

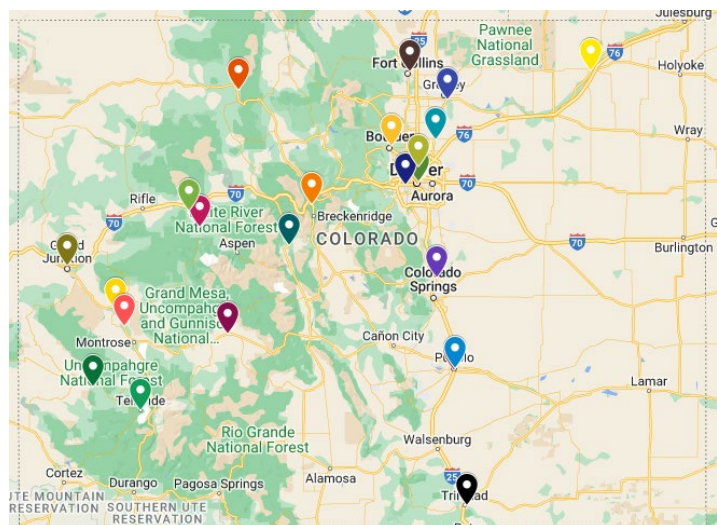
Early Learnings from Safety Net Clinics on Providing Free Contraception via the Choose When Program

Background

Access to contraception is a fundamental human right. Choose When, a program of Caring for Colorado, works to break down financial barriers to contraceptive care while advocating for health policies that enhance health coverage and improve access to essential reproductive healthcare. A significant barrier to this work is the cost of long-acting contraceptive methods for people without insurance or financial means.

Safety net clinics, which are designed to provide healthcare for people who are underserved due to culture, language, disability, financial status, geographic location, or other barriers, often struggle financially. The mission of safety net clinics is to provide services regardless of a person's ability to pay or insurance status. Therefore, they generally cannot offer long-acting methods of contraception, which are expensive, without receiving payment from patients.

By offering grants to safety net clinics across the state, these clinics can provide free contraception to patients who are uninsured, underinsured, or require confidential services. In 2024, Caring for Colorado awarded \$600,000 to 24 safety-net health clinics across Colorado through the Choose When program. Grants of \$25,000 went to community health centers, school-based health centers, local public health agencies, and independent safety net clinics.



Locations of Choose When grantees throughout the state of Colorado.

Learning Approach

To understand the early results of Choose When funding, we conducted semi-structured conversations with clinicians, clinic managers, or other administrative staff from the 24 grantee organizations. These interviews occurred in October and November of 2024, approximately three months after the Choose When grant was awarded. Interview questions included:

1. To what extent has the funding assisted the following populations; uninsured or underinsured individuals, people living in rural areas, adolescents, 2SLGBTQAI+ individuals, immigrants, and/or refugees?
2. What are the barriers that these populations experience when accessing contraceptive care?
3. What systems or policy barriers and/or opportunities do you believe will result in accessible and affordable contraceptive care?

Valuable insights were gained from these conversations. This brief outlines what was learned.

Findings

Finding #1. Choose When is improving contraceptive access for its priority populations: people who are uninsured or underinsured, living in rural areas, adolescents, 2SLGBTQAI+ individuals, immigrants, and/or refugees.

Choose When grantees report that most individuals benefiting from the program are uninsured or have recently lost Medicaid coverage, a joint federal and state program that provides health insurance for people with low income.

People living in rural areas, or in communities without easy access to contraception, also are benefitting from having increased choice and availability of contraceptive methods due to Choose When.

Young people, for whom confidentiality and timely access to contraception are essential, have benefitted from free access to contraceptive methods in these clinics.

In recent years, a large influx of new immigrants have arrived in Colorado and our healthcare safety net has experienced a growing number of people needing healthcare services. The majority of these new immigrants are people of reproductive age. They face a unique set of challenges, including a lack of health insurance, lack of financial resources, language and culture barriers, and are without documentation that allows them to reside legally in the United States. These realities underscore the need for access to free contraception within safety net clinics that have the capacity to serve people with multiple barriers to care.

From this, we know Choose When fills a critical financial gap for clinics, allowing them to offer patients the contraception they would like, including expensive long-acting methods. However, providing this subsidized care is not a sustainable solution. Our partners are asking for lasting healthcare financing solutions to eliminate the financial barrier to contraception.

Finding #2. Choose When grantees report that many patients face increasingly complex barriers in finding affordable contraception.

A significant number of Coloradans have lost Medicaid health insurance coverage. This is due to the end of federal requirements of state Medicaid programs that required continuous coverage and enrollment for Medicaid recipients during the COVID-19 public health emergency. Colorado's Medicaid enrollment rate is 7% less than pre-pandemic levels.¹ Today, without Medicaid or other health insurance coverage, uninsured

Grantee Partner Highlight

Summit Community Care Clinic provides care to rural Colorado communities in Summit, Lake, and Park counties. They are prioritizing their Choose When grant for their seven school-based health centers. This means that students can access same-day, quality, and confidential care in the schools.



The provider team at Summit Community Care includes Megan Wood, PA-C, MPH – Physician Assistant, Samantha Salquist – Medical Assistant, and Karen Meza – Director of Clinical Operations.

¹ Kaiser Family Foundation. Medicaid enrollment and unwinding tracker: enrollment data. Published January 8, 2025. Accessed January 16, 2025. <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-enrollment-data/>

individuals must pay the full cost of health and contraception care. In addition, safety net clinics that serve many Medicaid clients now face reduced revenue, which impacts their ability to provide care for individuals who cannot pay.

Without a payor source, people have limited options for contraception, especially when some methods cost over \$1,000. This means that providers can't offer the full range of contraception to the patient because of cost. Some individuals may prefer a long-acting contraceptive method but are only offered lower-cost alternatives like the birth control pill. This limits choice, which could result in poor health outcomes. Choose When alleviates this concern by enabling providers to recommend all methods without worrying about a patient's ability to pay. The increasing costs of contraceptive methods, particularly the highly popular long-acting methods, present an additional barrier for patients and emphasize the critical need for programs like Choose When.

Finding #3. Policy and advocacy solutions are required to address systems-level barriers related to coverage and financing of contraceptive care.

The Title X family planning program is a federal program that provides grants to safety net clinics across the country to provide free contraceptive methods and reproductive healthcare services, including sexually transmitted infection testing, to low-income individuals. Despite a growing national population and demand for these services, this funding has remained stagnant for over a decade, creating significant challenges for clinics that rely on this funding. Many grantees have highlighted that Choose When funding serves as a crucial supplement to their limited Title X resources, enabling them to support a greater number of patients and meet the growing demand for free contraceptive methods.

In addition to the rising rates of uninsured individuals, grantees report several administrative challenges related to Medicaid enrollment. These challenges include complicated and lengthy applications, long approval periods, and widespread confusion among both patients and clinics regarding enrollment status and procedures. Enrollment specialists and health navigators are essential for assisting patients through the Medicaid enrollment process. Not all clinics have the capacity to allocate sufficient staff time to assist patients. To address Medicaid disenrollment effectively, increased funding for these support roles is needed.

Grantee partners also shared their concerns about the new federal administration's shifting priorities regarding Medicaid and Title X funding and its impact on safety net clinics. Potential changes in funding mechanisms and

Grantee Partner Highlight

Providers at Sunrise Community Health Center, serving Greeley, Evans, Windsor, and Loveland, Colorado, shared that Choose When has empowered them to break down financial barriers for patients, ensuring that contraceptive methods are accessible to all. Recently, an uninsured patient visited a Sunrise clinic and was dissatisfied with their oral contraceptive pills. Thanks to the Choose When program, they were able to have a long-acting reversible contraceptive (LARC) inserted at no cost.



Choose When providers can recommend all methods without worrying about a patient's ability to pay.

restrictive oversight could jeopardize these funding sources, making it increasingly difficult for clinics to provide essential care to people who depend on these services for contraceptive care and other critical health needs.

Conclusion

Choose When is improving contraceptive access for priority populations facing significant barriers, including those in rural areas, uninsured or underinsured individuals, new immigrants and young people seeking confidential services. For individuals and safety net clinics who experience increasingly complex challenges, the need for policy and advocacy solutions to address systemic issues around coverage and financing is especially needed.

These early learnings from Choose When grantees highlight the program's significant role in improving access to contraception for underserved populations and will shape future implementation of this program. Choose When represents a short-term solution for making contraception available to those who need it most. We know that this funding, while vitally important for many people, doesn't begin to meet the full need for low-cost or free contraception for people seeking services within Colorado's safety-net system. As we continue to learn about system barriers, we will prioritize working toward health policy and financing reforms that result in sustainable access to all methods of contraception. Our enduring goal is that person-centered contraceptive care is available, accessible, and affordable for all Coloradans.

Next Steps

In 2025 and beyond, the Choose When will:

- Fundraise to grow the program and increase our support to clinics and their patients.
- Continue grantmaking to address gaps in contraceptive access.
- Identify and advocate for policy and financing solutions with partners.

We envision a future where everyone who wants contraceptive care can easily access it and make their own reproductive decisions. Until that future is realized, we will continue to fight for equitable access to affordable contraception for all. Learn more at ChooseWhen.org.

Grantee Partner Highlight

Mountain Family Health Centers serves Eagle, Garfield, and Pitkin counties in Colorado's Western Mountain Region. During a recent conversation with the Choose When team, they shared the significant impacts of the Medicaid disenrollment since March 2023. Over the past year, they have seen a 10% increase in uninsured patients and are estimating a revenue loss of over a million dollars.



Marta Gruntmane, PA-C discusses birth control at Mountain Family's Gypsum health center.