connection Therewith, Making an Appropriation: http://www.leg.state.co.us/CLICS/CLICS2015A/csl.nsf/fsbillcont3/1FE10B17E0A10A3987257D94006A7721?Open&file=1194_ren.pdf

Rickets et. al, "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): September 2014: <http://www.guttmacher.org/pubs/journals/46e1714.html>

ND:cmg