Reproductive Health Access in New Jersey:

A Community Guide

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

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About the New Jersey Health Care Quality Institute

The New Jersey Health Care Quality Institute (Quality Institute) is a non-profit organization focused on improving the safety, quality, and affordability of health care for everyone. Our work includes increasing access to quality reproductive health services, including contraceptive and perinatal care.

Acknowledgments

Thank you to the New Jersey Department of Health for their support of this work. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $10,361,110.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Overview and Purpose

This toolkit, created by the New Jersey Health Care Quality Institute, aims to improve access to reproductive health services and expand contraceptive options by educating community organizations, advocates, providers, patients, and the public.

**Individuals seeking reproductive health care, specifically services aimed at preventing pregnancy, do not solely identify as women. This toolkit avoids the use of gender-specific terminology whenever possible and promotes interactions that are inclusive of a range of gender and sexual orientations.*

This toolkit offers:

- Resources on policies, procedures, and best practices for reproductive health services in New Jersey to reduce barriers to contraception and promote person-centered health care.
- Strategies to improve access to care and clarification on complex systems and policies related to contraceptive care; and
- Resources to put these recommendations into practice.

Foreword from Reproductive Justice Contributor - Linda Sloan Locke, CNM, MPH, LSW, FACNM

About Linda: A midwife for over forty years, Linda Sloan Locke has a career-long commitment, not only to midwifery and women's health, but also to health disparities and the intersection of health and mental health. She obtained her Bachelor of Science in Nursing and Master of Public Health degrees, with majors in Public Health Nursing and Maternal Child Health, from the University of Michigan. Her certificate in Midwifery was obtained from SUNY Downstate, and she received her Master of Social Work degree at Rutgers University, with a certificate in Violence Against Women and Children. Her midwifery experience includes: Chief of Midwifery at St Joseph's Regional Medical Center (Paterson), clinical practice at Planned Parenthood, Federally Qualified Health Centers (FQHCs), community hospital midwifery practice, and private midwifery practice. As a social worker, she has worked as a therapist and in-home therapist with a focus on adolescents. In her role as Reproductive Justice Contributor on this project, Linda leveraged her clinical knowledge and first-hand experience about the barriers that providers and patients face in receiving care to advance the use of a reproductive justice lens while increasing access to services.

My own experiences as a health care provider for over forty years, combined with my experience as a Black woman, have informed my perspective on the importance of prioritizing reproductive justice in this work. From my early career experiences as a clinic director at a Planned Parenthood in Flint, Michigan, as a midwifery student at Kings County Hospital in Brooklyn, and through a wide variety of experiences in clinical practice in both community and tertiary level hospitals, family planning clinics, FQHCs, and Domestic and Sexual Violence Programs, I have witnessed the inequities in care for those in communities which have been historically marginalized. In every setting and at every level, from system leadership down to individual providers, stereotypes about certain people, preconceived ideas, and both explicit and implicit biases add additional layers of oppression and obstacles for people seeking services. This is especially true for those who are Black, brown, native, poor, immigrant, or gender non-conforming. These experiences have shaped my commitment to ensuring that a social justice lens is used to inform health care delivery and that reproductive justice is made a priority in this work.

Reproductive justice, a concept defined in 1994 by Sister Song, is the human right for people to maintain personal bodily autonomy, to have children or not have children, and to parent those children in safe and sustainable communities. Rooted in the human rights framework of the World Health Organization and the United Nations, which identify reproductive health as a human right, the concept seeks to center and address these issues of bodily autonomy, access and decision making, and combines the concepts of reproductive rights with social justice.

There has been a long history of REPRODUCTIVE INJUSTICE in the United States, especially toward people of color (Black, brown and indigenous) and other people from historically marginalized communities (incarcerated, poor, teens, and persons with disabilities). In the area of reproductive health, in family planning, and contraception services specifically, there is a particularly troubling history of injustice and coercion. As recently as the 1990's, documentation shows practices of sterilization without consent and coercion with financial or other incentives (such as reduced prison sentences, or as a requirement for receiving welfare) to have a LARC inserted. These efforts were often supported or funded by federal or state governments. Even today, while these more blatant policies have been eliminated, coercion remains in the form of inadequate information given to women about sterilization, policies such as the family cap, and programs providing cash incentives for sterilization.

It is, therefore, crucial that reproductive justice is considered at every level of intervention to assure health equity and prevent similar injustices from occurring. While our goal in this project is to reduce or eliminate barriers to reproductive health and increase access to patient-centered care, it is also essential to avoid what has been called "LARC Zeal". It is important that our efforts remain centered around providing people with equal access and education to the full range of contraception options and not steering them towards any particular method.

"LARC Zeal" has been described by the National Women's Health Network as institutional or provider enthusiasm for LARCs to the exclusion of other methods, which runs the risk of hampering an individual's ability to decide what methods are best for their unique circumstances and can heighten the possibility of coercion.

At all levels of policy development, implementation, and service delivery, prioritizing reproductive justice means evaluating policies to ensure they are grounded in community-based evidence, support individual rights and avoid coercion through processes that promote shared decision-making and patient-centered care planning. It means avoiding policies which, though well-meaning, may have negative unintended consequences. Utilizing best practices and resources provided in this toolkit can assist providers, health systems, and state and fed-

eral organizations in putting patient knowledge and access at the forefront of reproductive health care service delivery, both in New Jersey, and nationally.

As we utilize a reproductive justice lens throughout this work, we will move toward achieving our goals of improved reproductive health care access, and the broader goal of having a positive impact on for the people in New Jersey.

- Linda Sloan Locke, CNM, MPH, LSW, FACNM

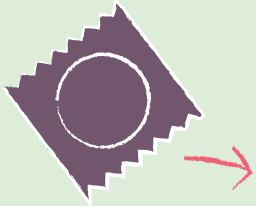
Barriers to Reproductive Health in New Jersey

In New Jersey and across the nation, reproductive health care is often treated as secondary to other medical needs, prioritized mainly related to socially "unfavorable" data, like cases of teen pregnancy or numerous pregnancies in low-income groups. To reduce stigma and increase access, it is crucial to promote high-quality and accessible reproductive health care as an essential medical service.

We provide the statistics below as examples of specific areas where the state can see improved outcomes in the provision of reproductive health services, specifically contraceptive services.

> Key Data

- In New Jersey, the percentage of individuals who were pregnant despite not desiring to have a baby now or at all is greater than the national average.
  - > **The Guttmacher Institute findings showed a rate of 44% of pregnancies in New Jersey in 2017 were considered unintended or unwanted at the time of pregnancy.**



- 2017 data from Guttmacher indicate that 72.1% of New Jersey women (age 18-49) who were at risk of an unplanned pregnancy are using some form of contraceptive.
  - > **27% of these women are using the least effective contraceptives, while 17.8% are using only moderately effective contraceptives.**
- The teen birth rate in New Jersey is 8.2 births per 1,000 teens ages 15-19. The teen birth rates varies by both race and county. Teen births by NJ county range from 0 to 10 per 1,000 in 2022.

In addition to the facts shared, information about the barriers that individuals face to access reproductive and contraceptive health is critical to plan interventions that are aimed at increasing access to care.

Throughout this toolkit, we explore strategies to address these barriers and improve access to services. Examples of these barriers include:

BARRIERS TO CARE:[1]

- **Financial Access:** Costs of contraception, which can vary based on an individual's insurance, can be a significant barrier to care. The availability of publicly funded contraceptive services is an important measure of access.
- **Mistrust and Informed Consent:** Mistrust of providers can stand in the way of contraceptive access. Past abuses, particularly based on race and ethnicity, include coercion toward sterilization and unwanted birth control. Some individuals also may fear their desire to remove a reversible contraceptive device might be met with opposition from their provider.
- **Fear of Side Effects:** People may avoid some contraceptives if they are not sure that they will receive the proper provider support and interventions that may be needed to address potential side effects.
- **Language and Cultural Challenges:** Language barriers offer significant challenges, in addition to cultural barriers, which can become evident when discussing contraceptives. Special attention is needed when communicating with certain populations, such as adolescents, clients with disabilities, non-English speaking, and those from diverse cultural backgrounds.
- **Confidentiality of Services:** New Jersey law is silent as to whether a minor has the power of consent to contraception, but it does explicitly give minors the power of consent to contraception if the individual is married, pregnant or has ever been pregnant. Title X regulations allow providers to maintain confidentiality for teens with no parental intervention. But confidentiality policies, especially pertaining to minors, vary across New Jersey commercial insurance handbooks. Lack of confidentiality, and lack of transparency about related policies, may hinder access to family planning services and contraceptive options.

PROVIDER BARRIERS:[1]

- **Availability of Contraceptives of Choice:** Some methods of contraception are more challenging for providers to make available for their patients – such as long-acting reversible contraceptives (LARCs) like IUDs or implanted contraceptives. This is due to a variety of reasons, such as the requirements imposed on some facilities to meet regulations to be considered a sterile environment for insertion and because LARCs require a significant up-front cost, most providers do not store an inventory, which means patients must return for a second visit after the LARC has been ordered and received for insertion.
- **Preauthorization:** Conversations with stakeholders indicate that patients and providers lack clarity about the need for preauthorization for certain contraceptives such as LARCs within commercial plans and for certain brands in Medicaid fee-for-service populations. Even the mere perception of a need for preauthorization is a stumbling block to convenient and timely access for both the provider and the patient.
- **Provider Knowledge and Skills:** Some providers carry misconceptions relating to LARC risk or are unaware of the newer options for birth control. If providers are not confident in their skills to safely insert LARCs, they are less likely to offer these methods in their offices. If they do offer LARCs during counseling, they may recommend patients go to a clinic that has more experience, which would require the patient to set up another appointment to receive their chosen method of contraception.

Overview of Comprehensive Reproductive Health

3a. Fundamentals of Care Delivery

Reproductive health is a crucial part of overall health care, not just confined to “women’s health care” offices. Providers serving all populations and working in all types of facilities should consider their role in offering high-quality and accessible reproductive health care services.

When providers think about delivering reproductive health services, they usually focus on the clinical aspects. However, other factors are equally important: where and how services are available, how people learn about them, how services are paid for, and providing person-centered care.

Core components of comprehensive reproductive health care include, but are not limited to:

- Family-planning counseling, information, education, and services, including access to the full range of safe and effective contraceptive methods
- Education and services for prenatal care, safe delivery and post-partum care, including breast-feeding and infant and women’s health care
- Prevention and appropriate treatment of infertility
- Counseling, education, and provision of abortion services, including the prevention of unsafe abortion and care after an abortion
- Prevention and treatment of reproductive tract infections, sexually transmitted diseases, and other reproductive health conditions
- Information, education, and counselling, as appropriate, on human sexuality, reproductive health, and parenting

It’s essential to identify the strengths and limitations of an office or health system and work with your clients to be able to find a provider that meets all their needs.

3b Who's Who: Providers of Reproductive Health

Typically, patients, administrators, insurers, and clinicians themselves often think of the primary providers of reproductive health care services as obstetricians and gynecologists (OB/GYNs). Although these clinicians are delivering a significant portion of services, individuals can receive care in a variety of places and from a diverse set of providers.

Clinical providers of reproductive health care may include:

- OB/GYNs
- Certified Nurse-Midwives and Certified Midwives
- Primary Care Physicians, including Family Physicians, Internists, and Pediatricians
- Advanced Practice Clinicians, including Women's Health Nurse Practitioners (NPs/APNs), Family Practice NPs, Pediatric NPs, and Physician Assistants

Pediatricians or other providers who primarily see younger patients should be educated about best practices for reproductive health care services and implement strategies to increase knowledge and access around contraception. Young people specifically may feel increased levels of fear, stigma, or embarrassment around seeking these services. A provider's knowledge of the unique needs of this patient population, as well as their approach and bedside manner, not only can improve the patient's experience but can also be the foundation for empowering sexual and reproductive health moving forward. Educational materials tailored to teens and young adults can be especially helpful.

Providers who may not specialize in reproductive health still encounter questions about patients' contraceptive choices and related services. It's crucial for them to deliver accurate information and quality care in response, or to refer patients to specialists when needed. Many patients' decisions about contraception are influenced by their existing medical conditions, which they may discuss with their regular health care provider. If a provider lacks the necessary knowledge, resources, or comfort to address reproductive health alongside disease management, patients might not receive the best possible reproductive care.

3c. Contraceptive Care Methods and Effectiveness

A central component of reproductive health is contraceptive care. There are many different contraceptives methods available to individuals today that vary in complexity of use, cost, side effects, and effectiveness. These factors all play a role in a person's decision about which method to choose.

Among the options for contraception are:

- Male/female sterilization (not reversible), IUDs, implants = Most Effective
- Injectables, patches, rings, diaphragms, and oral contraceptives = Moderately Effective
- Male/female condoms, sponges, spermicides, fertility-awareness methods, withdrawal = Least Effective

While it is important to understand the effectiveness of each method for preventing pregnancy, the best method of contraception is the one that meets the needs of an individual and is used appropriately. Comprehensive person-centered counseling for contraception will help the patient choose the best method for their situation.

A 2016 national study of women in family planning and abortion clinics identified characteristics of contraceptive methods which were "extremely important" to them.

- Of 23 total items, the method's effectiveness at preventing pregnancy was the item that most (89%) women said was "extremely important."
- The next most important characteristics were if the method is easy to get (81%), affordable (81%), and easy to use (80%).
- Many women also considered other characteristics, such as a method's potential side effects and non-contraceptive benefits, as well as partner preferences and peer experiences.

These factors should be considered when engaging in comprehensive contraceptive counseling.

3d. Reproductive Coercion

Reproductive coercion is a type of domestic abuse that includes explicit behaviors to promote pregnancy that is unwanted by the woman, interfering with contraception, and pregnancy coercion, including threats of abandonment if pregnancy does not occur. The abuses can be physical or psychological and do not only come from a male partner. In some cultural circles, extended family, especially older female relatives, control reproductive decision-making. As many as 1 in 4 women who present at a sexual health clinic report having experienced this type of abuse. Younger individuals are particularly at risk for reproductive coercion. Almost 1 in 8 females who sought care from a school health center experienced recent reproductive coercion

Examples of Reproductive Coercion:

- Partners who insist that sex feels better without a condom, or who secretly remove a condom during sex
- Partners who lie that they have had a vasectomy
- Partners who promise to withdraw before ejaculation and do not
- Partners who pierce condoms or other barrier methods
- Partners who forcefully remove, destroy, or hide contraceptive methods
- Partners who force abortion

If you notice that a partner or family member insists on being present during every conversation about reproductive health or medical visit and refuses to step out for private conversations, it could be a sign of coercion. For the well-being of patients, including minors, it's recommended that health care providers see them alone for part of their visit. This allows for open and honest conversations that can help identify any signs of reproductive coercion, ensuring their safety and well-being.

It's important for everyone to be screened for signs of reproductive coercion. Individuals can be educated on this topic and offered strategies to reduce harm if needed. To prepare for a visit, here are some questions that may be asked to help identify reproductive coercion:

- Has your partner/others in your life ever forced you to do something sexually that you did not want to do or refused your request to use contraception?
- Has your partner or others ever tried to get you pregnant when you did not want to be pregnant?
- Are you worried your partner or others will hurt you if you do not do what they want with the pregnancy?
- Does your partner/others in your life support your decision about when or if you want to become pregnant?

By promoting and consistently adhering to these practices in all health care settings, we can better support individuals in our community and ensure they receive the care they deserve.

3e. Contraceptive Counseling:

Providing clear, compassionate, and culturally sensitive counseling about contraceptive options is crucial for ensuring everyone has access to quality health care and the ability to make informed choices about their bodies.

As individuals go through different stages of life, their contraceptive needs change. Continued counseling is essential to ensure they have access to the most suitable contraception at each stage. The best contraceptive method is the one that fits each person's lifestyle and preferences, so it's important to recognize and respect these evolving needs.

Shared decision-making, especially in contraceptive counseling, is essential. This approach involves actively listening to individuals, respecting their viewpoints, and collaborating with them to make informed choices.

Comprehensive contraceptive counseling includes:

- Person-centered care: Prioritizes individual health needs, quality of life concerns, and desired outcomes. It respects individual preferences and involves them in decision-making.
- Cultural humility: Emphasizes respect and self-reflection when interacting with people from different cultures, acknowledging and addressing power imbalances.
- Trauma-informed care: Recognizes that anyone may have experienced trauma. It involves understanding the prevalence and impact of trauma, creating a safe and empowering environment, and avoiding actions that could re-traumatize individuals.

By integrating these components into contraceptive counseling, we can better support individuals in making informed decisions that align with their health goals and personal circumstances.

> Key Quote

"Traumatic life events are widespread and encompass exposure to a variety of interpersonal violence scenarios, including sexual assault. The trauma experienced by individuals can have lasting adverse effects on their functioning and mental, physical, social, and emotional wellbeing. The trauma informed approach to care uses a framework that acknowledges the effect of trauma, recognizes signs and symptoms of trauma, responds by integrating knowledge about trauma into practices, and seeks to resist re-traumatization. The key principles of trauma informed care include ensuring physical and emotional safety, maximizing trustworthiness, prioritizing individual choice and control, empowering individuals, and encouraging peer support.

— American College of Obstetricians and Gynecologists (ACOG) Committee Opinion, Number 777 March 2019

Providing culturally competent contraceptive services requires understanding and addressing the diverse needs and experiences of individuals across gender and sexuality spectrums. Traditional views in reproductive health often center on hetero-centric perspectives, which may not fully include the experiences of transgender individuals or those with non-binary gender identities.

Avoid assuming a person's identity or behaviors and establish respectful relationships by using preferred pronouns and asking open-ended

questions. This approach helps create an inclusive environment where all individuals feel understood and respected.

To promote diversity and inclusivity, consider:

- Increase Representation: Hire staff from diverse racial, ethnic, gender, and sexual orientation backgrounds to better reflect and serve the community.
- Educational and Marketing Materials: Ensure that materials represent diverse identities and experiences, avoiding stereotypes and promoting inclusivity.
- Resource Accessibility: Provide additional resources that focus on culturally informed and comprehensive care for diverse populations, ensuring they are easily accessible to both staff and clients.

By integrating these strategies, you can enhance the ability to offer culturally competent care that meets the unique needs of all individuals, regardless of their gender identity or sexual orientation. This inclusive approach fosters trust, improves health outcomes, and supports the well-being of the entire community.

* A note about pregnancy:

During pregnancy, it's crucial to discuss contraception after delivery. Discussing options throughout the prenatal period is essential to ensure that an individual can make timely informed decisions about postpartum contraceptive use.

If someone is considering sterilization and is covered by Medicaid, it's important to understand the coverage requirements. They'll also need to sign a consent form at least 30 days before delivery, so these discussions need to happen early in prenatal care.

For individuals interested in getting a Long-Acting Reversible Contraceptive (LARC) inserted after delivery, it's best to start these discussions during prenatal visits to determine the right timing and if immediate post-partum insertion is available at the location where they will be giving birth.

Prenatal visits can be busy, so practices should consider providing accessible materials about contraceptive options. Patients can review these materials at one prenatal visit and then have a discussion about their choices at a later appointment. This approach ensures individuals have the information they need to make decisions that fit their needs and circumstances.

3f. Barriers to Contraceptive Counseling

Discomfort, misunderstandings, or cultural differences, as well as system-level policies, can hinder effective counseling in reproductive health. This can lead to lower quality and accessibility of services. Understanding common barriers and being proactive when discussing them with individuals can help support access to better care.

> Barriers to Effective Counseling:

KNOWLEDGE GAPS/INACCURATE BELIEFS:

Many people avoid using contraceptives because they misunderstand or fear them. For instance, some believe, without evidence, that oral contraceptives cause serious health problems or that IUDs frequently lead to infections. Health care providers also struggle with gaps in knowledge, like not fully understanding the benefits and risks of different contraceptives or which methods are best for patients with specific medical conditions.

Call to Action: Create and use educational materials that are evidence-based, unbiased, culturally informed, and provide detailed yet understandable information about contraceptive methods.

PROVIDER PRIVILEGE:

Providers often have advantages because of their professional roles. Some clinicians also benefit from privileges related to factors such as gender, ethnicity, or economic status. These privileges can shape how clinicians communicate with patients and impact how patients experience care interactions.

Call to Action: Start the conversation with a question: What matters most to you when choosing a contraceptive method? This approach allows you to offer comprehensive information about all available methods, facilitating shared decision-making to determine the best method for each patient.

CULTURAL/RELIGIOUS BELIEFS (INDIVIDUAL AND PROVIDER):

Belief systems may impact an individual's willingness to accept certain contraceptive methods, or a provider's willingness to offer them. Also, clinicians practicing in religiously affiliated health systems or other sites may have limitations placed on their ability to offer contraceptive counseling and care.

Call to Action: Actively listen to understand cultural and religious beliefs that influence which contraceptive methods individuals are familiar with and prefer. Use affirming statements to acknowledge and respect these beliefs. Ensure individuals understand all available contraceptive options and assist in choosing a method that aligns with their preferences.

If a provider's workplace limits the range of reproductive health services they can offer, they should educate themselves on appropriate referrals that offer a full spectrum of care. This ensures individuals receive comprehensive care, even if the provider cannot directly provide certain services.

Section 4

Understanding the New Jersey Insurance Coverage Landscape

Understanding the basics of contraceptive coverage and what affects access or reimbursement is essential. Coverage details, patient cost-sharing, and the brands of contraceptives covered vary by health plan and are influenced by state and federal regulations.

If someone can't access health insurance due to cost, employment, or immigration status, they can still get free or low-cost reproductive health services through various state, federal, and private programs.

4a: Federal and State Policies

Federally Mandated Benefits: Regulations from the Affordable Care Act (ACA) require health plans and insurers offering group or individual health insurance policies to include female contraception as part of preventive services without patient co-payment. These plans must cover, in-network and without a copayment, at least one form of contraception within each of the 18 FDA-identified methods, including:

- Barrier methods, like diaphragms and sponges
- Hormonal methods, like birth control pills and vaginal rings
- Implanted devices, like intrauterine devices (IUDs)
- Emergency contraception, like Plan B® and Ella®
- Sterilization procedures
- Patient education and counseling

Under this mandate, health plans can use formularies, prior authorization, or other strategies to promote accessibility of one form of a contraceptive method over another within the same category (e.g., covering one brand of IUD but not another). However, they cannot favor one method over another category (e.g., covering oral contraceptives but not injectable contraceptives).

*Currently, federal regulations *exempt* certain employers (such as religiously affiliated hospitals or schools) from this mandate if complying with it goes against their religious or moral beliefs. For profit organizations and religiously affiliated nonprofits with religious objections to providing contraceptives can receive an "*accommodation*", which means they are not required by the federal government to "contract, arrange, pay, or refer for contraceptive coverage". However, health insurance companies that provide coverage to employers who receive an *accommodation* to this mandate, are required to provide and manage coverage for contraceptive services. This does not occur for plans provided by an exempt employer.

State Mandated Benefits: In addition to the federal regulations, New Jersey law also requires health plans sold in the state to cover a set of mandated health benefits. Among those are prescriptions for female contraceptives, including, but not limited to, birth control pills, implanted devices, and diaphragms, at no cost to the patient.

State law also requires plans to provide coverage for prescription contraceptives (such as birth control pills) dispensed for three months at first dispense and for twelve-month at a time for any subsequent dispensing of the same contraceptive.

4b. Types of Coverage Available in New Jersey

In New Jersey, individuals may have health care coverage through the state's Medicaid program, the individual Marketplace, or through their (or a family member's) employer.

- **Fully-Insured Plans:** These plans, which include those sold on the Individual Marketplace, Individual Health Coverage (IHC) programs, and the Small Employer Health(SEH) market, must comply with federal and states mandates for contraceptive coverage, unless qualified for a religious exemption or accommodation. These plans must cover at least one form of contraception from each of the 18 FDA categories at no cost to the patient.
- **Self-Funded Plans (ERISA Plans):** Typically provided by larger employers, these plans are exempt from state-mandated benefits but may be subject to federal requirements, such as the contraceptive mandate under the ACA. Coverage specifics for these plans are available only to enrollees. Providers need to collaborate with patients and their plan to understand coverage details for contraceptive services.

4c. Medicaid

- **Medicaid:** Known as NJ FamilyCare in New Jersey, Medicaid provides coverage based on eligibility factors like income, household size, and health status. Federal regulations mandate family planning as a benefit under Medicaid. However, the specific services and supplies covered vary as states have discretion to define what constitutes family planning.

  Based on state regulations, family planning services in New Jersey's Medicaid program include:

- Medical history and physical examination (including pelvic and breast)
- All FDA-approved contraceptives including condoms
- Pregnancy testing
- Family Planning counseling
- Genetic counseling
- Sterilization for men or women
- HPV immunizations
- HIV and STD screenings

Contraceptives and supplies covered under New Jersey Medicaid include:

- Condoms
- Contraceptive devices and supplies
- Diaphragms
- Contraceptive injections
- Pregnancy test kits
- Birth control implants

Additionally, preauthorization is not required for family planning services under the Medicaid State Plan. This means individuals can receive contraceptive services without needing prior approval.

4d. Other State-Funded Programs

Plan First Program: New Jersey Medicaid launched the Plan First Program in 2019. Plan First is a limited benefit program offered through the State's Medicaid program which provides family planning services. The Plan First Program provides coverage and services for eligible individuals, including birth control and family planning counseling. To be eligible for Plan First, individuals (men and women) must be between 139%-205% FPL, New Jersey residents, U.S. citizens or Qualified Immigrants, and not currently pregnant or sterile. *Plan First does not provide minimum essential health care coverage, such as physicals, and does not count as coverage for the New Jersey's mandate for coverage.*

Cover All Kids: Cover All Kids is an initiative to reach all uninsured children in New Jersey under the age of 19. It provides NJ FamilyCare coverage to all income-eligible kids in New Jersey, regardless of immigration status. Cover All Kids members will receive the standard NJ FamilyCare benefit package with the exception of long-term care and skilled nursing, inclusive of reproductive health care and contraceptives.

Supplemental Prenatal and Contraceptive Program (NJSPCP):
NJSPCP is run by NJ FamilyCare. NJSPCP is a limited-benefit program. It provides prenatal and family planning services, including contraceptive care, to women who are ineligible for Medicaid because of their immigration status. It does not provide complete health care coverage, such as hospital visits or labor and delivery. NJSPCP provides limited, outpatient prenatal and family planning services for women (not men) including, but not limited to:

- Prenatal Care
- Prenatal Related Services
- Birth Control
- Pregnancy Tests
- Family Planning Counseling
- Family Planning Lab Tests

* Understanding Insurance Coverage:

To ensure access to comprehensive contraceptive services with minimal out-of-pocket expenses, it's crucial to understand the type of insurance plan a person has. This information can guide discussions with insurers about covered benefits. Look for details on the patient's health insurance card or ask the person directly.

Providers should verify coverage and inform patients about any cost-sharing requirements before providing services. Even with the Affordable Care Act (ACA) expanding access, barriers like coverage gaps or personal reasons for not using insurance (such as privacy concerns or stigma) still exist.

Community organizations play a vital role in helping individuals navigate these challenges. They can educate people about covered services and contraceptives or assist in discussing coverage options with their health care providers. This support ensures that everyone can make informed decisions about their reproductive health care.

RESOURCE: The National Women's Law Center has a nationwide hotline, CoverHer, that provides guidance on insurance company barriers to contraceptive services, including a hotline (1-866-745-5487).

4e. Care for Uninsured or Underinsured Individuals

Being knowledgeable about available services for uninsured or underinsured individuals is important so that everyone can access care regardless of their financial situation.

- Health Care Delivery Sites:
  - **Federally Qualified Health Centers (FQHCs):** These centers offer care to all, regardless of ability to pay. Services include primary and preventive care, pediatric care, dental services, women's health, behavioral/mental health, lab services, and HIV/AIDS counseling and testing. FQHCs serve uninsured individuals as well as those with Medicaid, Medicare, and private insurance. Fees are charged on a sliding scale for the uninsured. You can find a nearby FQHC using the State's Search for Federally Qualified Health Centers tool.
  - **Title X:** The federal government provides funding for reproductive health services through Title X. Title X is the only federal grant program dedicated solely to providing low-income families and uninsured individuals with family planning and related preventive health services. Its overall purpose is to promote positive birth outcomes and healthy families by allowing individuals to decide the number and spacing of their children. In New Jersey, 10 agencies that support nearly 50 clinics receive support from Title X.
    1. Family Planning Clinics: Supported by federal and state funds, these clinics offer reproductive health care across New Jersey. find the closest family planning clinic, visit the NJ Family Planning League website.

2. Planned Parenthood Health Centers: With over 20 centers statewide, Planned Parenthood offers comprehensive reproductive health services. Uninsured or underinsured individuals can receive services on a sliding scale or establish payment plans.

- Financial Supports: Patient Assistance Resources for Free or Low-Cost Contraception:
  - RxAssist: A directory of patient assistance programs for both patients and providers.
  - Large box stores like Walmart may offer discounts on birth control pills (e.g., Norethindrone 0.35mg, Sprintec, Tri-Sprintec).
  - GoodRx: A free service that compares pharmacy prices and provides tips to save money on prescriptions.
  - Contraception manufacturers may also provide financial support for consumers and bulk purchasing discounts for providers.

Improving Access in the Community

Community organizations and advocates play a crucial role in improving access to high-quality reproductive health care. By actively engaging with the community, providers and organizations can build trust, enhance satisfaction, and ensure services meet community needs.

Community engagement strategies can vary from informal conversations to formal focus groups. Establishing ongoing relationships between providers and the community are essential for fostering trust and responsiveness to evolving needs, particularly among populations who may have historical distrust of reproductive health initiatives.

Examples of effective community engagement include:

- Including community members on advisory boards or boards of directors
- Seeking input from community leaders and organizations for new initiatives
- Partnering with community organizations on joint efforts or supporting their initiatives
- Involving community members in program implementation and decision-making
- Conducting focus groups and community forums to actively listen and learn from community perspectives
- Collaborating with the community in developing and distributing culturally appropriate educational materials

Authentic community engagement goes beyond token involvement and ensures diverse viewpoints are valued and integrated into programs and services. It acknowledges historical issues like reproductive coercion, addresses implicit biases, and promotes transparency to foster community acceptance and trust.

Education efforts in non-clinical settings are also critical. Providing reproductive health education outside of traditional health care settings helps reinforce information provided during clinical visits and reaches

individuals who may not seek preventive care. Community Health Workers and Community Doulas play key roles in these efforts, leveraging their relationships and community trust to deliver culturally competent education and support.

Potential locations for community-based education and outreach include breastfeeding support groups, domestic and sexual violence agencies, salons, childcare agencies, libraries, street fairs, health fairs, and places of worship. These settings allow for the distribution of educational materials, potential screening, and counseling, ensuring that all community members have access to accurate information and support for their reproductive health needs.

Looking Forward

Community organizations throughout the state play a crucial role in improving access to reproductive health services by staying informed about current policies and opportunities. Their support helps engage community members and promotes access to high-quality care and education on reproductive health.

To maximize improvements in service coverage and consumer education, it's essential to have the necessary information and tools. Education and resources should be expanded for diverse populations, alongside broader interventions to enhance comprehensive reproductive health services in New Jersey.

Recent state policy changes show positive progress. It's vital for state agencies, health systems, payers, providers, community organizations, and advocates to continue prioritizing these efforts. Future policy improvements should address operational complexities to ensure they effectively benefit individuals, with a commitment to reproductive justice at the forefront of all initiatives.

The Quality Institute will continue to work with our partners throughout the state to advance policy and programmatic changes that will increase the accessibility and quality of reproductive health services across New Jersey.

> Key Resources:

New Jersey Specific Resources:

- New Jersey Family Planning League: Find a Health Center Tool
- New Jersey Medicaid: Plan First Program
- New Jersey Supplemental Prenatal and Contraceptive Program
- New Jersey Medicaid Provider Newsletters:
  - NJ FamilyCare (NJFC) Coverage of Long-Acting Reversible Contraceptive (LARC) Devices (October 2018)
  - Introduction to Plan First (September 2019)
  - New Jersey Supplemental Prenatal and Contraceptive Program (April 2022)
- New Jersey Medicaid Rate Information

Counseling Models:

- Before, Between and Beyond Pregnancy: Reproductive Life Plan
- One Key Question
- PATH Framework Questions

Culturally Sensitive Care:

- Innovating Education in Reproductive Health: Structures & Self - Advancing Equity and Justice in Sexual and Reproductive Health
- Anne Marie Shrouder: Cultural Competency vs Cultural Humility
- ACOG: Cultural Awareness and Sensitivity in Women's Health Care
- National LGBTQ Task Force - Queering Reproductive Justice: A Toolkit
- CARDEA: Advancing Health Equity through Gender Affirming Health Systems

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20 New Jersey FamilyCare Plan First Program

21 NJ Family Planning Leagu