

# Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols



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## Key Points

- Publicly funded family planning clinics provide critical contraceptive, sexual and reproductive health and other preventive health services to poor and low-income women.
- Between 2010 and 2015, the proportion of these clinics offering a wide range of contraceptive methods on-site, especially long-acting reversible contraceptive (LARC) methods, increased significantly. More than half (59%) of clinics met the Healthy People 2020 objective of offering the full range of FDA-approved contraceptive methods.
- Along with increased method provision, between 2010 and 2015 clinics were more likely to offer same-day appointments, to have shorter wait times for an appointment, and to have protocols in place that facilitate initiation and continuation of oral contraceptives and LARC methods for women who choose them, including offering “quick-start” and delayed pelvic exam protocols for new oral contraceptive users. Clinics were also more likely to offer noncontraceptive services in 2015, such as primary care services, diabetes screening and mental health screening.
- Clinics that receive at least some funding through the federal Title X program were more likely than clinics that do not receive such funds to offer a wider range of contraceptive methods on-site and to have protocols that facilitate initiation and continuation of oral contraceptives and LARC methods, including dispensing oral contraceptive supplies at the clinic and same-day insertion of IUDs and implants.
- Planned Parenthood clinics were significantly more likely than any other clinic type to have implemented a variety of protocols that enhance contraceptive method initiation and continuation.
- Between 2010 and 2015, the proportion of clinics reporting contracts with private health plans and with Medicaid at least doubled, indicating a rapid ramping-up of clinics’ ability to function successfully in the new health care marketplace.



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## Background and Significance

Publicly funded family planning clinics—including public health department and Planned Parenthood clinics, federally qualified health centers (FQHCs), and other community and hospital outpatient sites—provide millions of women with critically important contraceptive and related reproductive health services each year. In 2014, some 5.3 million American women received contraceptive services from a publicly funded clinic.<sup>1</sup> In fact, more than one-quarter (27%) of all U.S. women who receive contraceptive services—and 44% of all poor women—receive that care from a publicly funded family planning clinic.<sup>2</sup> In addition to contraceptive services, these clinics provide women with a wide range of preventive health services, testing and treatment for STIs, and referrals for other needed care.<sup>3</sup> In many cases, publicly funded family planning clinics provide the only regular health care women receive.<sup>2</sup> Moreover, care from publicly funded clinics allows women to plan the timing of wanted pregnancies and to avoid unintended pregnancies—they helped women to avoid some 1.3 million unintended pregnancies in 2014 alone. Clinic services to diagnose and treat sexually transmitted infections help to prevent tens of thousands of chlamydia and gonorrhea cases each year and cervical cancer screening help to avert thousands of cancer cases.<sup>4</sup>

Understanding the range of services provided by the publicly funded clinic network, as well as variation among different types of clinics in both services offered and protocols followed when dispensing care, is important for the development of evidence-based policies and programs aimed at ensuring access to contraceptive and other reproductive health care services for the millions of poor and low-income women who need them. Given recent changes in health care financing and delivery, including those related to the implementation of the Affordable Care Act (ACA), it is even more important to closely monitor trends in the care being offered by different types of providers. The Guttmacher Institute has a long history of monitoring the number and location of publicly funded family planning clinics<sup>3,5-12</sup> and conducting sample surveys to better understand and document the clinic network's range of service delivery practices and the challenges it faces.<sup>13-17</sup> Most recently, in 2010,<sup>3</sup> a nationally representative sample of 1,839 publicly funded family planning clinics was surveyed and information was collected in a variety of key areas, including

- types of contraceptive methods and other health services offered on-site and through referral;
- service delivery practices and protocols, particularly

those that have the potential to affect service accessibility, method initiation and continuation;

- clinic scheduling patterns;
- types of service agreements with other clinics within the community;
- insurance coverage among clients; and
- other measures of clinical practice and management.

In 2015, a similar study was designed and conducted to provide updated information on many of the same measures. This report presents the results from this nationally representative survey of a sample of publicly funded family planning clinics, focusing on trends between 2010 and 2015 and looking at variation across clinics according to their principal service focus (provision of contraceptive and reproductive health care services or comprehensive primary care services), their Title X funding status (funded or not) and their administrative type (health department, Planned Parenthood, FQHC or other). For some measures, we also examine whether there are differences across clinics according to whether the clinic is located in a state that had implemented either a Medicaid expansion under the ACA or had a Medicaid family planning expansion in effect during 2015; such expansions allow states to increase the number of women who receive Medicaid-funded care based on their income level.

The publicly funded family planning clinic network comprises more than 8,000 sites located throughout the country.<sup>6</sup> This loose network of providers includes all sites that offer contraceptive services to the general public and use public funding, including Medicaid, to provide free or reduced-fee services to at least some clients. These clinics are run by a variety of types of administrative entities. Some are linked to larger county, state or national organizations, while others are independent community providers. In 2010, state or county public health departments administered 29% of all clinics and served 27% of all clients receiving care from this network of providers.<sup>6</sup> Planned Parenthood affiliates administered 10% of clinics, but served more than one-third of the clients (36%). The remaining clinics were administered by FQHCs (38%), serving 16% of clients; or by other types of agencies (16%), serving 13% of clients. Hospital outpatient clinics account for 8% of the network and make up the largest single clinic type within the “other clinics” category. Groups too small to report separately include independent

women's clinics, other community clinics not part of the FQHC network (such as FQHC look-alikes\*), Indian Health Service clinics and other unaffiliated clinics.

The federal Title X family planning program sets the standards that unify about half of all publicly funded family planning clinics. For over four decades, Title X has served as the only federal program devoted to providing family planning services to low-income and underserved women; the program funded contraceptive services at some 4,100 clinics in 2014.<sup>18</sup> Title X-funded clinics serve more than two-thirds of all clients receiving care from the network of publicly funded family planning providers, and more than half of all Title X clinics are run by public health departments.<sup>6</sup> Title X provides flexible funding that can be used for direct patient care, as well as infrastructure, outreach or educational services. Critically, Title X also provides clinical guidelines that set the standard of care for all clinics that receive at least some financial support through the program; in 2010, 70% of all family planning clinic clients were served in sites that receive some Title X funding.<sup>6</sup> Title X-funded clinics adhere to ethical standards about patient confidentiality and the provision of voluntary services, and they follow guidelines about the provision of a wide range of contraceptive methods and related preventive health services for all clients.

Our assessment of clinic performance compares clinics according to Title X funding status and type, providing evidence of the added benefit that is derived from Title X funding and the wide variation in care provided by different provider types. These findings are important for program planners and policymakers seeking to ensure that all women and couples, regardless of their income or insurance status, are able to receive the contraceptive and preventive care they need to avoid unintended pregnancies and plan for wanted births. These data are especially critical given the challenges and changes brought about by transitions in health care financing and delivery. Moreover, they can be used to inform the ongoing debate about the benefits of public funding for contraceptive services by providing accurate, up-to-date information about the full range of preventive and diagnostic services offered by the clinic network.

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\*FQHC look-alikes are part of the U.S. Health Resources and Services Administration's Health Center Program and provide health care services to individuals regardless of their ability to pay, but do not receive FQHC program funding.

# Methodology

## Sample

Between February and November 2015, we surveyed a nationally representative sample of 1,839 clinics providing publicly funded contraceptive services. The sample was drawn from the 8,497 eligible publicly funded family planning clinics included in the Guttmacher Institute's list of all publicly funding family planning clinics. Using directories of Title X–supported clinics, Planned Parenthood affiliates, federally qualified health centers (FQHCs) and Indian Health Service units, as well as personal communications with Title X grantees, agency administrators and others, this list is regularly updated to confirm clinic names, addresses, public funding status and provision of contraceptive services.

Sampled clinics were stratified by type (health department, Planned Parenthood, FQHC and other) and whether they received any Title X funding. Clinics were randomly selected within each of the eight resulting categories. Because there are many more clinics of some types than of others, we varied the proportion of each type that was sampled to ensure a sufficient number of cases to make estimates specific to each type. We randomly sampled 37% of Planned Parenthood clinics, 18% of FQHCs, 19% of health departments, and 25% of hospitals and other facilities.

## Fieldwork protocols

Surveys were pretested with clinic administrators and were then mailed to clinic family planning directors in February and March 2015. The eight-page questionnaire asked for basic information about the clinic, including client caseload and staffed hours, and about the range and type of contraceptive services provided. Questions addressed current reproductive health services provided (or offered through referral), clinic practices and protocols regarding services offered, referral relationships with other providers, and contracts with public and private health insurance plans.

A reminder mailing was sent to clinic administrators in April. To improve the response rate, follow-up phone calls and e-mails were made to nonresponding facilities between April and November 2015. Over 7,600 contacts were made during this period, via phone, e-mail and fax. To improve the response rate, clinics that had not yet responded to the survey within five months after the initial mailing were offered a \$25 incentive for completed surveys, and letters announcing the incentive were mailed

directly to the contact person identified as most appropriate during nonresponse follow-up; 420 clinics responded to the incentive offer.

## Response

Ultimately, 867 clinics responded to the survey, 15 clinics refused and 871 never responded, even after multiple follow-up attempts. (The original sample included 86 clinics that were found to be ineligible, primarily because they had closed or had stopped providing family planning services at the site due to administrative changes or loss of funding. These clinics were not replaced in the sample.) In addition, some clinics in the original sample were found to be “satellite” sites, i.e., sites that were open less than two days per week and where family planning services were provided by staff from another full-service site in the same agency. In most of these cases, we replaced the satellite site in the sample with another site in the same agency that was not a satellite. The overall response rate among eligible clinics was 50%, and the rate among Title X clinics was 65%. Response by provider type (regardless of Title X status) was 70% among Planned Parenthoods, 63% among health departments, 37% among FQHCs and 41% among others.

## Key measures

We present data on key clinic characteristics and variation in services and protocols according to the following characteristics:

- Principal service focus, measured as reproductive health versus primary care or other non-reproductive health
- Title X funding status, measured as Title X funded or not
- Clinic type, measured as health departments, Planned Parenthood clinics, FQHCs or “other” clinics (a category that comprises clinic types whose totals are too small to be analyzed separately)

## Statistical analyses

Analyses were performed using IBM SPSS Statistics 22. All cases were weighted for sampling ratios and non-response to reflect the universe of family planning providers at the time the sample was drawn. Comparisons between clinics according to their key characteristics have

been tested for significance using independent group t tests, and significance is reported for all comparisons at  $p < .05$ . All comparisons that are mentioned in the text are statistically significant at  $p < .05$ . However, not all significant comparisons have been mentioned in the text, as the purpose of this report is to highlight those comparisons that illustrate wide differences among groups or those that have policy implications or other substantive importance. The text tables indicate all the significant comparisons and are available for anyone interested in that level of detail.

Appendix Table A (page 45) includes further detail for most of the survey items; however, significance testing has not been performed for this table. Appendix B (page 61) is the full questionnaire.

# Clinic Characteristics and Logistics of Obtaining Care

In the United States, publicly funded family planning services are administered by a diverse network of provider agencies. These agencies provide services at more than 8,000 clinics nationwide. In this section, we compare clinics according to several key characteristics, including their principal service focus, Title X funding status, size and location, as well as how these characteristics vary according to type of provider. Because contraceptive visits are often time sensitive, we also look at variation in service hours and scheduling across clinic types. Same-day appointments increase a woman's ability to obtain a contraceptive method in a timely manner, which may reduce her risk of unintended pregnancy. Offering extended hours during evenings and weekends also facilitates access, which may be particularly important for poor and low-income women, who are less likely than other women to have flexible schedules that allow for doctor's visits during typical weekday work hours.

## Principal service focus

Four in 10 (44%) publicly funded family planning clinics reported being specialized reproductive health care providers whose principal service focus is providing family planning and related sexual and reproductive health services (Figure 1, page 9, and Table 1, page 34). Nearly six in 10 (56%) clinics reported having a general health or primary care focus, providing contraceptive services along with a broad range of health care services. Throughout this report, we make comparisons between these two groups of clinics—those whose principal service focus is on family planning and sexual and reproductive health care and those with a general or primary care focus—with the hope of better understanding some of the benefits and weaknesses of different delivery models in meeting the needs of U.S. women.

The vast majority of health department sites (79%) and all Planned Parenthood sites focused on reproductive health, as did about half (53%) of sites in the “other

clinics” category. In comparison, only 7% of the FQHCs reported being focused on the provision of reproductive health services. Given the fact that most FQHCs are primary care providers, it may be surprising that any reported a reproductive health focus. However, in some cases, family planning clinics had secured FQHC funding or were affiliated with or operated by an FQHC network but retained their focus on family planning.

## Title X funding status

Forty-five percent of all publicly funded clinics providing contraceptive care received some funding from the federal Title X program. This status varies widely by provider type: 86% of health department and 69% of Planned Parenthood clinics receive Title X funding, compared with 17% of FQHCs. Nearly three-quarters (72%) of Title X-funded sites reported being focused on providing reproductive health services.

## Clinic location

Over the last two decades, many states expanded eligibility for Medicaid coverage of family planning services. As of February 2015, 25 states had initiated broad income-based expansion programs to provide family planning services under Medicaid to individuals with incomes well above the cut-off for Medicaid eligibility overall and regardless of whether they meet other requirements for Medicaid coverage, such as being a low-income parent.<sup>19</sup> In addition, under the ACA, 28 states had expanded eligibility for full-benefit Medicaid by February 1, 2015. In combination, at the time of our survey, a total of 40 states and the District of Columbia\* had in effect either an ACA full-benefit Medicaid expansion or a family planning-specific Medicaid expansion, or both. Eighty-two percent of clinics were located in such jurisdictions. There were no significant differences by type, Title X funding status or service focus between clinics located in expansion or non-expansion states.

\*Of these, 25 states had implemented a family planning-specific expansion by February 2015 (Alabama, California, Connecticut, Georgia, Iowa, Indiana, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Virginia, Washington and Wisconsin) and 28 states and the District of Columbia had implemented a full-benefit Medicaid expansion under the ACA by February 1, 2015 (Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Indiana, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Washington and West Virginia).



## Client caseload

About half of clinics (47%) reported serving fewer than 20 contraceptive patients per week, another quarter (28%) served 20–49 contraceptive patients per week, and the remaining 24% served 50 or more. This varied dramatically by service focus and provider type. Primary care–focused clinics served far fewer contraceptive clients per week than did reproductive health–focused clinics, and Planned Parenthood clinics served many more contraceptive clients per week than did any other provider type.

## Scheduling

Overall, 52% of clinics reported that clients were offered an appointment time for an initial contraceptive visit on the same day they called or came in. The average wait time for an initial visit was just over three days. A somewhat greater share of primary care–focused clinics provided same-day appointments and shorter wait times, as compared with reproductive health–focused clinics, but there was little variation by Title X funding status in appointment availability. Compared with all other types of providers, Planned Parenthood clinics were most likely to have shorter wait times for an initial visit (1.2 days).

Four in 10 clinics (42%) reported offering some extended hours—either evenings (after 6PM), weekends or both.

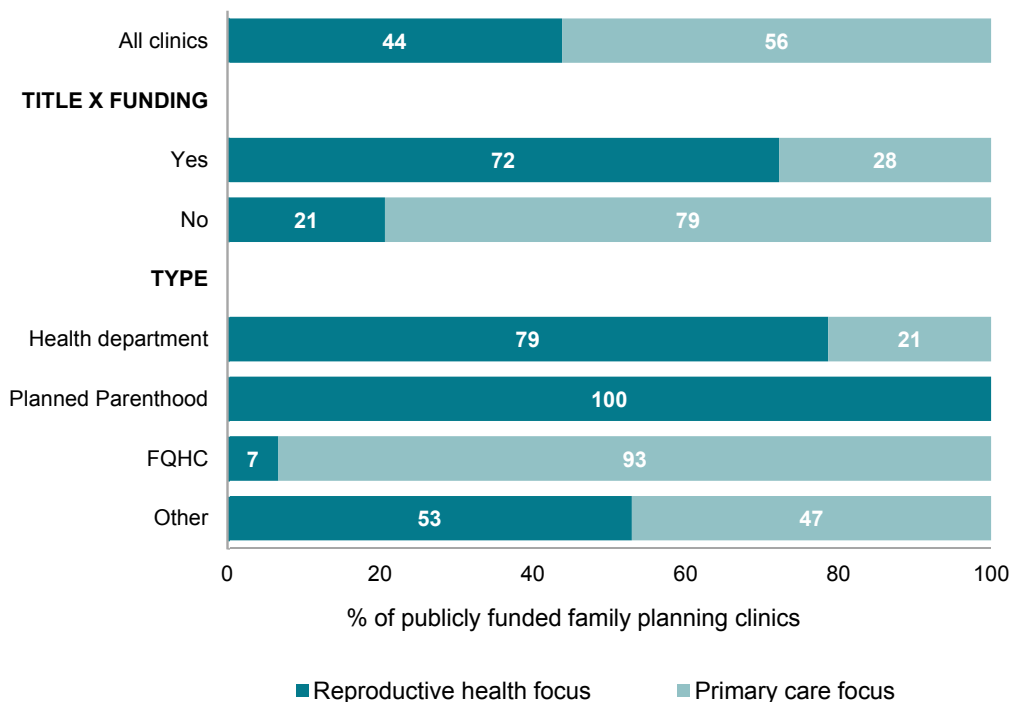
Again, the biggest variation in this measure was found when examining provider type. Every provider type was significantly different from all the others in terms of offering extended clinic hours. Health departments were least likely to offer extended hours (18%), followed by “other” clinics (29%) and FQHCs (57%). Planned Parenthood clinics were by far the most likely to offer extended clinic hours (78%). On average, clinics were open 39 hours per week; FQHCs reported the most hours open per week (45), and health departments reported the fewest (33).

## Trends in clinic characteristics and logistics

As compared with data from 2010, data show that in 2015 clinics providing publicly funded family planning care were less likely to focus on reproductive health (50% vs. 44%; Table 1, page 34), were less likely to receive Title X funding (52% vs. 45%), and saw fewer contraceptive clients per week. For example, the proportion of clinics seeing fewer than 20 clients per week was 34% in 2010 and 47% in 2015. During the same period, clinics became more likely to offer same-day appointments (39% vs. 52%), and the average number of days to wait for an appointment declined by over two days (5.4 vs. 3.1 days).

FIGURE 1

**Clinics are split between those with a reproductive health focus and those with a primary care focus.**



# On-Site Provision of Contraceptive and Other Health Services

On-site provision of a wide range of contraceptive methods is one of the hallmarks of the publicly funded clinic network. Contraceptive choice is critical to ensuring that women and couples adopt the best method for their current stage in life and lifestyle; women who are dissatisfied with their method are more likely to use it incorrectly or inconsistently.<sup>20</sup> Recognizing the importance of contraceptive choice, the U.S. Department of Health and Human Services has identified as one of its Healthy People 2020 objectives the on-site provision by publicly funded family planning clinics of the full range of methods of contraception approved by the U.S. Food and Drug Administration (FDA).<sup>21</sup> In addition, recently released clinical recommendations for best practices in the provision of quality family planning services include offering patients a range of related preventive and screening services.<sup>22,23</sup> It is important to monitor how successful publicly funded clinics are at providing these recommended services. Finally, with growing attention being paid by reproductive health care professionals to the issue of intimate partner violence (IPV),<sup>24</sup> it is important to understand the role that clinics are currently playing with regard to IPV screening and the protocols and training available to staff.

In this section, we look at trends in the availability of different contraceptive methods and other types of health services in 2003, 2010 and 2015 and at patterns across types of clinics in 2015. Clinic administrators were asked if each method or service is: (1) provided or prescribed at this site; (2) not provided and clients are referred to another clinic or provider for the method or service; or (3) not provided nor referred. All figures presented in this section correspond to the percentages of clinics indicating that methods or services are provided or prescribed on-site. The percentages providing referrals can be found in Appendix A.

## Trends in contraceptive method availability

On-site provision of the most widely used hormonal methods—oral contraceptives and injectables (e.g., Depo-Provera)—was high across all survey years; 95% or more of clinics provided each of these methods (Table 2, page 35). Provision of male condoms was nearly as high, with 90% or more of clinics providing this method in each survey year. Provision of most other methods rose

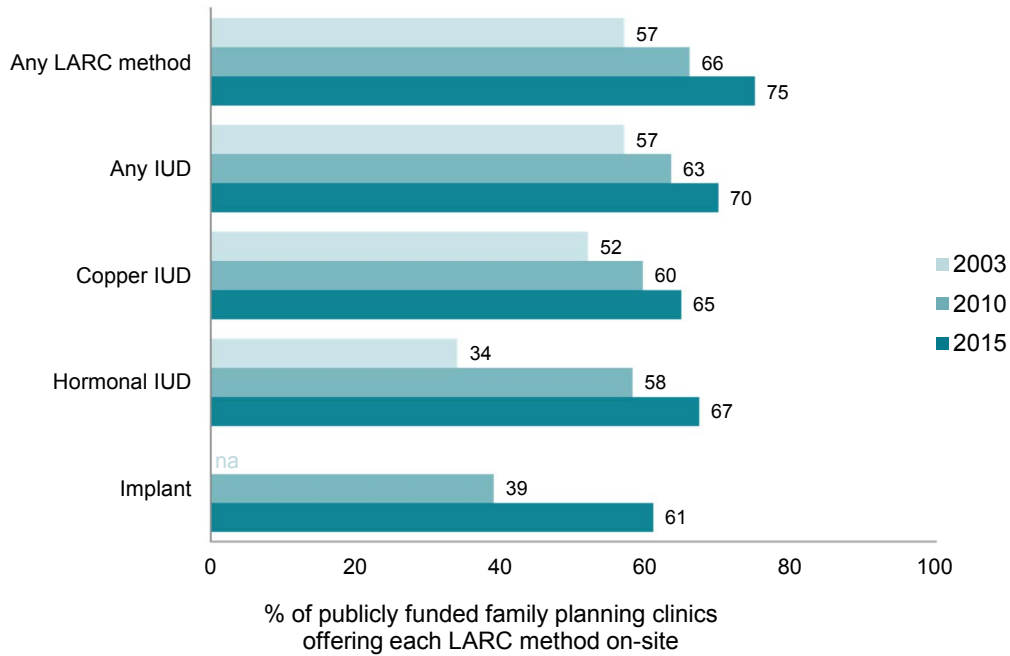
significantly among clinics over the past decade: Most of the increase occurred between 2003 and 2010. Between 2010 and 2015, contraceptive method provision either rose slightly or stayed steady, depending on the method.

- On-site provision of the vaginal ring rose from 40% in 2003 to 81% in 2010 and to 86% in 2015; availability of the contraceptive patch rose from 75% in 2003 to 80% in 2010 and remained steady at 78% in 2015. Extended oral contraceptives (such as Seasonale), which were unavailable in 2003, were offered by 63% of clinics in 2010 and by 80% of clinics in 2015.
- Availability of long-acting methods rose significantly during the period. The implant, which was unavailable in 2003, was offered by 39% of clinics in 2010 and by 61% in 2015 (Figure 2, page 11). Provision of any type of IUD rose from 57% in 2003 to 63% in 2010 and to 70% in 2015, while availability of the copper IUD (e.g., ParaGard) rose from 52% to 60% to 65%, respectively, and availability of the hormonal IUD (e.g., Mirena) rose from 34% to 58% to 67%.
- Natural family planning instruction rose significantly between 2003 and 2010 (54% to 83%), while spermicide provision fell during that period (71% to 65%). The findings from the 2015 survey showed little change between 2010 and 2015 in the availability of either method (82% and 64%, respectively).
- On-site availability of emergency contraception at clinics stayed virtually the same between 2003 and 2010 (80–81%), and increased during the most recent period (85%).
- Provision of permanent contraceptive methods (tubal ligation, Essure and vasectomy) on-site at publicly funded family planning clinics, already quite low in 2003, fell even further in 2010 and stayed relatively unchanged in 2015: Provision of tubal sterilizations fell from 30% in 2003 to 14% in 2010 and to 12% in 2015, and provision of vasectomy in each respective year was 25%, 7% and 9%.

To summarize trends in the overall availability of reversible methods at publicly funded clinics, we looked at four different measures: the percentage of clinics offering a broad range of FDA-approved reversible methods (as defined in the Healthy People 2020 objective;<sup>21</sup> Figure 3, page 12), the percentage of clinics offering any long-acting reversible contraceptive (LARC) methods (i.e., IUDs or implants), the mean number of reversible methods offered

FIGURE 2

**Clinic provision of long-acting reversible contraceptive (LARC) methods rose between 2003 and 2015.**



NOTE: na=not available in 2003.

and the percentage of clinics offering at least 10 reversible methods.\*

- The proportion of clinics offering a broad range of FDA-approved reversible methods rose from 48% to 54% to 59%.
- The proportion of clinics offering any LARC method rose from 57% to 66% to 75%.
- The mean number of reversible methods offered by all clinics rose from 8.1 in 2003 to 9.2 in 2010 and to 11.2 in 2015.
- The proportion of clinics offering at least 10 reversible methods also rose over the same period, from 35% to 54% to 77%.

**Variation in method availability**

**Service focus.** In 2015, publicly funded clinics with a reproductive health service focus were significantly more likely than primary care-focused clinics to offer each reversible contraceptive method on-site. They provided an average of 12.1 different reversible methods, compared with 10.5 methods at primary care-focused clinics (Table 2). For some methods, the differences were striking,

particularly with respect to LARC methods (IUDs were offered by 83% of reproductive health-focused clinics and 60% of primary care-focused clinics, and implants were offered by 74% and 51%, respectively), female barrier methods (referring to a range of methods, including the diaphragm and cervical cap, offered by 83% and 63%, respectively) and nonprescription methods (male condoms were offered by 97% and 91%, respectively, and natural family planning instruction or supplies by 91% and 75%). Overall, 74% of reproductive health-focused clinics met the Healthy People 2020 objective of offering a broad range of methods, compared with only 48% of primary care-focused sites (Figure 3).

**Title X funding status.** There was also a significant difference in on-site method provision between clinics according to Title X funding status in 2015. Title X-funded clinics were more likely to provide nearly all reversible methods on-site, except for extended-regimen oral contraceptives and the patch, than were non-Title X-funded clinics. Overall, the average number of methods provided on-site by Title X-funded clinics (12.0) was significantly greater than the number provided by clinics not receiving Title X funding (10.5).

\*In 2010, there were 13 reversible methods included on the survey and in 2015 there were 14. The methods included differed because some methods that were on the market in 2010 were no longer available in 2015, while others were introduced. The proportion of clinics offering more than 10 methods may reflect these changes in method availability.

**Provider type.** For every reversible method, there were wide and significant differences in on-site method provision among clinics according to provider type. With very few exceptions, Planned Parenthood clinics were significantly more likely than all other types of clinics to provide most methods on-site. Ninety-nine percent of Planned Parenthoods provided at least 10 reversible methods on-site, compared with 71–81% of all other provider types. Planned Parenthood clinics were also more likely than all other types of clinics to provide a LARC method (98% vs. 69–77%), and were much more likely to have met the Healthy People 2020 objective to provide the full range of all FDA-approved methods (93% vs. 52–61%).

**Medicaid expansions.** Clinics in states with a Medicaid expansion were more likely than clinics in other states to report having met the Healthy People 2020 objective through on-site provision of a broad range of FDA-approved contraceptive methods (61% vs. 51%), and they were more likely to report on-site provision of any LARC method (77% vs. 67%). On average, clinics in expansion states offered a greater number of contraceptive methods (11.3 methods vs. 10.5; data not shown).

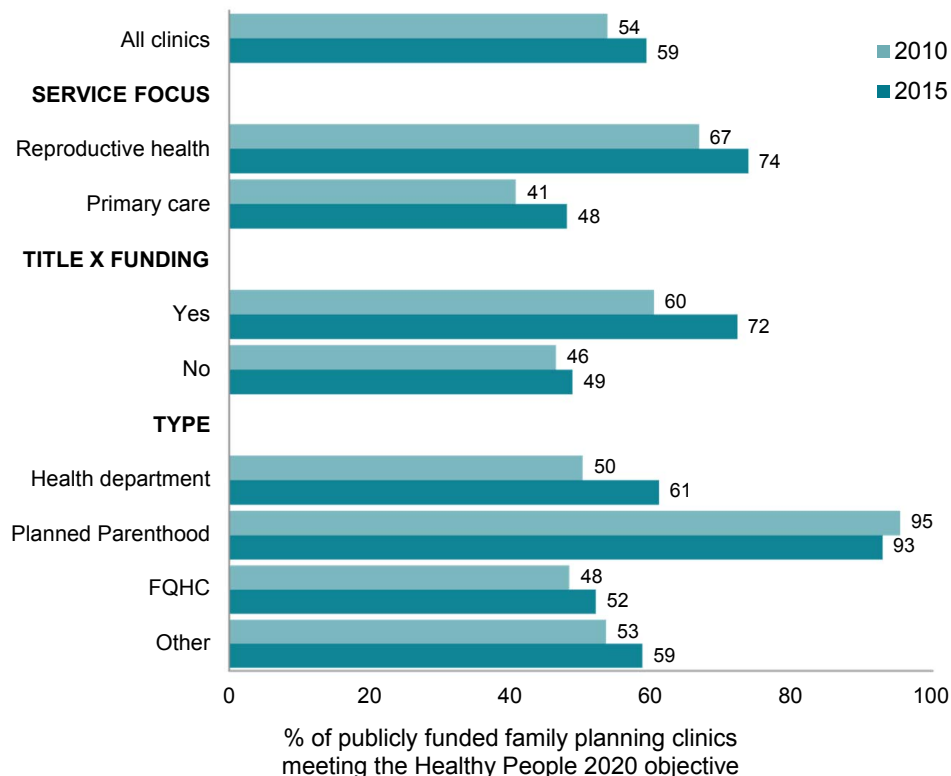
**Difficulties providing methods.** Four in 10 clinics (42%) reported that they did not stock certain methods because of cost. This represents a significant decrease from the 57% of clinics reporting this situation in 2010. The most common methods not stocked due to their cost include IUDs, the implant and the patch. Health departments were the most likely to report not stocking certain methods because of cost (49%) and FQHCs were the least likely (37%). Moreover, fewer clinics in Medicaid expansion states reported that they were unable to stock certain methods due to cost, compared with clinics located in non-expansion states (38% vs. 59%).

### Provision of other health services

All clinics that provide publicly funded contraceptive care also provide at least some general preventive and screening services and other related sexual and reproductive health services; many clinics provide a wide range of such services (Table 3, page 36). In 2015, we asked about the provision of a much broader range of services than in 2010; we therefore report trends only for those services that were asked about in both surveys and for which significant differences exist across the survey years.

FIGURE 3

### Between 2010 and 2015, increasing proportions of clinics met the Healthy People 2020 objective of offering the full range of FDA-approved reversible contraceptive methods.



**Primary care.** In 2015, 63% of all publicly funded family planning clinics reported providing primary care, an increase from 52% in 2010. Primary care provision varied widely among clinics: Only 25% of reproductive health-focused clinics and just over a third of Title X-funded clinics provided primary care. FQHCs were most likely to provide primary care (96%), while Planned Parenthood sites were least likely (13%).

**Pregnancy testing.** Virtually all (99%) publicly funded family planning clinics, regardless of service focus, funding or type, reported providing pregnancy testing.

**STI services.** The vast majority of clinics reported providing STI services, with only small variation between 2010 and 2015: Ninety-eight percent provided testing or screening for chlamydia or gonorrhea, and 94% provided these services for syphilis (a decrease from 97% in 2010). Ninety-seven percent provided STI treatment and 79% provided expedited therapy for the client's partner at the same visit. Reproductive health-focused clinics were more likely than primary care-focused clinics to offer some STI services.

**HIV testing.** Ninety-four percent of clinics provided HIV testing, but only about one-third (37%) offered pre-exposure prophylaxis for HIV (PrEP). While reproductive health-focused clinics were more likely to offer testing (96% vs. 93%), primary care-focused sites were more likely to offer PrEP (48% vs. 22%).

**HPV vaccination.** Ninety percent of clinics reported providing the HPV vaccination on-site in 2015, an increase from 87% in 2010. Primary care-focused clinics were more likely to do so than reproductive health-focused sites (93% vs. 87%).

**Cervical cancer screening.** Nearly all clinics (95%) screened for cervical cancer using conventional or liquid-based Pap tests. Higher proportions of reproductive health-focused or Title X-funded clinics, compared with primary care-focused or non-Title X clinics, offered this method. In addition, 70% of clinics offered combined Pap and DNA testing, an increase from 44% in 2010. Availability of this screening method did not vary according to service focus or Title X funding status. Just over one-third (37%) of clinics reported providing colposcopy services on-site. Planned Parenthood clinics, FQHCs and sites in the "other clinics" category were all much more likely than health departments to provide colposcopy (57%, 43% and 44%, respectively, vs. 19%).

**Breast cancer screening.** Virtually all clinics (97%) provided clinical breast exams on-site, but only two in 10 (20%) were

equipped to provide mammography services. Clinics focused on primary care were more likely to offer mammography (25%) than were reproductive health-focused clinics (15%).

**Hepatitis-related services.** The majority of clinics reported providing hepatitis B vaccinations (81%) and screening for hepatitis C (77%); about a third (29%) reported offering hepatitis C treatment. Primary care-focused clinics were more likely to provide all three services (91%, 86% and 43%, respectively), compared with reproductive health-focused clinics (68%, 67% and 11%), and there was wide variation across clinic types.

**Preconception care.** More than eight in 10 clinics (87%) reported providing preconception counseling to their clients, and three-quarters (73%) provided folic acid supplements. Reproductive health-focused clinics, Title X-funded clinics, health departments and Planned Parenthood sites were more likely than other categories of clinics to offer preconception counseling; folic acid supplement availability was greater at primary care-focused clinics and FQHCs.

**Prenatal care.** Fewer than half (41%) of publicly funded family planning clinics reported providing prenatal care services. Reproductive health-focused sites, Title X-funded clinics, Planned Parenthood clinics and health departments were significantly less likely than the other types of clinics to provide prenatal care.

**Infertility-related services.** About half of clinics reported providing infertility counseling (49%), an increase from 42% in 2010. Over half (55%) offered infertility testing in 2015, a service that was not included on the 2010 survey. Reproductive health-focused clinics were more likely than primary care-focused clinics to provide counseling for infertility (57% vs. 42%), while the opposite was true for infertility testing (50% vs. 59%).

**Abortion services.** Few publicly funded family planning clinics reported providing abortion services (8% provided medication abortion and 4% provide surgical abortion); those providing abortion services used private sources of funding to pay for them. (Title X funds cannot be used for abortion, and abortion activities must be separate and distinct from Title X project activities.)

**Breast-feeding counseling and support.** Two-thirds (62%) of clinics provided breast-feeding counseling and support. Primary care-focused clinics were more likely to do so than were reproductive health-focused clinics (65% vs. 58%). There was significant variation in provision of breast-feeding support across the clinic types, and health

department sites were more likely than all other types to provide this service.

**Other screening services.** Nearly all publicly funded family planning clinics reported providing body mass index screening (96%) and screening for alcohol, tobacco or other drug use (93%). These services were nearly universal at primary care–focused clinics (98%) and slightly less common (88–92%) at reproductive health–focused sites. Seventy-nine percent of clinics reported providing diabetes screening, up from 72% in 2010, and 69% reported offering mental health screening services, up from 64% in 2010. Again, primary care–focused clinics, particularly FQHCs, were more likely to offer such services than were reproductive health–focused clinics.

**Vaccinations not related to reproductive health.**

Seventy-nine percent of clinics reported providing vaccines not related to reproductive health. The majority of health departments (89%), FQHCs (88%) and “other” clinics (65%) reported doing so, compared with only one-fifth (21%) of Planned Parenthood clinics.

## Addressing intimate partner violence at the clinic

- Eight in 10 clinics (84%; Table 4, page 37) reported screening their clients for intimate partner violence (IPV; no change from 83% in 2010; data not shown), and one-third (37%) offered some kind of intervention services for clients who reported experiencing IPV. While primary care–focused clinics were less likely than reproductive health–focused clinics to screen clients for IPV, they were more likely to offer intervention services; health departments were less likely to provide intervention services than were Planned Parenthood clinics, FQHCs and “other” clinics.
- Seventy-seven percent of clinics reported having protocols or policies in place to guide their IPV screening or intervention services, and 64% of clinics provided for staff training on IPV screening, intervention or state policies. Reproductive health–focused clinics, particularly Planned Parenthood sites, were most likely to provide such services.

# Clinical Practices to Facilitate Access to and Continuation of Method Use

Family planning providers follow a variety of practices and protocols that may help to facilitate initiation and continuation of clients' chosen method of contraception. Practices that require women to visit more than one place or wait before starting a method may impede successful initiation of a method. Clinic administrators were asked a variety of questions to assess the typical practices around method initiation and dispensing of oral contraceptives and LARC methods at their site and online. In this section, we examine clinic practices in 2015 and changes since 2010, where possible.

## Oral contraceptive dispensing protocols

Successful initiation of oral contraceptive use may be improved by use of the "quick-start" protocol (beginning pill use on the day of the visit, regardless of where the client is in her menstrual cycle),<sup>25</sup> by allowing new oral contraceptive clients to delay the pelvic exam until a later visit,<sup>26–28</sup> and by providing clients with a large supply of pills at the initial visit.<sup>29</sup> Streamlined dispensing protocols that require only one visit reduce barriers to receiving a method and help to ensure that clients start on their method right away.

On several measures, more clinics in 2015 than in 2010 followed oral contraceptive dispensing protocols that allowed initial users to obtain their method faster and more easily; however, a growing minority of clinics reported that neither the initial oral contraceptive supplies nor refills were available on-site and that all clients received a prescription to fill at an outside pharmacy. In the next two sections, we present figures that compare the results for specific dispensing protocols individually across clinics, according to service focus, Title X funding and type.

**Pills supplied on-site.** Half of clinics (55%) reported providing most oral contraceptive users with both initial pill supplies and refill supplies on-site (Table 5, page 38, and Figure 4, page 16), a decrease from 63% in 2010. Reproductive health-focused clinics were more likely than primary care-focused sites to provide pill supplies on-site (72% vs. 40%), and Title X-funded clinics were more likely than clinics not receiving such funding to do so (72% vs. 40%). Health department and Planned Parenthood clinics were more likely than FQHCs and

"other" clinics to provide pill supplies on-site (76–83% vs. 34–56%).

**Pills refilled through prescription.** Few clinics (9%) provided most users with an initial supply on-site and a prescription for refill supplies to be filled at a pharmacy. This percentage remained unchanged from 2010, and there was little variation across clinic types.

**All pills supplied through prescription.** One-third (33%) of clinics provided clients with a prescription that needed to be filled at an outside pharmacy; this represents a significant increase from the 24% that did so in 2010. Reproductive health-focused clinics were less likely than primary care-focused sites (14% vs. 47%), and Title X-funded clinics were less likely than clinics not receiving such funding (13% vs. 49%), to provide a prescription without offering the method on-site. Health department and Planned Parenthood clinics were less likely than FQHCs and "other" clinics to do so (8–10% vs. 34–52%).

**Pills supplied at first visit.** Nearly two-thirds (64%) of clinics reported providing fewer than six months' pill supply at an initial visit, typically providing a three-month supply. More than one-third (36%) of clinics reported providing at least a six-month supply, typically a full year's supply; this represents an increase from 28% in 2010. Planned Parenthood clinics were more likely than all other provider types to offer at least a six-month pill supply (69%), while health department clinics were the provider type least likely to do so (23%).

**Pills supplied at follow-up visit.** At a follow-up visit for pill supplies, the majority of clinics provided at least a six-month supply (71%). There was less variation in provision according to provider type.

**Quick start.** Overall, three-quarters of clinics (76%) reported using the quick-start protocol often or sometimes, an increase from 66% in 2010. Reproductive health-focused sites and Title X-funded sites were more likely than primary care-focused or non-Title-X funded sites to use this protocol (88% vs. 66%, and 87% vs. 66%, respectively; Table 5, page 38, and Figure 5, page 17). Planned Parenthood clinics were more likely than all other provider types to use the quick-start protocol often or sometimes (99%), and

FQHCs were less likely than all other provider types to do so (65%).

**Delayed pelvic exam.** Eight in 10 (81%) clinics reported allowing new oral contraceptive clients to delay the pelvic exam often or sometimes, an increase from 66% in 2010 (Figure 6, page 18). The pattern of clinics reporting this policy—by service focus, Title X funding status and provider type—is similar to that of clinics using the quick-start protocol.

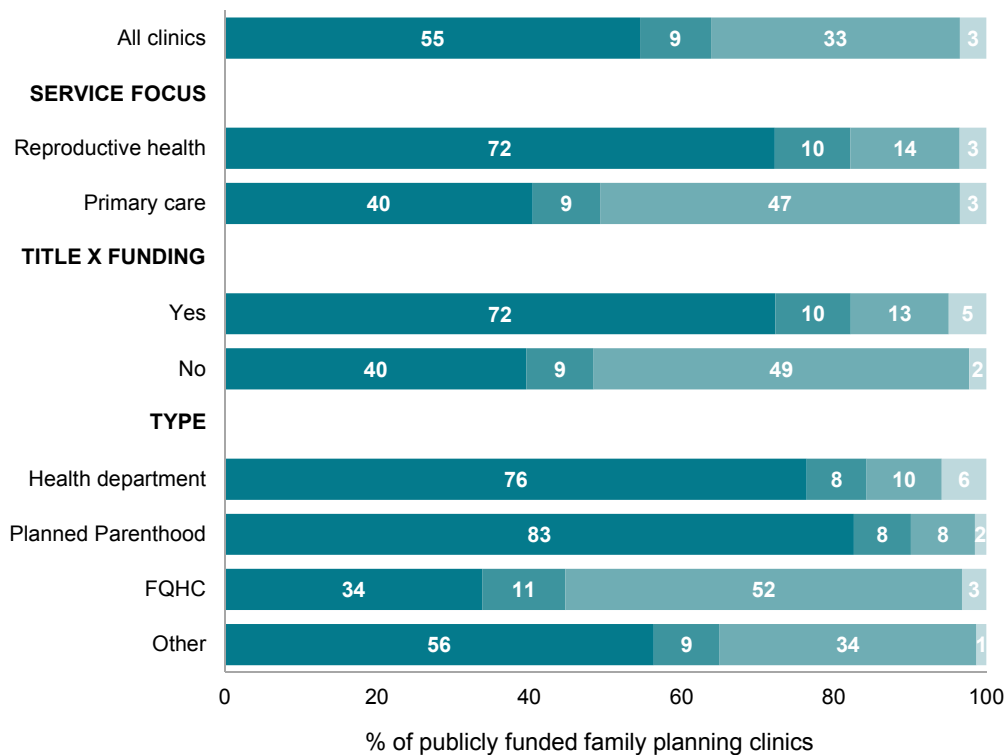
**Advance provision of emergency contraception.** Among all clinics, 42% reported often or sometimes dispensing or prescribing emergency contraceptive pills ahead of time for a client to keep at home; the same proportion reported this practice in 2010. Reproductive health-focused clinics and Title X-funded clinics were

more likely than primary care-focused or non-Title-X funded sites to do this (53% vs. 32%, and 50% vs. 35%, respectively). Planned Parenthood clinics were much more likely to offer advance provision than were other provider types (89% vs. 34–48%).

**Telemedicine.** A new practice of prescribing oral contraceptives over the phone or Internet without a clinic visit has emerged and may be especially useful for women living in rural areas. In 2015, only 15% of clinics reported often or sometimes offering telemedicine prescriptions for oral contraceptives. FQHCs were more likely than either health departments or Planned Parenthoods to have adopted this approach (20% vs. 6% and 9%, respectively).

FIGURE 4

**On-site provision of initial oral contraceptive supplies and refills is higher among reproductive health-focused and Title X-funded clinics.**



**Typical oral contraceptive dispensing protocols:**

- Most clients receive both initial supply and refills at clinic
- Most clients receive initial supply at clinic and a prescription for refills
- Most clients receive only a prescription to be filled at outside pharmacy
- Other protocols

NOTE: Percentages may not add to 100 because of rounding.



## Injectable and LARC dispensing protocols

Protocols that ensure clients can obtain their chosen method, including LARCs, in one visit reduce barriers to method initiation. And current standards of care suggest LARC use is appropriate for all ages and parities, although LARC methods have historically been recommended primarily for adult women and women with children, causing lingering barriers for adolescents and nulliparous women who might otherwise choose LARC methods. In this section, we look at the dispensing protocols for injectable and LARC methods among publicly funded clinics.

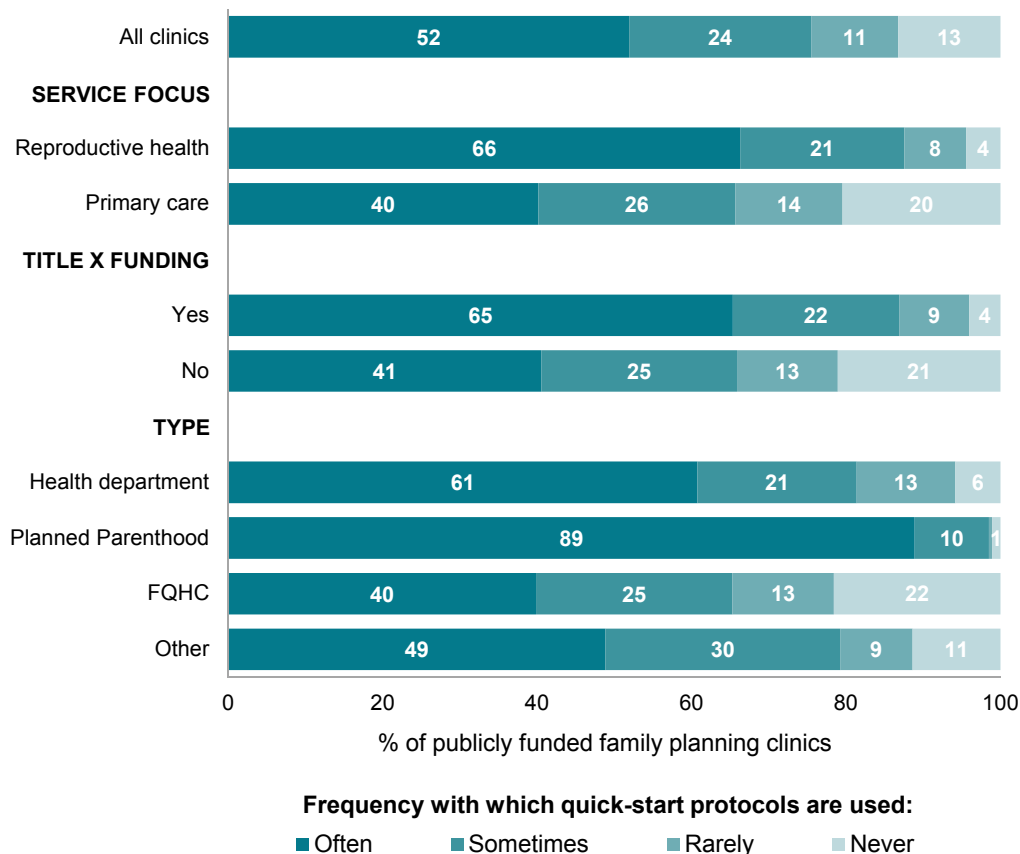
**Injectables.** When dispensing injectable hormonal contraception (e.g., Depo-Provera), the vast majority of clinics (90%) had the method stocked on-site and provided it to the client during the same visit it was requested (Table 6, page 39 and Figure 7, page 19). However, 4% of clinics reported that clients had to request the method and then return to the clinic

for the injection. Virtually all health department and Planned Parenthood clinics reported offering injectables in one visit (95–98%), compared with 85–87% of FQHCs and “other” clinics. Non–Title X clinics were more likely than Title X clinics to require clients to obtain their method from outside of the clinic and return for the injection (9% vs. 2%), and FQHCs and “other” clinics were more likely than health department and Planned Parenthood clinics to do so (8–10% vs. 1%; data not shown).

**IUDs.** Among clinics that provided the IUD, nearly all clinics (96%) reported purchasing IUD supplies and performing insertions on-site, up from 85% of clinics in 2010 (data not shown). Specifically, 41% reported performing insertions during the same appointment the method was requested, and 55% reported requiring a follow-up appointment for insertion. Reproductive health clinics were more likely than primary care–focused clinics to offer same-day insertion (49% vs. 32%), Title X–funded clinics were

FIGURE 5

**Use of the quick-start protocol\* for new oral contraceptive users is higher among reproductive health-focused, Title X-funded and Planned Parenthood clinics.**



\*When initiating oral contraceptive use, the patient takes the first pill on the day of her visit, regardless of where she is in her menstrual cycle. NOTE: Percentages may not add to 100 because of rounding.

more likely than non–Title X clinics to do so (46% vs. 36%) and Planned Parenthood clinics were more likely than other types of clinics to do so (81% vs. 30–48%).

**Implants.** Among clinics that provided the implant, 51% reported stocking implant supplies in advance and providing insertions on-site during the same appointment the method was requested. Health department clinics, FQHCs and “other” clinics were less likely to report this practice (43–54%) than were Planned Parenthoods (83%).

**LARC methods.** The majority of clinics provided hormonal or copper IUDs or implants to teens and young adults (68%) and to women who had not yet had children (64%), two groups that have historically had difficulty obtaining these methods. Compared with primary care clinics, reproductive health–focused clinics were more likely to offer LARC methods to these groups (75–83% vs. 54–56%); nearly all Planned Parenthood clinics (95–97%) offered LARC methods to teens and nulliparous women. Only one-quarter of clinics (25%) offered the copper

IUD as a method of emergency contraception. Planned Parenthood clinics (65%) were much more likely to offer the IUD for this purpose, compared with all other types of clinics (14–26%).

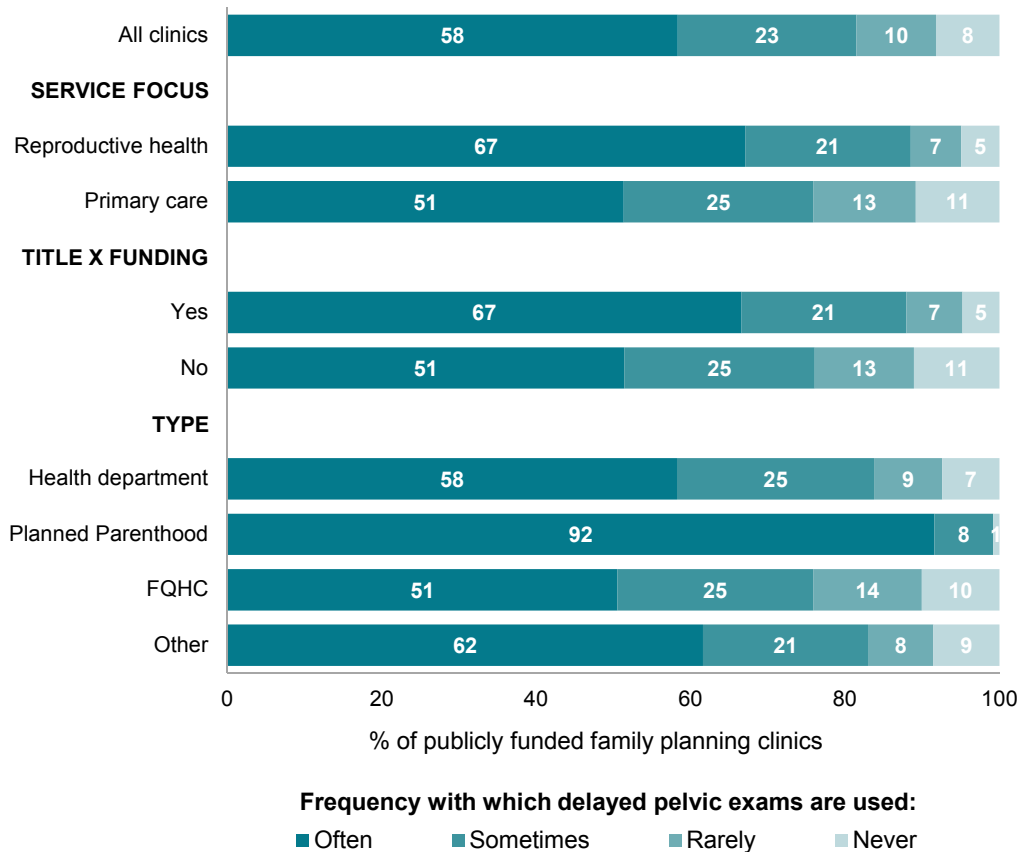
### Variation in key method availability and dispensing indicators by clinic characteristics

The data presented so far with regard to on-site method availability and use of protocols to facilitate initiation and continuation of methods indicate clear patterns that distinguish different types of clinics. Figures 8–10 highlight those differences for each of the three clinic characteristics examined.

**Service focus.** Compared with primary care–focused clinics, clinics that specialized in the provision of reproductive health care were significantly more likely to have dispensing protocols that facilitate initiation and continuation of oral contraceptives and LARC methods. Reproductive

FIGURE 6

### A majority of clinics allow new oral contraceptive users to delay their pelvic exam until a follow-up visit.



NOTE: Percentages may not add to 100 because of rounding.

health-focused clinics were more likely to provide initial oral contraceptive supplies and refills on-site (72% vs. 40%), to provide initial oral contraceptives using the quick-start protocol (88% v. 66%), to allow women to delay their pelvic exam when initiating hormonal contraceptives (89% vs. 76%), to provide LARC methods to adolescents or nulliparous women (75–83% vs. 54–56%), and to offer same-day insertion of LARC methods (49–57% vs. 32–43%; Figure 8, page 20).

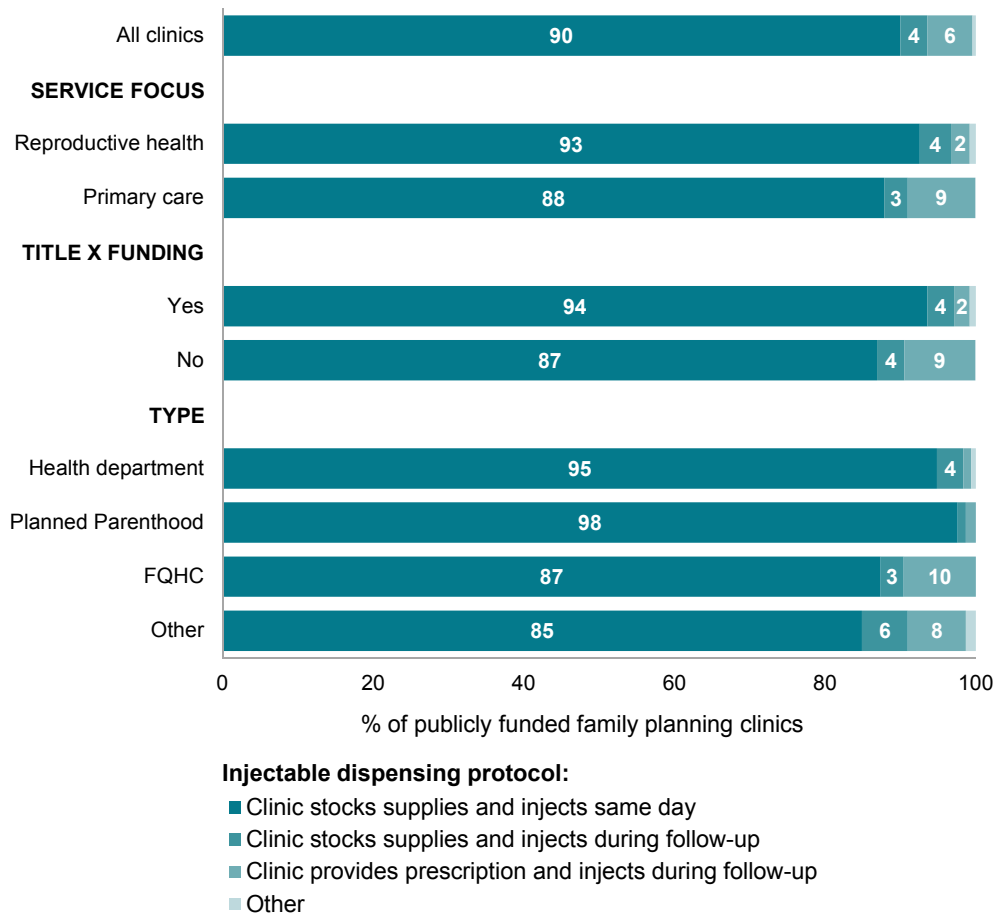
**Funding status.** Similarly, Title X-funded clinics did much better on key indicators measuring clinics’ use of protocols designed to facilitate method initiation and continuation, as compared with sites not funded by Title X. Title X-funded clinics were more likely to provide initial oral contraceptive supplies and refills on-site (72% vs. 40%), to use the quick-start protocol for oral contraceptive initiation (87% vs. 66%), to allow women to delay the pelvic exam when initiating a hormonal contraceptive method (88% vs. 76%),

to provide LARC methods to adolescents or nulliparous women (75–80% vs. 54–58%), and to offer same-day provision of LARC methods (46–54% vs. 36–47%; Figure 9, page 21).

**Clinic type.** When comparing the different types of publicly funded family planning clinics on these key dispensing indicators, we found wide variation in the proportions implementing protocols aimed at facilitating method initiation and continuation. Overall, Planned Parenthood clinics did significantly better than all other clinic types on these measures. Eight in 10 (83%) Planned Parenthood clinics provided initial oral contraceptive supplies and refills on-site, followed closely by health departments (76%); in comparison, only 34–56% of FQHCs and “other” clinics did so. Nearly all Planned Parenthood clinics (99%) used quick-start or delayed pelvic protocols, compared with 65–84% for all other clinic types. Similarly, 95–97% of Planned Parenthood clinics provided LARC methods to adolescents

FIGURE 7

**A majority of clinics report having injectables stocked on-site and provide them the same day clients request them.**



NOTE: Percentages may not add to 100 because of rounding.

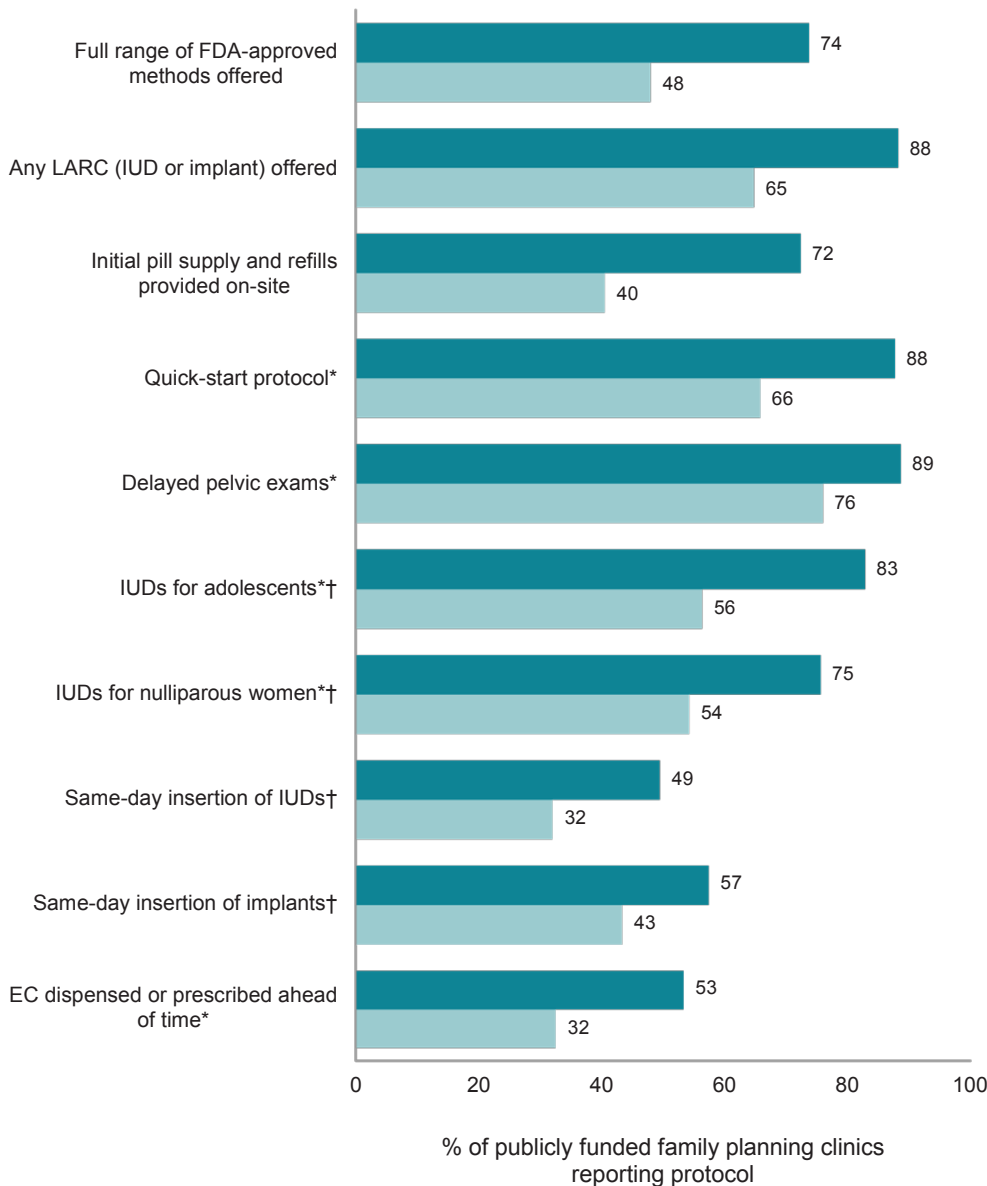
or nulliparous women, compared with 55–71% for all other clinic types; 81–83% of Planned Parenthood clinics offered same-day insertion of LARC methods, compared with 30–54% of all other clinic types (Figure 10, page 22).

### Dispensing protocols by Title X funding status and clinic service focus or type

As reported above, clinics that received Title X funding were more likely to implement service delivery practices that facilitate initiation and continuation of contraceptive methods. This pattern persists within subgroups of clinics by service focus and type and suggests that receipt of Title X funding, along with the oversight and guidance

FIGURE 8

#### Protocols that facilitate timely initiation and continuation of methods are more common among clinics focused on reproductive health than among primary care clinics.



\*Often or sometimes. †Among clinics that offer the method.  
NOTE: EC=emergency contraception.

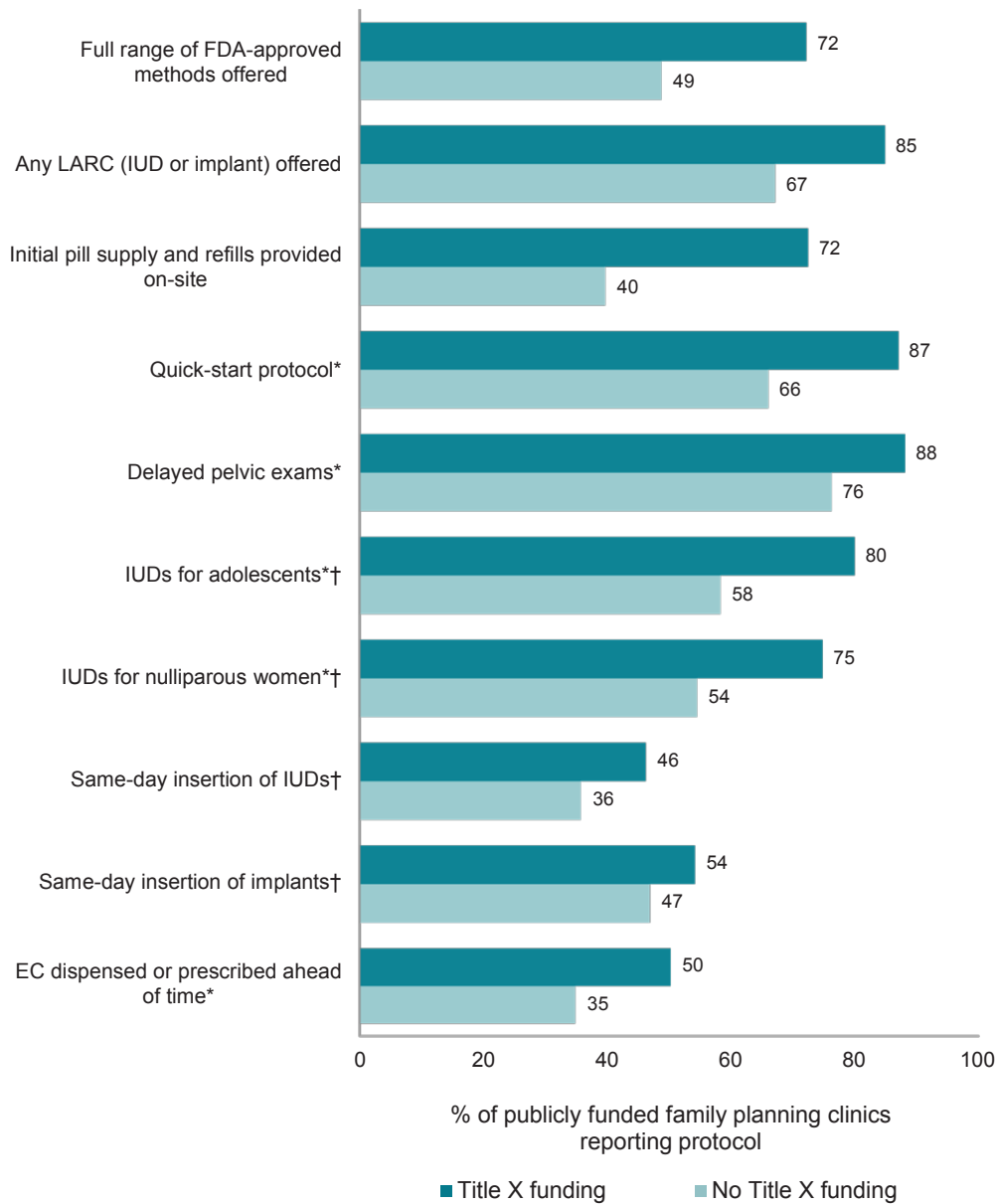
provided to clinics that are part of this network, offers an added benefit to these sites and improves quality of care for their clients.

■ Reproductive health-focused clinics that received Title X funding were the most likely to provide oral contraceptive supplies and refills on-site, and they were significantly more likely to do so than were reproductive health-focused clinics that do not get Title X funding (77% vs. 58%; Figure 11, page 23). And, although primary

care-focused clinics overall were less likely to provide oral contraceptives on-site, those that received Title X funds were much more likely to do so than were primary care-focused clinics with no Title X funding (59% vs. 35%). High proportions of both health department and Planned Parenthood clinics provided oral contraceptive supplies and refills on-site, and there was little variation by Title X funding status. However, among FQHCs and “other” clinics, there was wide variation according to

FIGURE 9

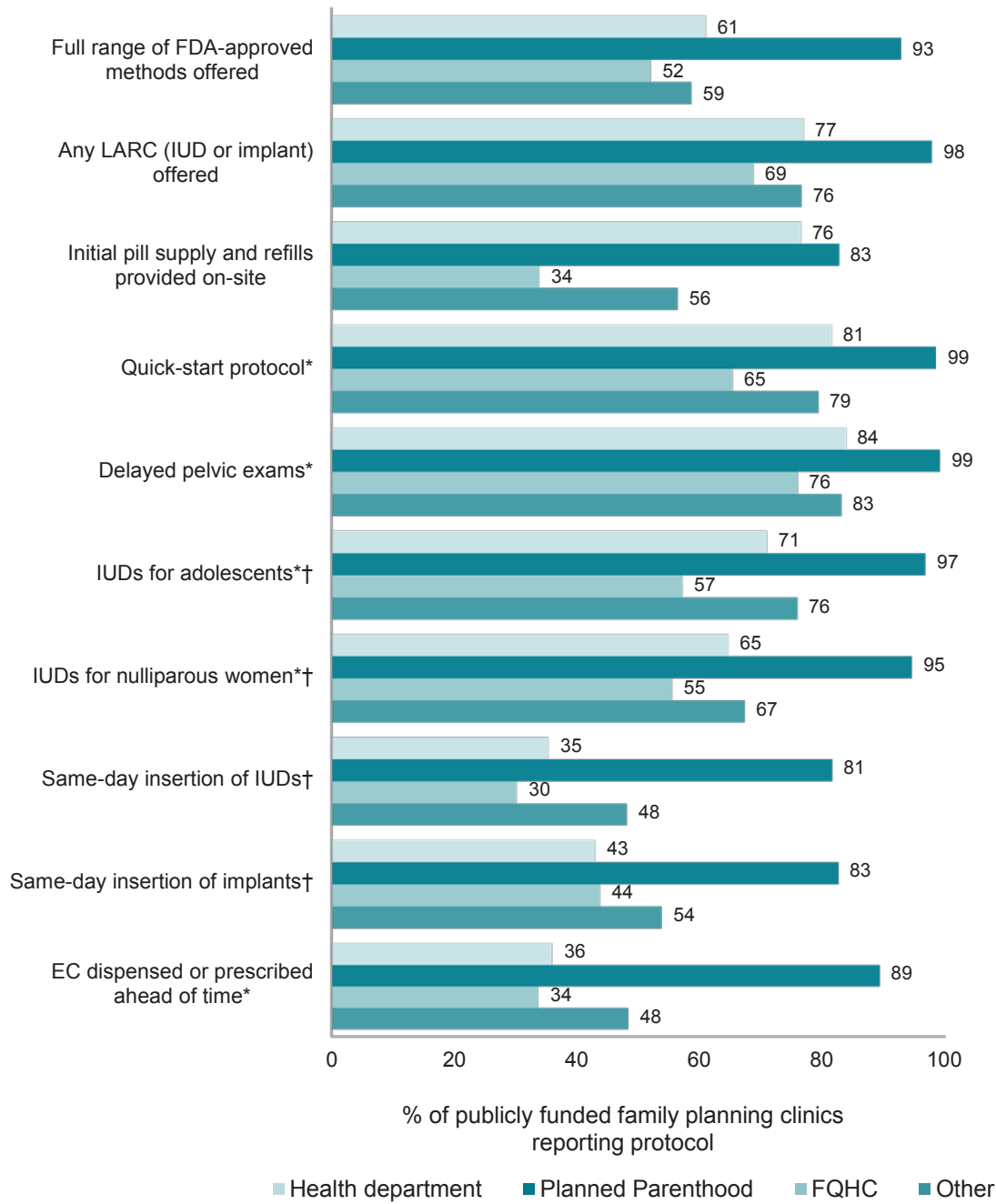
**Protocols that facilitate timely initiation and continuation of methods are more common among clinics that receive Title X funding than among those that do not.**



\*Often or sometimes. †Among clinics that offer the method.  
NOTE: EC=emergency contraception.

FIGURE 10

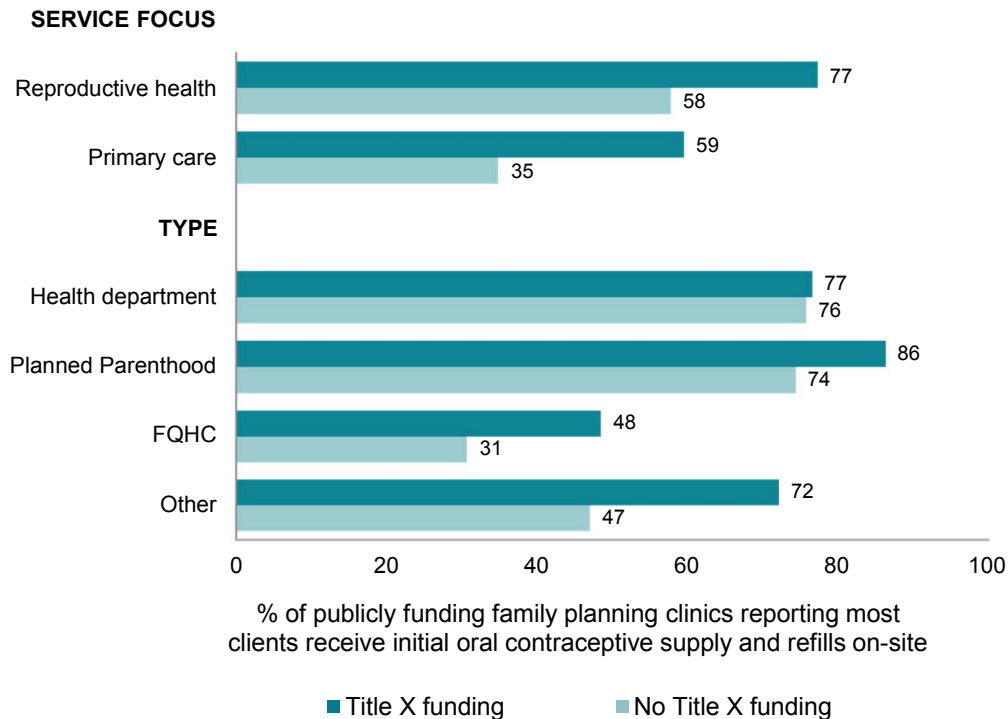
**Protocols that facilitate timely initiation and continuation of methods are most common among Planned Parenthood clinics.**



\*Often or sometimes. †Among clinics that offer the method.  
NOTE: EC=emergency contraception.

FIGURE 11

**On-site provision of oral contraceptive supplies is more common among Title X-funded clinics than among non-Title X clinics.**



Title X funding status, with those receiving Title X funding more likely to implement these protocols (48% vs. 31% for FQHCs and 72% vs. 47% for “other” clinics).

- Similar patterns were found for clinics’ use of the quick-start protocol for initiating contraceptive pill use: Clinics that received Title X funding were more likely than those without such funding to use this protocol often or sometimes, and this pattern was especially pronounced among primary care–focused clinics (81% vs. 61%) and among FQHCs (85% vs. 61%) and “other” clinics (93% vs. 71%; Figure 12, page 24).

**Services offered online**

Clinics increasingly offer online services, from appointment scheduling to obtaining prescriptions to communicating with physicians and other medical staff. These practices improve client experience because they reduce wait times on the phone and in some cases eliminate the need to travel to a clinic. In this section, we asked providers about a range of online services.

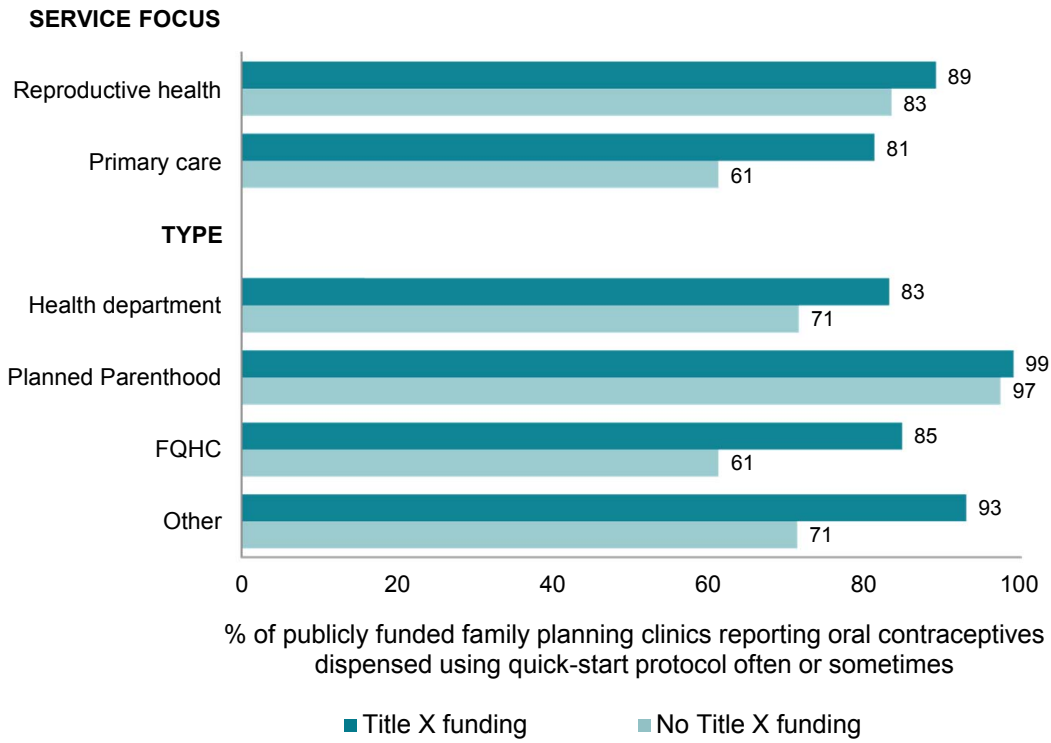
- Only 18% of publicly funded family planning clinics reported that clients often or sometimes schedule their appointments online (Table 7, page 40). Planned Parenthood sites were significantly more likely than

other types of clinics to report implementation of an online scheduling system (74% vs. 3–20%).

- Overall, very few clinics reported that clients often or sometimes obtained an initial prescription for a contraceptive method online (3%), although FQHCs reported this more often than other types of clinics (5% vs. 0–2%). One-fifth (21%) of clinics, however, reported that clients used online services to order refills for prescription methods. Planned Parenthood clinics and FQHCs were most likely to report that clients used this service (25–32% vs. 4–19% for health departments and “other” clinics).
- One-quarter (24%) of clinics reported that clients often or sometimes asked staff medical or follow-up questions online. FQHCs were most likely (34%), and health departments were least likely (10%), to report that this took place.

FIGURE 12

**Use of the quick-start protocol for oral contraceptive initiation is more common among Title X-funded clinics, a pattern that persists within categories of service focus and type.**





## Community Linkages

Publicly funded family planning clinics are one component of a much larger system of health care providers. For many women and men, family planning clinics provide an entry point into the larger health care system. This may be especially true for relatively healthy young women, whose need for contraception may motivate them to make a health care visit that they might otherwise forgo or deem unnecessary. To better understand whether clinics are indeed providing their clients with needed referrals and to explore how publicly funded family planning providers are connected with the broader health provider system, we asked clinics whether specific types of providers available in their community referred clients formally or informally to the clinic or vice versa. The specific types of providers with which a clinic may have a referral relationship included: FQHCs, other community clinics providing primary care, school-based health centers, STI clinics, private obstetrician-gynecologist offices, other private physician or group practices, social service agencies (e.g., those administering benefit programs such as WIC, SNAP and TANF) and home visiting programs.

### Referrals from other providers

**Any agreements.** Nearly all clinics (94%) reported that one or more providers in the community regularly referred their clients to the clinic (Table 8, page 41). Nine in 10 (93%) reported regularly receiving referrals from at least one publicly funded provider that offered primary or general care or other medical services, and 75% reported regularly receiving referrals from at least one private provider, such as an obstetrician or gynecologist, or other physician or group practice. Reproductive health-focused clinics and Title X-funded clinics were particularly likely to maintain such relationships. While there was no difference across the types of clinics that received referrals from public clinics, health departments and Planned Parenthoods were more likely to receive referrals from private providers than were FQHCs and “other” clinics (81–92% vs. 69–73%). When asked which reproductive health services clients were most likely to be referred to them for, clinics most commonly reported contraceptive services, including provision of LARC methods (data not shown). A smaller share of clinics reported receiving referrals for STI testing and treatment, as well as gynecological and breast exams.

**Formal agreements.** It was relatively uncommon for clinics to report a formal relationship where another provider, agency or program referred clients to the clinic (12–24%). Title X clinics were less likely to report this type of relationship with private physicians than were clinics that did not receive funding (9–11% vs. 15–18%), and Planned Parenthood clinics were also generally less likely to report this type of relationship with both public and private providers than were the other clinic types (1–8% vs. 8–26%).

**Informal agreements.** In comparison, between one-third and one-half of clinics (39–59%) regularly maintained an informal referral relationship where another provider referred clients to the clinic. Reproductive health-focused clinics were more likely to maintain such relationships with both public and private providers, compared with primary care-focused clinics (44–70% vs. 34–50%), as were clinics that received Title X funding, compared with those that did not (45–68% vs. 34–51%). Planned Parenthood clinics were also more likely than the other types of clinics to maintain informal relationships with public providers (47–86% vs. 34–67%) and with private providers (82–83% vs. 37–69%).

### Referrals to other providers

**Any agreements.** Nearly all clinics (97%) reported that they regularly referred some clients to one or more providers in their community (Table 9, page 42). Ninety-five percent of clinics reported referring some clients to other public providers in their community, and 85% reported referring some clients to private providers. Again, reproductive health-focused clinics and clinics receiving Title X funding were more likely to refer clients to other providers in the community. While there was not much variation across the types of clinics that referred to public providers, health departments and Planned Parenthoods were more likely to refer their clients to private providers than were FQHCs and “other” clinics (94% vs. 80%).

**Formal agreements.** Fewer than one-third of clinics reported formal relationships for referring clients to other public (8–28%) or private (25–32%) providers. Primary care-focused clinics were more likely to formally refer clients to private providers than were reproductive health-focused clinics (32–40% vs. 17–21%), as were clinics that

did not receive Title X funding, compared with those that did (29–37% vs. 21–25%). Planned Parenthoods were less likely than other clinic types to formally refer clients to public providers (2–9% vs. 7–35%), and FOHCs were more likely than other clinic types to formally refer to private providers (34–42% vs. 9–27%).

***Informal agreements.*** Again, informal referral relationships were more common than formal ones. Between one-quarter and one-half of clinics (26–57%) regularly maintained an informal referral relationship where the clinic referred clients out to another provider. Reproductive health–focused clinics were generally more likely than primary care–focused clinics to maintain such relationships with public providers (34–69% vs. 19–52%) and with private providers (65–67% vs. 35–38%). Likewise, clinics that received Title X funding were more likely than those that did not to maintain such relationships with public providers (32–64% vs. 21–53%) and with private providers (61–62% vs. 38–42%). Planned Parenthood clinics were generally more likely than other types of clinics to maintain informal relationships with public providers (42–85% vs. 16–65%) and with private providers (75–79% vs. 31–66%).

# Affordability of Care

Publicly funded family planning clinics, like other safety-net providers, take steps to ensure that clients have easy access to services they can afford. Ensuring affordable care is one of the most important aspects of clinic accessibility. Providing free or reduced-fee services, on the basis of clients' income, is one way that many clinics serve poor and low-income individuals. One important way of making care affordable is by participating in the Medicaid health plans that serve low-income women in their communities. Participating in both public and private health plans has become even more important in recent years, as more women gain insurance under provisions of the Affordable Care Act.

## Insurance coverage

Clinic administrators were asked to provide information about the percentage of contraceptive visits in 2014 that were made by clients who had some form of insurance, regardless of whether or not the clinic billed that insurance for the visit.\* Response categories included four types of third-party reimbursement: full-benefit Medicaid or the Children's Health Insurance Program (CHIP), Medicaid family planning-specific expansion program, other public insurance and private insurance. The survey also asked about the percentage of visits that were made by clients who had neither public nor private insurance coverage.

- Clinics reported that nearly six in 10 contraceptive visits, on average, were made by clients with public coverage, either full-benefit Medicaid (38%), a Medicaid family planning-specific expansion program (16%), or some other public health insurance (4%; Table 10, page 43, and Figure 13, page 28). Fifteen percent of visits were made by clients with private health insurance and 28% by clients with no health insurance coverage.
- On average, the proportion of contraceptive visits made by clients with no insurance was higher at reproductive health-focused clinics than at primary care-focused clinics (33% vs. 22%) and at Title X-funded clinics than at clinics not receiving Title X funds (33% vs. 23%). Among the four clinic types, a higher proportion of clients without insurance visited Planned Parenthood clinics and health departments than FQHCs and "other" clinics (34–39% vs. 19–25%).

- Compared with reproductive health-focused clinics, a higher proportion of visits to primary care-focused clinics were made by clients with full-benefit Medicaid coverage (44% vs. 31%); the proportions were similar for Title X-funded clinics compared with clinics that did not receive Title X funding (43% vs. 32%). Compared with the other three provider types, a higher proportion of contraceptive visits at FQHCs were made by clients with full-benefit Medicaid (48% vs. 23–34%).
- A higher proportion of visits at Planned Parenthood clinics than at health departments or FQHCs were made by women with private coverage (21% vs. 12–14%).
- Not surprisingly, clinics in Medicaid expansion states reported that, on average, higher proportions of contraceptive visits were made by clients covered by full-benefit Medicaid or a family planning-specific Medicaid program (40% and 18%, respectively), compared with visits to clinics located in non-expansion states (27% and 6%). As a result, a higher proportion of visits in non-expansion states than in expansion states were among clients with no health insurance coverage (43% vs. 24%).

## Contracting with health insurance plans

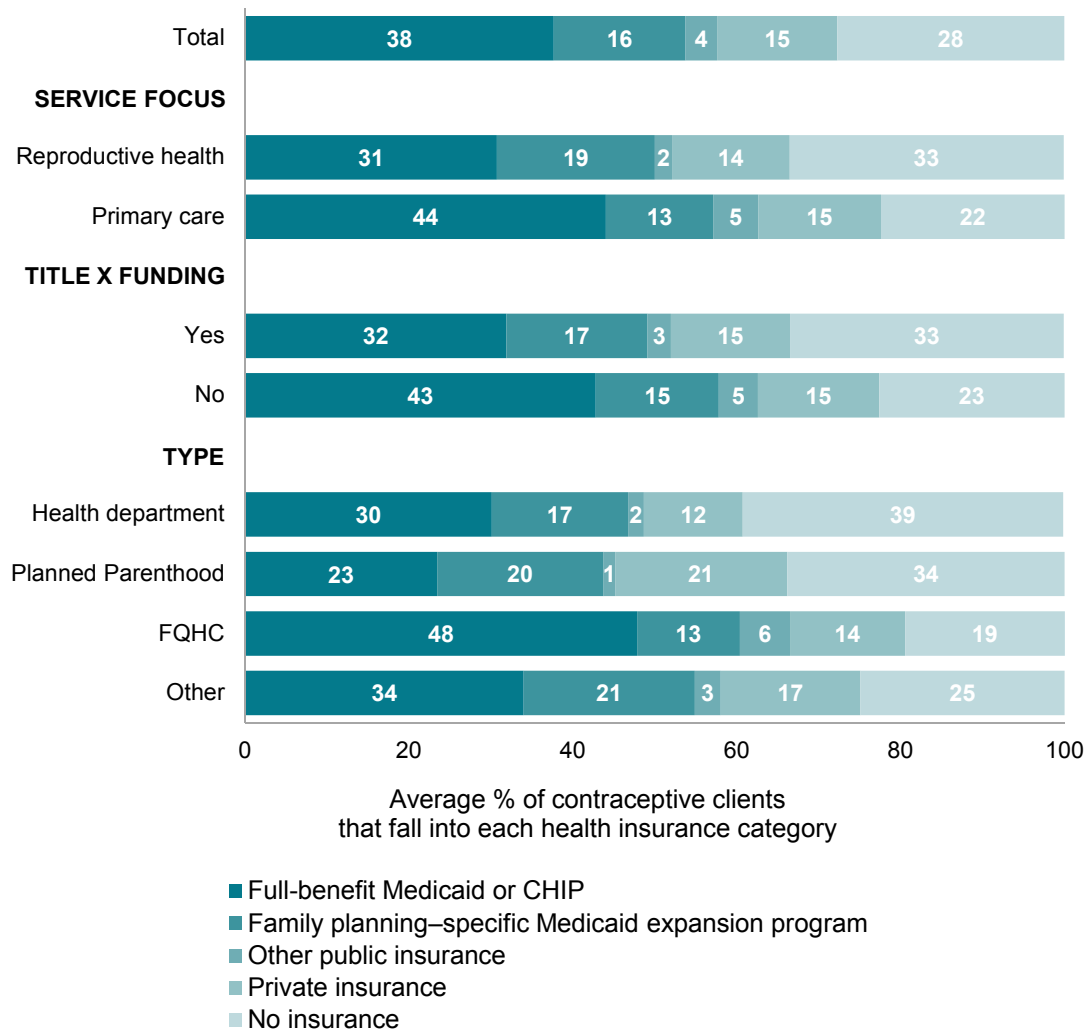
- In 2015, more than eight in 10 clinics (84%) reported having one or more contracts with health plans—either with Medicaid or with private health insurers—up from just over half of clinics (53%) in 2010 (Table 11, page 44).
- Overall, 80% of clinics reported having one or more contracts with Medicaid health plans, up from 40% in 2010; 73% reported having health plan contracts with private insurers, up from 33% in 2010 (Figures 14 and 15, page 29).
- There was little variation by service focus or Title X funding in the overall proportions of clinics with contracts of any type, or contracts with Medicaid plans. However, reproductive health-focused clinics and Title X-funded clinics were less likely than primary care-focused and non-Title X clinics to have contracts with private insurers.

\*This question was asked differently in 2015 than in 2010, so no trend data are presented.

- Planned Parenthood clinics were more likely than all other types of clinics to have one or more health plan contracts (98% vs. 73–91%) or one or more contracts with private insurers (95% vs. 54–84%).
- Health departments were the clinics least likely to have a health plan contract (27% had no contracts, compared with 2–19% of all other types of providers). Sixty-nine percent of health departments reported contracts with Medicaid plans, and only 54% reported contracts with private plans—significantly lower proportions than among all other clinic types.

FIGURE 13

**On average, about half of visits were by clients covered by full-benefit Medicaid or a family planning-specific Medicaid program, while one in four were by uninsured clients.**



NOTES: Percentages may not add to 100 because of rounding. CHIP=Children’s Health Insurance Program.

FIGURE 14

**The proportion of clinics with at least one Medicaid health plan contract increased between 2010 and 2015.**

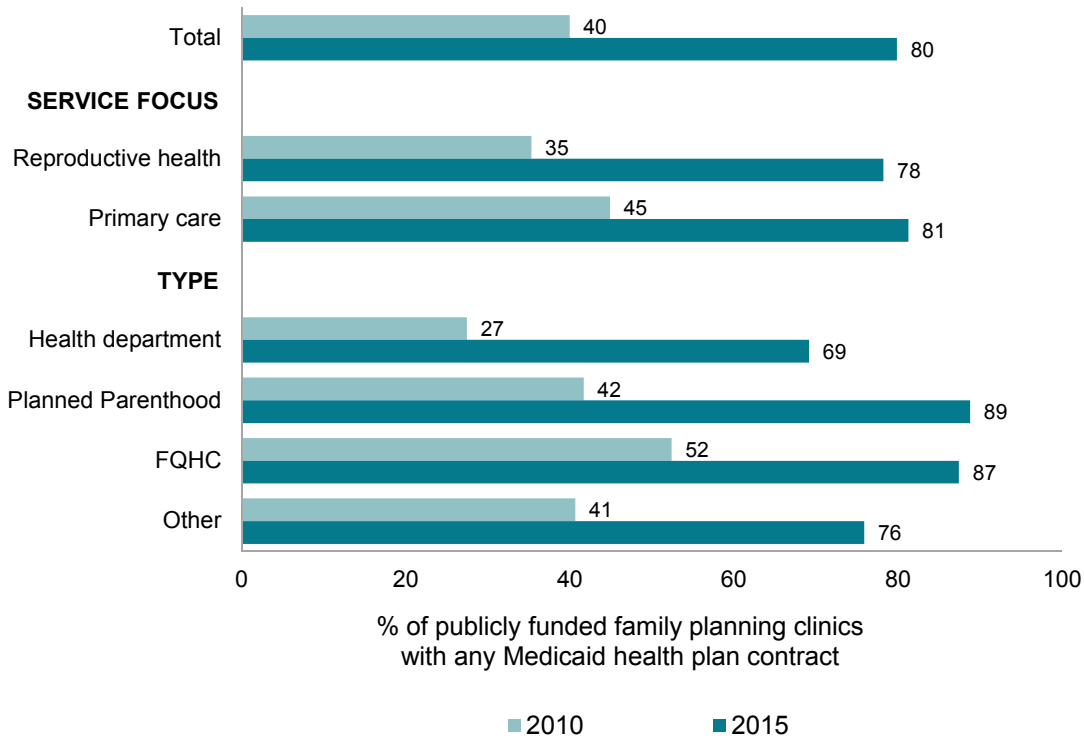
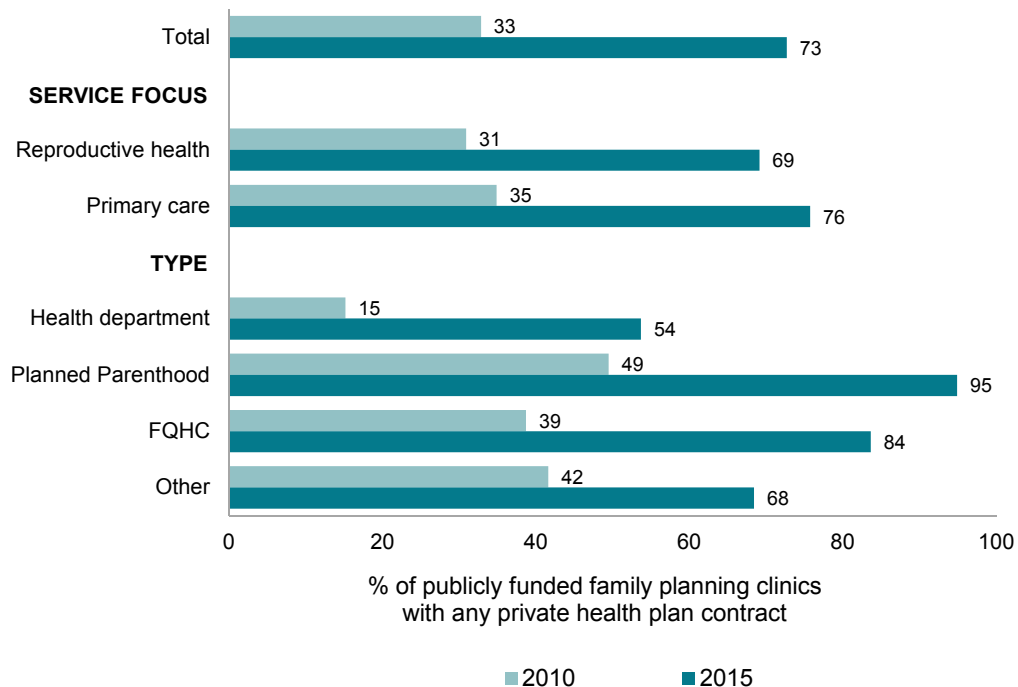


FIGURE 15

**The proportion of clinics with at least one private health plan contract increased between 2010 and 2015.**



## Discussion

Publicly funded family planning clinics are a vital component of the health care safety net, offering millions of women a source for affordable health care. In addition to providing contraceptive services, clinics also offer a wide range of related reproductive health services. Many provide general preventive care and screening services, and some provide comprehensive primary care. In 2015, we asked a nationally representative sample of these clinics to respond to questions about their services and service delivery practices and protocols, and we compared this information with similar information collected in 2010. We found that over this period, more and more clinics began providing specific reproductive health and non-reproductive health services. However, there was wide variation among types of clinics in service provision, practices and protocols. Below we highlight key changes over time and differences in service provision between types of clinics.

### Progress on Healthy People 2020 objectives

The proportion of clinics providing a wide range of contraceptive methods on-site was higher in 2015 than in 2010. Specifically, nearly six in 10 clinics (59%) met the Healthy People 2020 objective (FP-3.1) of offering the full range of FDA-approved methods, compared with 54% in 2010. This indicates positive progress toward meeting the Healthy People 2020 target of 67% of publicly funded clinics offering the full range of methods. Among Title X-funded clinics, the proportion of sites offering the full range of methods rose from 60% to 72%, already surpassing the Healthy People 2020 target. A second, related Healthy People 2020 objective (FP-3.2) is to increase the proportion of publicly funded family planning clinics that offer emergency contraception on-site. Our findings show that between 2010 and 2015, this indicator also rose, from 81% to 85% and is well on its way to meeting the 2020 target of 88%.

### Increased provision of noncontraceptive care

In addition to increasing method provision, publicly funded family planning clinics also increased their provision of many vital noncontraceptive services. Provision of primary care services rose from 52% of clinics in 2010 to 63%

in 2015, provision of diabetes screening increased from 72% to 79%, and provision of mental health screening from 64% to 69%. In addition, most clinics in 2015 provided screening for body mass index (96%) or substance use (93%); these data are not available for 2010. And although most Title X-funded clinics did not report providing primary care services, the proportion doing so rose from 29% to 38% between 2010 and 2015.

### Increased provision of LARC methods

One of the most significant changes in the contraceptive landscape over the past decade has been the development and marketing of new LARC methods, including hormonal intrauterine systems and the single-rod implant. Intrauterine methods, originally considered appropriate only for older women who had already had children, are now recommended as a first-line method for women of all ages and parities, including adolescents and nulliparous women.<sup>30</sup> As a result, increasing numbers of women and teens rely on LARC methods,<sup>31</sup> a trend that may have contributed to recent declines in unintended pregnancy and abortion.<sup>32</sup> Publicly funded family planning clinics—a high proportion of which offer LARC methods—have been at the forefront of these developments. In 2015, three in four clinics offered at least one LARC method on-site compared with two-thirds of clinics in 2010. Seventy percent of clinics offer at least one intrauterine method, and 61% offer the implant—up from 63% and 39%, respectively, in 2010. Provision of any LARC method in 2015 varied widely by service focus and funding: Reproductive health-focused sites were much more likely to offer one of these methods than were primary care-focused clinics (88% vs. 65%) and Title X-funded sites were more likely to do so than clinics not funded by Title X (85% vs. 67%). Virtually all Planned Parenthood clinics offered at least one LARC method (98%), compared with 69–77% of other clinic types.

### Strong performance of Title X clinics on key indicators

In addition to making a range of methods, including LARCs, available on-site, publicly funded family planning clinics often implement a variety of practices and protocols that help to facilitate women's uptake and continuation of contraceptive methods. In particular, Title X-funded

clinics have been especially proactive in adopting best practices for the delivery of quality family planning care, using Title X program standards as a guide. As a result, Title X-funded clinics in 2015 did much better than those not funded by Title X on key indicators: provision of initial supply of oral contraceptives and refills on-site (72% vs. 40%), implementation of the quick-start protocol for oral contraceptive initiation (87% vs. 66%), allowing women to delay their pelvic exam when initiating a hormonal contraceptive method (88% vs. 76%), provision of LARC methods to adolescents or nulliparous women (75–80% vs. 54–58%), and same-day provision of LARC methods (46–54% vs. 36–47%).

### **Strong performance of reproductive health-focused clinics on key indicators**

Because the majority (72%) of Title X clinics in 2015 reported having a reproductive health focus, the patterns found when comparing reproductive health-focused clinics with primary care-focused clinics were very similar to those reported above on key indicators related to facilitating method initiation and continuation. Compared with primary care-focused clinics, those specializing in reproductive health care were significantly more likely to provide initial oral contraceptive supplies and refills on-site (72% vs. 40%), provide initial oral contraceptive pills using the quick-start protocol (88% vs. 66%), allow women to delay their pelvic exam when initiating hormonal contraceptive (89% vs. 76%), provide LARC methods to adolescents or nulliparous women (75–83% vs. 54–56%), and offer same-day insertion of LARC methods (49–57% vs. 32–43%).

### **Strong performance of Planned Parenthood clinics on key indicators**

When comparing the different types of publicly funded family planning clinics on these key indicators, we found wide variation with regard to protocols aimed at facilitating women's timely access to and continuation of a wide range of contraceptive services and supplies. By far, Planned Parenthood clinics perform better than all other clinic types on nearly all measures. Eighty-three percent provided initial oral contraceptive supplies and refills on-site, as did 76% of health departments, while far smaller proportions of FQHCs and "other" clinics (34–56%) did so. Nearly all (99%) of Planned Parenthoods used the quick-start protocol for oral contraceptives, compared with 65–81% for all other clinic types; 99% offered a delayed pelvic exam, compared with 76–84% for all other clinic types; 95–97% provided LARC methods to adolescents or

nulliparous women, compared with 55–76% for all others; and 81–83% offered same-day insertion of LARC methods, compared with 30–54% of all others.

### **Health departments still struggling**

On most key indicators around method provision and facilitation of method initiation and continuation, health department clinics lagged far behind Planned Parenthoods, although they were often similar to FQHCs and "other" clinics. Exceptions to this pattern were health departments' strong performance on providing oral contraceptive supplies and refills on-site (76%) and their provision of same-day injectable contraceptives (95%). However, access to care at health department clinics for care was reduced relative to other types of clinics because health departments were the least likely provider type to offer same-day appointments, had the longest wait times for an appointment and were the least likely to offer extended hours in the evening or on weekends. Moreover, health departments are struggling to keep up with available revenue sources and modern technology. In 2015, health department clinics were the least likely of all provider types to report having one or more contracts with health plans (73% vs. 81–98%), despite nearly doubling the proportion with contracts in 2010 (36%).<sup>3</sup> They were also the least likely to offer any online services for clients: Three percent versus 11–74% had online appointment scheduling, 4% versus 19–32% offered online prescription refills, and 10% versus 22–34% allowed clients to communicate with medical staff online often or sometimes. Finally, nearly half (49%) of health departments reported that some contraceptive methods were not always stocked due to costs.

FQHCs were similar to health departments on key measures of method availability and dispensing, lagging far behind Planned Parenthood clinics, especially on those measures related to LARC availability and dispensing protocols. They also trailed far behind all other clinic types in terms of on-site availability of the most popular reversible method, oral contraceptives. FQHCs did show improvement in some protocols over time—for example, a higher proportion used quick-start protocols or offered delayed pelvic exams in 2015 than in 2010—but there was no change in the proportion offering oral contraceptives on-site. On the other hand, compared with all other clinic types, FQHCs had a larger share of client visits by women covered by Medicaid or other public insurance and they were similar to Planned Parenthoods in terms of having a high proportion of clinics contracting with Medicaid or private health plans.

## Improvements and continuing challenges

Publicly funded family planning clinics have faced numerous challenges in recent years, from funding cuts and political threats to administrative changes needed for contracting with health plans. And while there is evidence that the numbers of clients served by the network of clinics have dropped between 2010 and 2015, this report shows that clinics remain a vital source of care and that, despite the challenges they face, many clinics have stepped up to the challenge—improving quality of care and responding to the demands of a changing health care marketplace. Publicly funded clinics have improved on a number of the service delivery hurdles identified in our 2010 report. In addition to increasing the number of contraceptive methods and selection of noncontraceptive services offered, clinics were also more likely to offer same-day appointments and to have a shorter average wait time for appointments in 2015 than they were in 2010. In this period, clinics became increasingly likely to offer oral contraceptives using the quick-start protocol or to offer a delayed pelvic exam, and they were less likely to report not stocking certain methods because of their high cost. Finally, the proportions of clinics that reported contracts with Medicaid health plans doubled between 2010 and 2015 (40% to 80%), and the proportions that reported contracts with private health plans more than doubled (33% to 73%), indicating a rapid ramping up of their ability to function successfully in the new health care marketplace.

## Lessons learned

The network of publicly funded family planning clinics is made up of a diverse set of providers functioning under different administrative and regulatory umbrellas. By comparing the services and protocols offered by different types of clinics, we found clear differences in how well clinics are doing to ensure the most accessible and highest quality care for women seeking contraceptive and other sexual and reproductive health care services. Title X–funded clinics, in particular, offered services and protocols that are quite different, and often significantly better, than those offered by clinics that provide contraceptive services but do not rely on Title X funding. The strong performance of Title X sites is likely due both to the added flexibility that Title X funds provide and to Title X program guidelines, which encourage best practices for quality contraceptive care. Policymakers and program planners can learn from these results and design strategies for expanding the experiences of Title X to the broader network of clinics.



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TABLE 1

**Percentage of family planning clinics, according to clinic characteristics, by service focus, Title X funding status and clinic type, 2010 and 2015**

Clinic characteristics	2010	2015								
	All clinics	All clinics	Service focus		Title X funding		Type			
			Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Focuses on reproductive health	50	44 ‡	100	0	72	21 †	79	100 <sup>h</sup>	7 <sup>h,p</sup>	53 <sup>h,p,f</sup>
Receives Title X funding	52	45 ‡	74	22 *	100	0	86	69 <sup>h</sup>	17 <sup>h,p</sup>	37 <sup>h,p,f</sup>
Located in state with any Medicaid (full-benefit or family planning-specific) expansion	na	82	84	81	83	82	79	86	85	81
Contraceptive client caseload per week										
<20	34	47 ‡	29	61 *	34	58 †	43	8 <sup>h</sup>	57 <sup>h,p</sup>	47 <sup>p,f</sup>
20–49	34	28 ‡	33	24 *	32	26	33	26	26	29
50+	32	24 ‡	37	14 *	34	17 †	24	66 <sup>h</sup>	17 <sup>h,p</sup>	24 <sup>p</sup>
Same-day appointments available	39	52 ‡	46	56 *	48	55	42	62 <sup>h</sup>	58 <sup>h</sup>	48
Average no. of days to wait for appointment	5.4	3.1 ‡	3.7	2.7 *	3.1	3.2	4.1	1.2 <sup>h</sup>	2.5 <sup>h,p</sup>	3.9 <sup>p,f</sup>
Extended office hours available	39	42	34	49 *	38	46 †	18	78 <sup>h</sup>	57 <sup>h,p</sup>	29 <sup>h,p,f</sup>
Average total hours per week	na	38.7	33.7	42.7 *	35.4	41.4 †	33.3	36.6	44.5 <sup>h,p</sup>	34.5 <sup>f</sup>

‡Difference between 2010 and 2015 significant at  $p < .05$ . \*Difference in service focus significant at  $p < .05$ . †Difference in Title X funding significant at  $p < .05$ . <sup>h</sup>=comparison with health department significant at  $p < .05$ . <sup>p</sup>=comparison with Planned Parenthood significant at  $p < .05$ . <sup>f</sup>=comparison with FQHC significant at  $p < .05$ . *Note:* na=not available.

TABLE 2

**Percentage of family planning clinics offering specific contraceptive methods, by service focus, Title X funding status and clinic type, 2003, 2010 and 2015**

Method availability	2003	2010	2015								
	All clinics	All clinics	All clinics	Service focus		Title X funding		Type			
				Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
<b>Reversible methods</b>											
Combined hormonal pills	100	96 ‡	97 *†	99	95 *	100	95 †	99	100	94 <sub>h,p</sub>	98 <sub>f</sub>
Progestin-only pills	na	na	91	95	87 *	95	87 †	93	100 <sub>h</sub>	86 <sub>h,p</sub>	93 <sub>p,f</sub>
Extended regimen of either combined or progestin-only pills (Seasonale, Seasonique)	na	63	80 ‡	84	77 *	82	79	77	87 <sub>h</sub>	79	85
IUD	57	63 ‡	70 *†,‡	83	60 *	79	63 †	69	98 <sub>h</sub>	65 <sub>p</sub>	72 <sub>p</sub>
Hormonal (Mirena, Skyla)	34	58 ‡	67 *†,‡	80	58 *	77	60 †	66	97 <sub>h</sub>	62 <sub>p</sub>	68 <sub>p</sub>
Copper (ParaGard)	52	60 ‡	65 *†,‡	79	54 *	76	56 †	66	98 <sub>h</sub>	60 <sub>p</sub>	60 <sub>p</sub>
Implant (Nexplanon)	na	39	61 ‡	74	51 *	72	52 †	60	96 <sub>h</sub>	54 <sub>p</sub>	64 <sub>p,f</sub>
Injectable (Depo-Provera)	96	96	95	99	93 *	99	92 †	99	100	93 <sub>h,p</sub>	95 <sub>h,p</sub>
Patch (Ortho Evra)	75	80 ‡	78	74	81 *	75	81	71	86 <sub>h</sub>	84 <sub>h</sub>	72 <sub>p,f</sub>
Vaginal ring (NuvaRing)	40	81 ‡	86 *†,‡	94	81 *	92	82 †	88	97 <sub>h</sub>	83 <sub>p</sub>	87 <sub>p</sub>
Female barrier method (diaphragm, cervical cap/FemCap, sponge/Today, female condom)	na	na	72	83	63 *	80	65 †	77	92 <sub>h</sub>	68 <sub>h,p</sub>	64 <sub>h,p</sub>
Male condom	92	90 ‡	94 ‡	97	91 *	99	89 †	98	100 <sub>h</sub>	90 <sub>h,p</sub>	94 <sub>h,p</sub>
Spermicide	71	65 ‡	64 *†	69	60 *	70	59 †	66	82 <sub>h</sub>	61 <sub>p</sub>	57 <sub>p</sub>
Natural family planning instruction or supplies	54	83 ‡	82 *†	91	75 *	93	73 †	92	92	75 <sub>h,p</sub>	76 <sub>h,p</sub>
Emergency contraceptive pills (Plan B, Ella)	80	81	85 *†,‡	93	79 *	93	80 †	87	99 <sub>h</sub>	80 <sub>h,p</sub>	89 <sub>p,f</sub>
<b>Permanent methods</b>											
Female sterilization (tubal ligation, Essure)	30	14 ‡	12 *†	13	11	10	14	8	6	11	23 <sub>h,p,f</sub>
Vasectomy	25	7 ‡	9 *†	7	11	7	11	7	7	11	9
<b>Summary measures</b>											
At least 10 reversible methods	35	54 ‡	77 *†,‡	89	67 *	88	67 †	81	99 <sub>h</sub>	71 <sub>h,p</sub>	74 <sub>p</sub>
Meets Healthy People 2020 objective of offering broad range of FDA-approved methods	48	54 ‡	59 *†,‡	74	48 *	72	49 †	61	93 <sub>h</sub>	52 <sub>h,p</sub>	59 <sub>p</sub>
Any LARC method	57	66 ‡	75 *†,‡	88	65 *	85	67 †	77	98 <sub>h</sub>	69 <sub>h,p</sub>	76 <sub>p</sub>
Mean no. of reversible methods offered	8.1	9.2	11.2 *†	12.1	10.5 *	12.0	10.5 †	11.4	13.3 <sub>h</sub>	10.7 <sub>h,p</sub>	11.0 <sub>p</sub>
% reporting some methods not stocked due to cost	53	57	42 *†,‡	45	39	41	42	49	39	37 <sub>h</sub>	43

‡‡Difference between 2003 and 2010 significant at  $p < .05$ . \*†Difference between 2003 and 2015 significant at  $p < .05$ . ‡Difference between 2010 and 2015 significant at  $p < .05$ . \*Difference in service focus significant at  $p < .05$ . †Difference in Title X funding significant at  $p < .05$ . h=comparison with health department significant at  $p < .05$ . p=comparison with Planned Parenthood significant at  $p < .05$ . f=comparison with FQHC significant at  $p < .05$ . Notes: na=not available. LARC=long-acting reversible contraceptive methods, which include IUDs and implants.

TABLE 3

**Percentage of family planning clinics offering specific health services, by service focus, Title X funding status and clinic type, 2010 and 2015**

Health service	2010		2015							
	All clinics	All clinics	Service focus		Title X funding		Type			
			Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Primary (general health) care	52	63 ‡	25	93 *	38	84 †	27	13 h	96 h,p	63 h,p,f
Pregnancy testing	99	99	100	99	100	99	100	100	100	98
Chlamydia/gonorrhea screening/testing	97§	98	99	97 *	99	97	99	99	98	98
Syphilis screening/testing	97§	94 ‡	94	94	94	94	94	98 h	96	87 h,p,f
STI treatment	95	97 ‡	99	96 *	99	96 †	98	100	97 p	97
Expedited partner therapy for STIs	na	79	78	79	78	79	73	93 h	79 p	79 p
HIV testing	92	94	96	93 *	95	94	94	99 h	95 p	92 p
Pre-exposure prophylaxis for HIV (PrEP)	na	37	22	48 *	26	45 †	19	25	53 h,p	32 h,f
HPV vaccination	87	90 ‡	87	93 *	90	91	94	97	95	72 h,p,f
Pap test (conventional or liquid-based)	na	95	97	93 *	97	93 †	96	96	94	94
Combined Pap and DNA testing	44	70 ‡	72	70	69	71	64	73	73 h	73 h
Colposcopy	36	37	38	37	36	39	19	57 h	43 h,p	44 h
Clinical breast exam	na	97	97	97	98	96	97	96	98	96
Mammography	na	20	15	25 *	14	25 †	16	2 h	23 h,p	28 h,p
Hepatitis B vaccination	na	81	68	91 *	77	84 †	91	43 h	91 p	58 h,p,f
Hepatitis C screening	na	77	67	86 *	67	86 †	57	90 h	90 h	73 h,p,f
Hepatitis C treatment	na	29	11	43 *	16	40 †	5	12	49 h,p	28 h,p,f
Preconception counseling	83§§	87 ‡	94	82 *	95	81 †	94	90	83 h	86 h
Provision of folic acid supplements	na	73	65	79 *	72	73	72	45 h	81 h,p	67 p,f
Prenatal care	na	41	27	52 *	29	51 †	22	5 h	60 h,p	42 h,p,f
Infertility counseling	42	49 ‡	57	42 *	60	39 †	59	41 h	43 h	50
Basic infertility testing (e.g., pelvic exam, hormone levels)	na	55	50	59 *	54	56	40	54 h	64 h	58 h
Medication abortion	8	8	13	4 *	10	6 †	1	53 h	4 h,p	8 h,p
Surgical abortion	6	4 ‡	6	2 *	4	4	0	20 h	2 h,p	7 h,p,f
Breast-feeding counseling and support	na	62	58	65 *	64	61	82	6 h	65 h,p	50 h,p,f
BMI screening	na	96	92	98 *	96	95	93	94	98 h	94 f
Screening for alcohol, tobacco or other drug use	na	93	88	98 *	90	97 †	87	85	99 h,p	94 h,p,f
Diabetes screening	72	79 ‡	60	93 *	64	91 †	49	64 h	98 h,p	85 h,p,f
Mental health screening	64	69 ‡	48	86 *	55	81 †	43	29 h	93 h,p	72 h,p,f
Vaccinations not related to reproductive health	na	79	66	89 *	74	83 †	89	21 h	88 p	65 h,p,f

‡Difference between 2010 and 2015 significant at  $p < .05$ . \*Difference in service focus significant at  $p < .05$ . †Difference in Title X funding significant at  $p < .05$ . h=comparison with health department significant at  $p < .05$ . p=comparison with Planned Parenthood significant at  $p < .05$ . f=comparison with FQHC significant at  $p < .05$ . §In 2010, data on screening/testing for chlamydia, gonorrhea and syphilis were combined. §§The 2010 survey asked about preconception care rather than preconception counseling. Notes: na=not available. BMI=body mass index.

TABLE 4

**Percentage of family planning clinics offering specific services addressing intimate partner violence, by service focus, Title X funding status and clinic type, 2015**

Addressing intimate partner violence	2015								
	All clinics	Service focus		Title X funding		Type			
		Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
IPV screening	84	91	79 *	92	78 †	88	100 <sup>h</sup>	78 <sup>h,p</sup>	84 <sup>p</sup>
IPV intervention services	37	30	42 *	33	40 †	21	40 <sup>h</sup>	44 <sup>h</sup>	43 <sup>h</sup>
Protocols or policies for screening and/or intervention	77	88	68 *	86	70 †	80	100 <sup>h</sup>	70 <sup>h,p</sup>	78 <sup>p,f</sup>
At least one trained clinician able to serve as experienced resource	53	53	52	51	54 †	36	75 <sup>h</sup>	58 <sup>h,p</sup>	56 <sup>h,p</sup>
Staff training (e.g., on screening, intervention, state policies)	64	77	53 *	76	53 †	72	98 <sup>h</sup>	53 <sup>h,p</sup>	60 <sup>h,p,f</sup>

\*Difference in service focus significant at  $p < .05$ . †Difference in Title X funding significant at  $p < .05$ . h=comparison with health department significant at  $p < .05$ . p=comparison with Planned Parenthood significant at  $p < .05$ . f=comparison with FQHC significant at  $p < .05$ .

TABLE 5

**Percentage of family planning clinics using specific method-dispensing protocols for oral contraceptive pills and emergency contraceptive pills, by service focus, Title X funding status and clinic type, 2010 and 2015**

Dispensing protocols	2010	2015								
	All clinics	All clinics	Service focus		Title X funding		Type			
			Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Clients receive initial supply and refills on-site	63	55 ‡	72	40 *	72	40 †	76	83	34 h,p	56 h,p,f
Clients receive initial supply on-site and prescription for refills at outside pharmacy	9	9	10	9	10	9	8	8	11	9
Clients receive prescription that they fill at outside pharmacy	24	33 ‡	14	47 *	13	49 †	10	8	52 h,p	34 h,p,f
No. cycles provided and/or prescribed at initial visit:										
<6 cycles (typically 3)	72	64 ‡	62	65	68	60 †	77	31 h	64 h,p	58 h,p
6+ cycles (typically 12)	28	36 ‡	38	35	32	40 †	23	69 h	36 h,p	42 h,p
No. cycles provided and/or prescribed at refill visit:										
<6 cycles (typically 3)	31	29	32	28	29	30	25	50 h	28 p	31 p
6+ cycles (typically 12)	69	71	68	72	71	70	75	50 h	72 p	69 p
Quick-start protocol used often or sometimes	66	76 ‡	88	66 *	87	66 †	81	99 h	65 h,p	79 p,f
New clients get pills without pelvic exam often or sometimes	66	81 ‡	89	76 *	88	76 †	84	99 h	76 h,p	83 p
Pills prescribed over phone or Internet without clinic visit via telemedicine often or sometimes	na	15	11	17 *	10	19 †	6	9	20 h,p	18 h,p
Emergency contraception dispensed or prescribed ahead of time often or sometimes	42	42	53	32 *	50	35 †	36	89 h	34 p	48 h,p,f

‡Difference between 2010 and 2015 significant at p<.05. \*Difference in service focus significant at p<.05. †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05. p=comparison with Planned Parenthood significant at p<.05. f=comparison with FQHC significant at p<.05. Note: na=not available.

TABLE 6

**Percentage of family planning clinics using specific method-dispensing protocols for long-acting reversible methods among clinics offering each method, by service focus, Title X funding status and clinic type, 2015**

Dispensing protocols	2015								
	All clinics	Service focus		Title X funding		Type			
		Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Clinic stocks supplies and injects or inserts on-site during <b>same</b> appointment:									
Injectable	90	93	88 *	94	87 †	95	98	87 <sub>h,p</sub>	85 <sub>h,p</sub>
IUD	41	49	32 *	46	36 †	35	81 <sub>h</sub>	30 <sub>p</sub>	48 <sub>h,p,f</sub>
Implant	51	57	43 *	54	47	43	83 <sub>h</sub>	44 <sub>p</sub>	54 <sub>p</sub>
Clinic stocks supplies and injects or inserts on-site during <b>follow-up</b> appointment:									
Injectable	4	4	3	4	4	4	1	3	6 <sub>p</sub>
IUD	55	46	64 *	49	61 †	58	18 <sub>h</sub>	67 <sub>p</sub>	47 <sub>p,f</sub>
Implant	45	40	52 *	43	48	54	17 <sub>h</sub>	52 <sub>p</sub>	40 <sub>h,p</sub>
IUDs or implants provided to adolescents and young adults often or sometimes	68	83	56 *	80	58 †	71	97 <sub>h</sub>	57 <sub>h,p</sub>	76 <sub>p,f</sub>
IUDs provided to nulliparous women often or sometimes	64	75	54 *	75	54 †	65	95 <sub>h</sub>	55 <sub>h,p</sub>	67 <sub>p,f</sub>
Copper IUDs provided as emergency contraception often or sometimes	25	29	23 *	26	24	14	65 <sub>h</sub>	25 <sub>h,p</sub>	26 <sub>h,p</sub>

\*Difference in service focus significant at  $p < .05$ . †Difference in Title X funding significant at  $p < .05$ . h=comparison with health department significant at  $p < .05$ . p=comparison with Planned Parenthood significant at  $p < .05$ . f=comparison with FQHC significant at  $p < .05$ .

TABLE 7

**Percentage of family planning clinics offering services online by service focus, Title X funding status and clinic type, 2015**

Services offered through online technology	2015								
	All clinics	Service focus		Title X funding		Type			
		Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Clients schedule appointments online often or sometimes	18	19	17	19	17	3	74 <sup>h</sup>	20 <sup>h,p</sup>	11 <sup>h,p,f</sup>
Clients obtain initial prescription for methods online often or sometimes	3	2	4	1	4 <sup>†</sup>	0	1	5 <sup>h,p</sup>	2
Clients order refills for prescription methods online often or sometimes	21	12	27 <sup>*</sup>	16	25 <sup>†</sup>	4	25 <sup>h</sup>	32 <sup>h</sup>	19 <sup>h,f</sup>
Clients ask staff medical/follow-up questions online often or sometimes	24	17	29 <sup>*</sup>	21	26 <sup>†</sup>	10	22 <sup>h</sup>	34 <sup>h,p</sup>	22 <sup>h,f</sup>

\*Difference in service focus significant at  $p < .05$ . †Difference in Title X funding significant at  $p < .05$ . h=comparison with health department significant at  $p < .05$ . p=comparison with Planned Parenthood significant at  $p < .05$ . f=comparison with FQHC significant at  $p < .05$ .



TABLE 8

**Percentage of family planning clinics that have clients referred to them by other providers, according to the types of referral relationships and the types of providers making the referrals, by service focus, Title X funding status and clinic type, 2015**

Referral type	2015								
	All clinics	Service focus		Title X funding		Type			
		Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
<b>Either formal or informal</b>									
Any (public or private) providers refer clients to clinic	94	97	91 *	96	92 †	96	97	92	92
Public providers refer clients to clinic	93	97	90 *	95	92 †	95	96	92	92
Private providers refer clients to clinic	75	86	67 *	82	70 †	81	92 h	69 h,p	73 p
<b>Formal</b>									
FQHCs or look-alikes	17	18	16	16	18	13	7	21 h,p	18 p
Other community clinics providing primary care	14	15	12	12	15	12	3 h	13 p	23 h,p,f
School-based health center	13	13	14	12	14	11	4 h	16 p	15 p
STI clinic	13	15	11	14	12	12	8	13	18 p
Private ob-gyns	15	14	15	11	18 †	12	5 h	18 h,p	16 p
Other private physicians/group practices	12	11	13	9	15 †	8	3	15 h,p	17 h,p
Social service agencies	24	25	23	23	24	25	5 h	26 p	24 p
Home visiting program/services	18	18	18	19	17	21	1 h	21 p	14 p,f
<b>Informal</b>									
FQHCs or look-alikes	44	51	38 *	50	39 †	50	62	37 h,p	43 p
Other community clinics providing primary care	56	70	43 *	68	46 †	67	86 h	45 h,p	49 h,p
School-based health center	39	44	34 *	45	34 †	40	61 h	34 p	39 p
STI clinic	44	49	39 *	50	38 †	50	69 h	37 h,p	38 h,p
Private ob-gyns	50	65	38 *	62	41 †	62	83 h	37 h,p	50 h,p,f
Other private physicians/group practices	59	69	50 *	68	51 †	69	82 h	51 h,p	51 h,p
Social service agencies	55	63	49 *	61	51 †	61	75 h	48 h,p	54 p
Home visiting program/services	42	48	38 *	47	39 †	47	47	39	40

\*Difference in service focus significant at  $p < .05$ . †Difference in Title X funding significant at  $p < .05$ . h=comparison with health department significant at  $p < .05$ . p=comparison with Planned Parenthood significant at  $p < .05$ . f=comparison with FQHC significant at  $p < .05$ .

TABLE 9

**Percentage of family planning clinics that refer clients to other providers, according to the types of referral relationships and the types of providers to which they send clients, by service focus, Title X funding status and clinic type, 2015**

Referral type	2015								
	All clinics	Service focus		Title X funding		Type			
		Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
<b>Either formal or informal</b>									
Clinic refers clients to any other (public or private) providers	97	98	97	99	96 †	98	99	97	95
Clinic refers clients to other public providers	95	97	94 *	97	94 †	97	98	94 p	95
Clinic refers clients to other private providers	85	90	81 *	90	81 †	94	94	80 h,p	80 h,p
<b>Formal</b>									
FQHCs or look-alikes	22	22	22	22	23	21	9 h	25 p	25 p
Other community clinics providing primary care	15	19	11 *	16	14	19	8 h	9 h	23 p,f
School-based health center	8	8	8	7	9	7	2 h	10 p	9 p
STI clinic	12	12	12	12	11	11	6	13	13
Private ob-gyns	32	21	40 *	25	37 †	27	9 h	42 h,p	26 p,f
Other private physicians/group practices	25	17	32 *	21	29 †	21	11 h	34 h,p	20 f
Social service agencies	28	25	31	26	30	27	6 h	33 p	29 p
Home visiting program/services	25	19	31 *	20	30 †	21	2 h	35 h,p	20 p,f
<b>Informal</b>									
FQHCs or look-alikes	38	55	24 *	49	29 †	53	71 h	19 h,p	43 p,f
Other community clinics providing primary care	51	69	35 *	64	39 †	65	85 h	32 h,p	54 h,p,f
School-based health center	26	34	19 *	32	21 †	33	42	16 h,p	30 f
STI clinic	40	42	38	39	40	35	66 h	37 p	42 p
Private ob-gyns	49	65	35 *	61	38 †	63	79 h	31 h,p	51 h,p,f
Other private physicians/group practices	51	67	38 *	62	42 †	66	75	34 h,p	55 h,p,f
Social service agencies	57	64	52 *	62	53 †	61	79 h	52 h,p	54 p
Home visiting program/services	41	47	36 *	47	36 †	49	42	38 h	37 h

\*Difference in service focus significant at  $p < .05$ . †Difference in Title X funding significant at  $p < .05$ . h=comparison with health department significant at  $p < .05$ . p=comparison with Planned Parenthood significant at  $p < .05$ . f=comparison with FQHC significant at  $p < .05$ .

TABLE 10

**Average proportion of contraceptive visits made by clients covered by each insurance type, by service focus, Title X funding status, clinic type and clinic location, 2015**

Client insurance coverage category <sup>§</sup>	2015										
	All clinics	Service focus		Title X funding		Type				Clinic located in state with any Medicaid expansion (full-benefit or family planning-specific)	
		Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	Yes	No
Full-benefit Medicaid or Children's Health Insurance Program	38	31	44 *	32	43 †	30	23 <sup>h</sup>	48 <sup>h,p</sup>	34 <sup>p,f</sup>	40	27 ‡
Family planning-specific Medicaid expansion program	16	19	13 *	17	15	17	20	13 <sup>h,p</sup>	21 <sup>f</sup>	18	6 ‡
Other public insurance	4	2	5 *	3	5 †	2	1	6 <sup>h,p</sup>	3 <sup>f</sup>	3	6
Private insurance	15	14	15	15	15	12	21 <sup>h</sup>	14 <sup>p</sup>	17 <sup>h</sup>	14	18 ‡
No insurance	28	33	22 *	33	23 †	39	34	19 <sup>h,p</sup>	25 <sup>h,p,f</sup>	24	43 ‡

§Numbers represent the average or mean percentage of contraceptive visits by clients who are covered by a particular insurance type and do not represent a percentage distribution of clients at all clinics nor by client payment type. \*Difference in service focus significant at p<.05. †Difference in Title X funding significant at p<.05. ‡Difference in clinic location significant at p<.05. <sup>h</sup>=comparison with health department significant at p<.05. <sup>p</sup>=comparison with Planned Parenthood significant at p<.05. <sup>f</sup>=comparison with FQHC significant at p<.05.

TABLE 11

**Percentage of family planning clinics, according to the percentage of clinics contracting with health plans, by service focus, Title X funding status and clinic type, 2010 and 2015**

Health plan contracts	2010	2015								
	All clinics	All clinics	Service focus		Title X funding		Type			
			Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Has one or more contracts	53	84 ‡	83	85	83	85	73	98 <sup>h</sup>	91 <sup>h,p</sup>	81 <sup>h,p,f</sup>
Has a Medicaid plan contract	40	80 ‡	78	81	79	80	69	89 <sup>h</sup>	87 <sup>h</sup>	76 <sup>p,f</sup>
Contraceptive/STI services only	32	75 ‡	75	76	76	75	67	89 <sup>h</sup>	81 <sup>h</sup>	70 <sup>p,f</sup>
Maternity or primary care	31	64 ‡	50	76 <sup>*</sup>	56	71 †	47	43	84 <sup>h,p</sup>	55 <sup>f</sup>
Has a private plan contract	33	73 ‡	69	76 <sup>*</sup>	69	76 †	54	95 <sup>h</sup>	84 <sup>h,p</sup>	68 <sup>h,p,f</sup>
Contraceptive/STI services only	27	66 ‡	65	67	66	66	52	94 <sup>h</sup>	74 <sup>h,p</sup>	59 <sup>p,f</sup>
Maternity or primary care	25	58 ‡	44	70 <sup>*</sup>	46	68 †	32	50 <sup>h</sup>	79 <sup>h,p</sup>	53 <sup>h,f</sup>

‡Difference between 2010 and 2015 significant at p<.05. \*Difference in service focus significant at p<.05. †Difference in Title X funding significant at p<.05. h=comparison with health department significant at p<.05. p=comparison with Planned Parenthood significant at p<.05. f=comparison with FQHC significant at p<.05.

**Appendix Table A. Percentage distribution of publicly funded family planning clinics, according to their response on questionnaire items, by clinic service focus, Title X funding status and type, 2015**

Questionnaire Item	Total			Service focus (%)		Title X funding (%)		Type (%)				
	%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	
Total no. (unweighted)	na	867	8415	521	346	535	332	286	180	244	157	
Total %	100	100	100	100	100	100	100	100	100	100	100	
Q1: What type of organization is this clinic affiliated with?	Health department	29	286	2422	52	11	55	7	100	0	0	0
	Planned Parenthood	8	180	696	19	0	13	5	0	100	0	0
	FQHC	44	244	3717	7	73	17	66	0	0	100	0
	Other/hospital	19	157	1580	23	16	15	22	0	0	0	100
Q2: Which of the following best describes the primary service function of this clinic?	Reproductive health services	44	521	3687	100	0	72	21	79	100	7	53
	Primary (general health) or other care	56	346	4728	0	100	28	79	21	0	93	47
Q3: Clinic's Title X funding status	Yes	45	535	3778	74	22	100	0	86	69	17	37
	No	55	332	4637	26	78	0	100	14	31	83	63
Clinic located in Medicaid expansion state	Yes	82	719	6930	84	81	83	82	79	86	85	81
	No	18	148	1485	16	19	17	18	21	14	15	19
Q4: How many total outpatient clients are served at this clinic annually?	<500	12	90	833	17	8	14	11	22	1	7	15
	500–999	11	79	732	14	8	14	8	19	6	5	14
	1000–2999	20	171	1353	28	13	26	14	27	33	13	18
	3000–4999	15	122	987	16	14	16	13	13	28	15	10
	5000–9999	16	113	1109	14	19	13	19	10	21	19	18
	10000+	26	143	1748	12	39	16	34	9	12	41	26
	Missing	0	149	1653	0	0	0	0	0	0	0	0
Q5: Approximately what percentage of this clinic's total outpatient client caseload receives contraceptive services?	<10%	16	96	1334	3	27	8	24	10	0	25	15
	10–24%	26	172	2124	10	39	18	33	19	3	39	18
	25–49%	19	125	1565	13	24	13	24	14	5	24	21
	50–74%	13	147	1036	21	6	20	7	20	24	7	9
	75–99%	23	279	1889	48	4	39	10	33	67	5	32
	100%	2	22	171	5	0	3	2	4	1	0	5
Q6: Approximately how many clients receive any contraceptive service during one typical week at this clinic?	Missing	0	26	296	0	0	0	0	0	0	0	0
	<5	18	108	1434	6	27	9	25	11	0	26	19
	5–19	29	205	2338	23	34	25	33	33	8	31	28
	20–49	28	245	2274	33	24	32	26	33	26	26	29
	50–99	16	167	1252	24	9	20	12	16	37	12	14
	100–199	6	78	492	11	2	10	3	7	21	2	7
	200+	3	25	215	3	3	3	2	1	8	2	3
Clinic is typically open for the provision of contraceptive services during the following times: Q7: Is this clinic open after 6pm on weekdays?	Missing	0	39	410	0	0	0	0	0	0	0	0
	Yes	36	339	2967	32	40	35	38	18	71	46	26
	No	64	505	5207	68	60	65	62	82	29	54	74
	Missing	0	23	241	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q7: Is this clinic open on weekends?	Yes	21	172	1724	10	29	13	27	1	36	36	9
	No	79	676	6539	90	71	87	73	99	64	64	91
	Missing	0	19	153	0	0	0	0	0	0	0	0
Q7: Does this clinic have extended hours (after 6 on weekdays or weekend)	Yes	42	385	3502	34	49	38	46	18	78	57	29
	No	58	462	4751	66	51	62	54	82	22	43	71
	Missing	0	20	162	0	0	0	0	0	0	0	0
Q8: If a new client contacts your clinic today, how soon can she/he typically get an appointment for an initial contraceptive visit?	Same day	52	406	3935	46	56	48	55	42	62	58	48
	1–3 days	23	207	1766	26	21	27	20	25	27	22	21
	4–6 days	8	67	634	10	7	9	7	12	7	7	8
	7–14 days	13	88	1014	13	13	12	14	17	3	11	18
	More than 2 weeks	3	23	256	5	2	3	3	5	1	2	5
	Missing	0	76	810	0	0	0	0	0	0	0	0
<b>For each contraceptive method indicate whether clients obtain it at this site, are referred to an affiliated site, are referred to an unaffiliated site or if the method is not provided and referrals are not provided.</b>												
Q9a: Combined hormonal oral contraceptives (OCs)?	Provided or prescribed at this site	97	853	8147	99	95	100	95	99	100	94	98
	Clients referred to another clinic or provider	2	7	147	0	3	0	3	1	0	4	0
	Not provided nor referred	0	2	29	0	0	0	1	0	0	0	2
	Item missing, assume not provided	1	4	86	0	2	0	2	0	0	2	0
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9b: Progestin only OCs?	Provided or prescribed at this site	91	808	7628	95	87	95	87	93	100	86	93
	Clients referred to another clinic or provider	4	27	348	2	6	2	6	4	0	6	2
	Not provided nor referred	2	15	183	2	3	1	3	2	0	2	3
	Item missing, assume not provided	3	16	251	1	5	1	4	1	0	5	2
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9c: Extended regimen of either combined or progestin-only OCs (Seasonale, Seasonique)?	Provided or prescribed at this site	80	708	6757	84	77	82	79	77	87	79	85
	Clients referred to another clinic or provider	10	80	818	7	11	7	12	10	8	11	7
	Not provided nor referred	6	57	515	8	5	9	4	11	5	4	5
	Item missing, assume not provided	4	21	320	1	6	2	5	2	0	6	3
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9d: IUS: Mirena, Skyla?	Provided or prescribed at this site	67	640	5662	80	58	77	60	66	97	62	68
	Clients referred to another clinic or provider	30	202	2481	18	38	22	36	32	2	35	24
	Not provided nor referred	2	16	174	2	2	1	3	2	1	2	4
	Item missing, assume not provided	1	8	93	0	2	0	2	0	0	1	4
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item	Total			Service focus (%)		Title X funding (%)		Type (%)				
	%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	
Q9e: IUD: ParaGard (Copper-T)?	Provided or prescribed at this site	65	626	5455	79	54	76	56	66	98	60	60
	Clients referred to another clinic or provider	31	212	2633	18	41	21	40	32	2	38	29
	Not provided nor referred	2	19	204	2	3	2	3	3	0	2	5
	Item missing, assume not provided	1	9	119	1	2	1	2	0	0	1	6
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9f: Implant (Nexplanon)?	Provided or prescribed at this site	61	605	5142	74	51	72	52	60	96	54	64
	Clients referred to another clinic or provider	34	228	2832	22	43	24	42	34	3	41	30
	Not provided nor referred	4	27	335	5	4	4	4	6	0	4	4
	Item missing, assume not provided	1	6	101	0	2	0	2	0	1	1	3
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9g: Injectable (Depo-Provera)?	Provided or prescribed at this site	95	843	8028	99	93	99	92	99	100	93	95
	Clients referred to another clinic or provider	3	16	287	0	6	1	6	1	0	7	1
	Not provided nor referred	1	3	43	0	1	0	1	0	0	0	3
	Item missing, assume not provided	1	4	51	0	1	0	1	0	0	1	1
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9h: Patch (Ortho Evra)?	Provided or prescribed at this site	78	671	6574	74	81	75	81	71	86	84	72
	Clients referred to another clinic or provider	13	120	1084	14	12	14	12	15	11	11	14
	Not provided nor referred	7	61	559	10	4	10	4	13	2	3	9
	Item missing, assume not provided	2	14	193	1	3	1	3	1	0	2	5
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9i: Vaginal ring (NuvaRing)?	Provided or prescribed at this site	86	768	7262	94	81	92	82	88	97	83	87
	Clients referred to another clinic or provider	10	74	862	4	15	6	14	8	3	15	6
	Not provided nor referred	2	15	137	2	1	2	1	3	0	0	3
	Item missing, assume not provided	2	9	149	0	3	0	3	0	1	2	4
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9j: Female barrier method (Diaphragm, cervical cap/FemCap, sponge/Today, female condom)?	Provided or prescribed at this site	72	661	6064	83	63	80	65	77	92	68	64
	Clients referred to another clinic or provider	17	128	1428	8	24	10	22	11	7	21	21
	Not provided nor referred	8	61	710	7	9	8	9	10	1	8	9
	Item missing, assume not provided	2	16	208	1	4	1	3	1	0	3	5
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q9k: Male condom?	Provided or prescribed at this site	94	836	7874	97	91	99	89	98	100	90	94
	Clients referred to another clinic or provider	3	13	222	0	4	1	4	1	0	4	2
	Not provided nor referred	3	16	288	2	5	1	6	1	0	5	5
	Item missing, assume not provided	0	1	27	1	0	0	1	0	0	1	0
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9l: Spermicide?	Provided or prescribed at this site	64	576	5366	69	60	70	59	66	82	61	57
	Clients referred to another clinic or provider	16	126	1319	11	19	11	20	11	6	20	16
	Not provided nor referred	18	143	1488	18	17	17	18	20	10	15	23
	Item missing, assume not provided	3	21	237	2	3	2	3	2	2	3	4
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9m: Natural family planning instruction or supplies?	Provided or prescribed at this site	82	750	6886	91	75	93	73	92	92	75	76
	Clients referred to another clinic or provider	10	72	837	6	13	5	14	5	5	14	12
	Not provided nor referred	6	33	511	3	8	2	10	3	1	8	9
	Item missing, assume not provided	2	11	177	0	4	0	4	0	1	3	4
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9n: Emergency contraceptive pills (ECP) (Plan B, Ella)?	Provided or prescribed at this site	85	778	7185	93	79	93	80	87	99	80	89
	Clients referred to another clinic or provider	10	63	852	5	14	6	13	10	0	14	5
	Not provided nor referred	3	20	284	2	5	1	5	2	0	4	6
	Item missing, assume not provided	1	5	89	0	2	0	2	0	1	2	0
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9o: Female sterilization (tubal ligation, Essure)?	Provided or prescribed at this site	12	90	1013	13	11	10	14	8	6	11	23
	Clients referred to another clinic or provider	82	734	6869	84	80	86	78	88	92	82	68
	Not provided nor referred	5	33	385	3	6	3	6	4	2	5	7
	Item missing, assume not provided	2	9	143	0	3	1	3	0	0	2	3
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0
Q9p: Vasectomy?	Provided or prescribed at this site	9	67	764	7	11	7	11	7	7	11	9
	Clients referred to another clinic or provider	84	749	7102	89	81	89	81	88	90	83	81
	Not provided nor referred	5	42	452	4	7	4	7	4	2	6	7
	Item missing, assume not provided	1	8	92	0	2	0	2	1	0	1	3
	Missing on all Q9	0	1	5	0	0	0	0	0	0	0	0



**Appendix Table A. (continued)**

Questionnaire Item	Total			Service focus (%)		Title X funding (%)		Type (%)				
	%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	
Q10: Are there certain contraceptive methods that this clinic does not stock or provide because of their cost?	Yes	42	346	3349	45	39	41	42	49	39	37	43
	No	58	487	4702	55	61	59	58	51	61	63	57
	Missing	0	34	363	0	0	0	0	0	0	0	0
<p><b>For each health service indicate whether clients obtain it at this site, are referred to an affiliated site, are referred to an unaffiliated site or if the service is not provided and referrals are not provided.</b></p>												
Q11a: Primary (general health) care?	Provided or prescribed at this site	63	418	5328	25	93	38	84	27	13	96	63
	Clients referred to another clinic or provider	35	428	2924	72	6	59	15	69	84	3	36
	Not provided nor referred	1	10	75	1	1	2	0	3	1	0	0
	Item missing, assume not provided	1	11	88	1	1	1	1	1	1	1	1
Q11b: Pregnancy testing?	Provided or prescribed at this site	99	862	8368	100	99	100	99	100	100	100	98
	Clients referred to another clinic or provider	0	3	32	0	0	0	1	0	0	0	2
	Not provided nor referred	0	0	0	0	0	0	0	0	0	0	0
	Item missing, assume not provided	0	2	15	0	0	0	0	0	0	0	0
Q11c: HIV testing?	Provided or prescribed at this site	94	821	7934	96	93	95	94	94	99	95	92
	Clients referred to another clinic or provider	5	38	399	4	6	4	5	4	1	4	8
	Not provided nor referred	0	2	16	0	0	0	0	0	0	0	0
	Item missing, assume not provided	1	6	66	0	1	1	1	1	0	1	0
Q11d: Pre-exposure prophylaxis for HIV (PrEP)?	Provided or prescribed at this site	37	260	3086	22	48	26	45	19	25	53	32
	Clients referred to another clinic or provider	52	509	4341	67	40	61	44	66	69	37	56
	Not provided nor referred	7	60	606	8	6	8	7	9	5	6	8
	Item missing, assume not provided	5	38	381	3	6	5	4	6	2	5	4
Q11e: Chlamydia/gonorrhea screening/testing?	Provided or prescribed at this site	98	854	8255	99	97	99	97	99	99	98	98
	Clients referred to another clinic or provider	2	9	139	1	2	1	2	1	0	2	2
	Not provided nor referred	0	0	0	0	0	0	0	0	0	0	0
	Item missing, assume not provided	0	4	20	0	0	0	0	0	1	0	0

**Appendix Table A. (continued)**

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q11f: Syphilis screening/testing?	Provided or prescribed at this site	94	811	7889	94	94	94	94	94	98	96	87
	Clients referred to another clinic or provider	6	49	475	6	5	5	6	5	2	4	12
	Not provided nor referred	0	3	21	0	0	0	0	1	0	0	0
	Item missing, assume not provided	0	4	29	0	1	1	0	1	0	0	0
Q11g: STI treatment?	Provided or prescribed at this site	97	849	8198	99	96	99	96	98	100	97	97
	Clients referred to another clinic or provider	2	14	183	1	3	1	3	2	0	3	2
	Not provided nor referred	0	0	0	0	0	0	0	0	0	0	0
	Item missing, assume not provided	0	4	34	0	1	1	0	0	0	0	1
Q11h: Expedited partner therapy for STIs?	Provided or prescribed at this site	79	701	6619	78	79	78	79	73	93	79	79
	Clients referred to another clinic or provider	12	90	1047	10	14	9	15	10	3	14	16
	Not provided nor referred	7	59	607	10	5	11	4	15	4	5	4
	Item missing, assume not provided	2	17	142	1	2	2	1	2	0	2	2
Q11i: HPV vaccination?	Provided or prescribed at this site	90	779	7593	87	93	90	91	94	97	95	72
	Clients referred to another clinic or provider	9	84	786	13	7	10	9	6	3	5	27
	Not provided nor referred	0	2	21	1	0	0	0	0	0	0	1
	Item missing, assume not provided	0	2	15	0	0	0	0	0	0	0	0
Q11j: Pap test (conventional and/or liquid-based)?	Provided or prescribed at this site	95	827	7993	97	93	97	93	96	96	94	94
	Clients referred to another clinic or provider	4	30	303	2	5	2	5	3	3	4	4
	Not provided nor referred	0	3	41	0	1	0	1	0	0	1	0
	Item missing, assume not provided	1	7	78	0	2	1	1	0	0	1	2
Q11k: Combined Pap+DNA testing (DNA with Pap)?	Provided or prescribed at this site	70	609	5932	72	70	69	71	64	73	73	73
	Clients referred to another clinic or provider	18	157	1532	16	20	15	20	20	14	18	18
	Not provided nor referred	7	67	612	9	6	10	5	11	9	5	6
	Item missing, assume not provided	4	34	339	4	4	5	3	5	3	4	3

**Appendix Table A. (continued)**

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q11i: Clinical breast exam?	Provided or prescribed at this site	97	837	8179	97	97	98	96	97	96	98	96
	Clients referred to another clinic or provider	3	27	212	3	2	2	3	3	4	2	3
	Not provided nor referred	0	0	0	0	0	0	0	0	0	0	0
	Item missing, assume not provided	0	3	24	0	1	0	0	0	0	0	1
Q11m: Mammography?	Provided or prescribed at this site	20	142	1706	15	25	14	25	16	2	23	28
	Clients referred to another clinic or provider	78	708	6536	84	73	83	73	82	96	75	69
	Not provided nor referred	1	12	110	1	1	2	1	2	2	1	1
	Item missing, assume not provided	1	5	62	0	1	1	1	0	0	1	1
Q11n: Breast feeding counseling and support?	Provided or prescribed at this site	62	485	5231	58	65	64	61	82	6	65	50
	Clients referred to another clinic or provider	34	349	2871	39	30	33	35	16	90	30	46
	Not provided nor referred	2	22	163	2	2	3	1	1	4	1	4
	Item missing, assume not provided	2	11	150	1	3	1	2	1	0	3	0
Q11o: Hepatitis C screening?	Provided or prescribed at this site	77	655	6515	67	86	67	86	57	90	90	73
	Clients referred to another clinic or provider	20	190	1711	31	12	29	14	38	10	9	25
	Not provided nor referred	1	15	126	2	1	3	0	4	0	0	1
	Item missing, assume not provided	1	7	62	0	1	1	1	0	1	1	0
Q11p: Hepatitis C treatment?	Provided or prescribed at this site	29	201	2470	11	43	16	40	5	12	49	28
	Clients referred to another clinic or provider	67	626	5607	85	53	76	59	85	84	50	69
	Not provided nor referred	2	21	169	2	2	4	0	5	2	0	2
	Item missing, assume not provided	2	19	169	2	2	3	1	4	1	1	1
Q11q: Hepatitis B vaccination?	Provided or prescribed at this site	81	632	6802	68	91	77	84	91	43	91	58
	Clients referred to another clinic or provider	18	219	1506	31	8	20	16	8	56	8	39
	Not provided nor referred	0	5	23	1	0	0	0	0	1	0	1
	Item missing, assume not provided	1	11	83	1	1	2	0	1	0	1	2

**Appendix Table A. (continued)**

Questionnaire Item	Total			Service focus (%)		Title X funding (%)		Type (%)				
	%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	
Q11r: Other non-reproductive health related vaccinations?	Provided or prescribed at this site	79	600	6610	66	89	74	83	89	21	88	65
	Clients referred to another clinic or provider	19	244	1580	33	8	25	14	11	75	8	33
	Not provided nor referred	1	14	58	1	0	1	0	0	5	0	0
	Item missing, assume not provided	2	9	167	0	4	1	3	0	0	4	1
Q11s: Prenatal care?	Provided or prescribed at this site	41	284	3444	27	52	29	51	22	5	60	42
	Clients referred to another clinic or provider	57	563	4792	71	46	68	48	75	93	39	55
	Not provided nor referred	2	16	143	2	2	2	2	3	2	1	2
	Item missing, assume not provided	0	4	35	1	0	1	0	0	1	0	1
Q11t: Preconception counseling?	Provided or prescribed at this site	87	778	7344	94	82	95	81	94	90	83	86
	Clients referred to another clinic or provider	11	75	895	6	14	4	16	5	10	15	10
	Not provided nor referred	1	6	90	0	2	0	2	0	0	1	2
	Item missing, assume not provided	1	8	87	1	1	1	1	1	0	1	1
Q11u: Provision of folic acid supplements?	Provided or prescribed at this site	73	587	6123	65	79	72	73	72	45	81	67
	Clients referred to another clinic or provider	23	248	1977	31	17	24	23	23	53	16	27
	Not provided nor referred	2	20	200	2	2	2	3	4	1	1	3
	Item missing, assume not provided	1	12	114	1	2	1	1	1	1	1	3
Q11v: Infertility counseling?	Provided or prescribed at this site	49	434	4082	57	42	60	39	59	41	43	50
	Clients referred to another clinic or provider	48	402	4063	41	54	37	58	37	56	55	46
	Not provided nor referred	2	20	166	2	2	2	2	3	3	1	2
	Item missing, assume not provided	1	11	104	1	2	1	1	1	0	1	2
Q11w: Basic infertility testing (e.g. pelvic exam, hormone levels)?	Provided or prescribed at this site	55	467	4626	50	59	54	56	40	54	64	58
	Clients referred to another clinic or provider	42	369	3497	47	38	43	41	55	44	34	37
	Not provided nor referred	2	18	168	2	2	2	2	4	1	1	1
	Item missing, assume not provided	1	13	124	1	2	2	1	1	1	1	3

**Appendix Table A. (continued)**

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q11x: Colposcopy?	Provided or prescribed at this site	37	343	3148	38	37	36	39	19	57	43	44
	Clients referred to another clinic or provider	61	507	5092	61	60	62	59	78	43	55	54
	Not provided nor referred	1	8	80	1	1	1	1	2	0	1	0
	Item missing, assume not provided	1	9	95	1	2	1	1	1	0	1	2
Q11y: Intimate partner violence screening?	Provided or prescribed at this site	84	771	7077	91	79	92	78	88	100	78	84
	Clients referred to another clinic or provider	14	80	1158	8	18	6	20	9	0	19	14
	Not provided nor referred	1	11	121	1	2	2	1	2	0	2	0
	Item missing, assume not provided	1	5	59	0	1	0	1	0	0	1	2
Q11z: Intimate partner violence intervention services?	Provided or prescribed at this site	37	319	3112	30	42	33	40	21	40	44	43
	Clients referred to another clinic or provider	61	529	5108	68	55	65	58	75	59	54	56
	Not provided nor referred	2	13	132	1	2	2	1	3	0	2	0
	Item missing, assume not provided	1	6	62	1	1	1	1	1	1	1	0
Q11aa: Mental health screening?	Provided or prescribed at this site	69	505	5820	48	86	55	81	43	29	93	72
	Clients referred to another clinic or provider	29	340	2420	49	13	42	18	53	69	7	25
	Not provided nor referred	2	16	130	3	1	3	1	4	1	0	2
	Item missing, assume not provided	1	6	45	1	0	1	1	1	1	0	1
Q11bb: BMI screening?	Provided or prescribed at this site	96	818	8048	92	98	96	95	93	94	98	94
	Clients referred to another clinic or provider	3	34	260	6	1	2	4	5	2	1	5
	Not provided nor referred	1	7	48	1	0	1	0	1	1	0	0
	Item missing, assume not provided	1	8	60	1	1	1	1	0	2	1	0
Q11cc: Screening for alcohol, tobacco or other drug use?	Provided or prescribed at this site	93	785	7864	88	98	90	97	87	85	99	94
	Clients referred to another clinic or provider	5	64	399	10	1	7	3	9	13	0	5
	Not provided nor referred	2	16	137	2	1	3	1	4	2	1	0
	Item missing, assume not provided	0	2	15	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item	Total			Service focus (%)		Title X funding (%)		Type (%)				
	%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	
Q11dd: Diabetes screening?	Provided or prescribed at this site	79	619	6615	60	93	64	91	49	64	98	85
	Clients referred to another clinic or provider	19	224	1627	37	6	32	9	45	33	2	13
	Not provided nor referred	2	18	128	2	1	3	0	4	3	0	1
	Item missing, assume not provided	1	6	45	1	0	1	0	1	1	0	0
Q11ee: Surgical abortion?	Provided or prescribed at this site	4	53	329	6	2	4	4	0	20	2	7
	Clients referred to another clinic or provider	77	660	6452	75	78	77	76	73	74	82	71
	Not provided nor referred	18	140	1497	18	17	18	18	26	1	14	21
	Item missing, assume not provided	2	14	137	1	2	1	2	1	5	2	0
Q11ii: Medication abortion?	Provided or prescribed at this site	8	120	653	13	4	10	6	1	53	4	8
	Clients referred to another clinic or provider	73	599	6148	68	77	71	75	72	47	80	71
	Not provided nor referred	18	140	1505	18	18	18	18	27	0	15	19
	Item missing, assume not provided	1	8	110	1	2	1	1	1	0	1	2
<b>In which of the following ways does this clinic address intimate partner violence (IPV)?</b>												
Q12a: Clinic has protocols or policies for IPV screening and/or intervention	Yes	77	702	6298	88	68	86	70	80	100	70	78
	No	23	146	1883	12	32	14	30	20	0	30	22
	Item missing, assume no	0	4	29	0	0	0	0	0	0	0	0
	Missing on all Q12	0	15	205	0	0	0	0	0	0	0	0
Q12b: Clinic has at least one trained clinician able to serve as an experienced resource on IPV	Yes	53	466	4260	53	52	51	54	36	75	58	56
	No	47	374	3846	47	48	49	46	64	25	42	44
	Item missing, assume no	0	12	104	0	0	0	0	0	0	0	0
	Missing on all Q12	0	15	205	0	0	0	0	0	0	0	0
Q12c: Clinic provides for staff training on IPV (e.g. screening, intervention, state policies)	Yes	64	611	5184	77	53	76	53	72	98	53	60
	No	36	235	2963	23	47	24	47	28	2	47	40
	Item missing, assume no	0	6	62	0	0	0	0	0	0	0	0
	Missing on all Q12	0	15	205	0	0	0	0	0	0	0	0
Q13: What usually happens with regard to dispensing or prescribing the method?	Most clients receive both initial supply and refills at clinic site	55	548	4464	72	40	72	40	76	83	34	56
	Most clients receive initial supply at clinic and prescription to fill at an outside pharmacy	9	79	763	10	9	10	9	8	8	11	9
	Most clients receive a prescription that they fill at an outside pharmacy	33	191	2675	14	47	13	49	10	8	52	34
	Other	3	32	285	3	3	5	2	6	2	3	1
	Missing	0	17	229	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item	Total			Service focus (%)		Title X funding (%)		Type (%)				
	%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	
Q14a: Number of cycles of oral contraceptive provided at initial visit?	1 cycle	12	82	1013	7	17	7	17	7	3	17	14
	3 cycles	51	444	4168	55	49	61	43	70	28	46	44
	6 cycles	10	65	774	10	10	8	11	8	5	11	11
	12–13 cycles	26	251	2099	29	24	23	28	14	64	24	31
	Indeterminate number	1	4	72	0	1	1	1	1	0	1	0
	Missing	0	21	288	0	0	0	0	0	0	0	0
Q14c: Number of cycles of oral contraceptive provided at refill visit?	1 cycle	6	58	499	5	7	3	9	3	14	7	6
	3 cycles	23	218	1853	26	21	25	21	22	36	21	25
	6 cycles	26	209	2062	30	22	33	20	37	13	22	22
	12–13 cycles	43	324	3445	36	49	36	49	37	32	48	45
	Indeterminate number	2	17	140	2	1	2	2	2	4	1	1
	Missing	0	41	415	0	0	0	0	0	0	0	0
<b>How often are the following practices provided at this clinic:</b>												
Q15a: OCs dispensed using quick start protocol?	Often	52	516	4198	66	40	65	41	61	89	40	49
	Sometimes	24	184	1907	21	26	22	25	21	10	25	30
	Rarely	11	77	908	8	14	9	13	13	0	13	9
	Never	13	68	1072	4	20	4	21	6	1	22	11
	Missing	0	22	329	0	0	0	0	0	0	0	0
Q15b: New OC users can delay pelvic exam?	Often	58	557	4770	67	51	67	51	58	92	51	62
	Sometimes	23	174	1894	21	25	21	25	25	8	25	21
	Rarely	10	62	842	7	13	7	13	9	0	14	8
	Never	8	56	672	5	11	5	11	7	1	10	9
	Missing	0	18	237	0	0	0	0	0	0	0	0
Q15c: Advance provision of emergency contraception?	Often	23	279	1882	33	15	29	18	17	70	14	32
	Sometimes	19	169	1516	20	17	21	17	19	19	19	17
	Rarely	21	147	1708	17	24	17	24	15	7	27	22
	Never	37	252	3026	30	43	33	41	49	4	39	30
	Missing	0	20	283	0	0	0	0	0	0	0	0
Q15d: OCs prescribed via telemedicine?	Often	5	36	375	3	5	3	6	3	7	6	3
	Sometimes	10	69	819	8	12	6	13	4	2	14	15
	Rarely	14	114	1129	10	17	12	15	9	10	15	21
	Never	72	631	5867	79	66	78	66	85	82	65	61
	Missing	0	17	225	0	0	0	0	0	0	0	0
Q15e: IUDs or implants provided to adolescents and young adults?	Often	47	476	3820	62	35	60	36	49	84	35	53
	Sometimes	21	170	1718	20	22	20	22	21	13	22	23
	Rarely	7	44	572	5	9	5	8	7	1	10	3
	Never	25	159	2026	13	35	15	33	22	2	33	21
	Missing	0	18	278	0	0	0	0	0	0	0	0
Q15f: IUDs provided to nulliparous women?	Often	42	423	3320	53	32	53	32	42	79	31	48
	Sometimes	22	172	1751	22	22	22	22	23	15	24	19
	Rarely	7	54	579	7	8	6	9	8	3	8	7
	Never	29	186	2299	18	38	20	37	27	3	36	26
	Missing	0	32	465	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q15g: Copper IUDs provided as a form of EC?	Often	11	119	862	14	8	13	9	6	34	10	9
	Sometimes	15	137	1176	15	14	14	15	8	31	15	17
	Rarely	17	174	1382	20	15	20	15	15	27	15	20
	Never	57	411	4607	51	63	53	61	71	8	60	54
	Missing	0	26	388	0	0	0	0	0	0	0	0
Q15h: Clients schedule appointments online?	Often	7	101	536	10	4	7	6	0	47	3	6
	Sometimes	11	115	915	8	14	12	11	2	27	17	5
	Rarely	9	70	695	7	10	7	10	2	13	13	6
	Never	74	562	6001	75	73	74	73	95	13	67	83
	Missing	0	19	268	0	0	0	0	0	0	0	0
Q15i: Clients obtain an initial prescription for methods online?	Often	1	6	104	1	2	0	2	0	1	2	1
	Sometimes	2	10	130	1	2	1	2	0	1	3	1
	Rarely	3	24	251	1	5	3	3	1	0	6	2
	Never	94	810	7668	97	91	96	92	99	99	89	95
	Missing	0	17	262	0	0	0	0	0	0	0	0
Q15j: Clients order refills for prescription methods online?	Often	7	55	589	4	10	5	9	1	8	11	8
	Sometimes	13	110	1098	9	17	11	16	4	17	21	10
	Rarely	6	61	510	5	8	5	7	1	9	10	5
	Never	73	626	5986	83	65	79	68	95	65	59	76
	Missing	0	15	232	0	0	0	0	0	0	0	0
Q15k: Clients ask staff medical/follow-up questions online?	Often	6	46	487	4	8	5	7	1	4	9	8
	Sometimes	18	144	1448	13	21	16	20	9	18	25	14
	Rarely	11	97	869	11	10	12	10	7	13	13	11
	Never	66	563	5350	72	61	68	64	83	65	54	67
	Missing	0	17	261	0	0	0	0	0	0	0	0
<b>When providing clients with each of the following contraceptive methods, what usually happens with regard to dispensing and prescribing?</b>												
Q16a: Injectable?	Clinic purchases supplies, injects or inserts on-site at same appt	87	766	7138	92	84	92	83	93	98	84	82
	Clinic purchases supplies, injects or inserts on-site at follow up appt	3	29	285	4	3	4	3	3	1	3	6
	Clinic provides Rx, client obtains from pharmacy; clinic injects or inserts	6	32	475	2	9	2	9	1	1	9	7
	Other (please specify)	0	5	34	1	0	1	0	1	0	0	1
	NA clinic does not dispense or provide this method	3	19	246	1	5	1	4	2	0	4	3
	Missing	0	16	237	0	0	0	0	0	0	0	0



**Appendix Table A. (continued)**

Questionnaire Item	Total			Service focus (%)		Title X funding (%)		Type (%)				
	%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	
Q16c: IUD?												
Clinic purchases supplies, injects or inserts on-site at same appt	34	324	2401	44	24	41	27	29	80	24	40	
Clinic purchases supplies, injects or inserts on-site at follow up appt	45	314	3194	42	48	43	47	47	18	52	40	
Clinic provides Rx, client obtains from pharmacy; clinic injects or inserts	2	10	116	1	2	1	2	1	0	2	3	
Other (please specify)	2	15	131	3	1	4	0	5	0	0	1	
NA clinic does not dispense or provide this method	18	107	1242	10	24	12	23	18	1	22	16	
Missing	0	97	1330	0	0	0	0	0	0	0	0	
Q16e: Implant?												
Clinic purchases supplies, injects or inserts on-site at same appt	37	330	2494	46	29	43	31	30	81	29	42	
Clinic purchases supplies, injects or inserts on-site at follow up appt	33	238	2235	32	34	35	32	38	17	34	31	
Clinic provides Rx, client obtains from pharmacy; clinic injects or inserts	2	10	134	1	3	1	3	0	0	3	3	
Other (please specify)	1	7	58	2	0	2	0	2	0	0	2	
NA clinic does not dispense or provide this method	27	153	1824	20	34	20	34	30	2	33	22	
Missing	0	129	1668	0	0	0	0	0	0	0	0	
<b>Do providers of the following type regularly refer clients (via formal referral agreements or informal referral relationships) to this clinic?</b>												
Q17: Any public or private provider refers to this clinic	Yes	94	780	7440	97	91	96	92	96	97	92	92
	No	6	43	512	3	9	4	8	4	3	8	8
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17: Any public provider refers to this clinic	Yes	93	776	7412	97	90	95	92	95	96	92	92
	No	7	47	539	3	10	5	8	5	4	8	8
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17: Any private provider refers to this clinic	Yes	75	656	5990	86	67	82	70	81	92	69	73
	No	25	167	1962	14	33	18	30	19	8	31	27
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17a: Federally qualified health center or look-alike	Formal	17	123	1346	18	16	16	18	13	7	21	18
	Informal	44	406	3506	51	38	50	39	50	62	37	43
	None	31	234	2461	23	37	26	35	28	25	33	32
	Missing	8	60	639	8	8	8	8	8	6	9	7
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q17c: Other community clinics providing primary care	Formal	14	97	1076	15	12	12	15	12	3	13	23
	Informal	56	529	4424	70	43	68	46	67	86	45	49
	None	22	145	1731	10	32	15	27	16	9	28	21
	Missing	9	52	721	5	13	5	12	6	2	13	8
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17e: School-based health center	Formal	13	95	1051	13	14	12	14	11	4	16	15
	Informal	39	364	3100	44	34	45	34	40	61	34	39
	None	39	294	3069	35	41	35	42	42	28	39	36
	Missing	9	70	732	8	11	8	10	7	7	11	10
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17g: STD/STI clinic	Formal	13	104	1041	15	11	14	12	12	8	13	18
	Informal	44	400	3478	49	39	50	38	50	69	37	38
	None	36	267	2875	31	40	31	41	34	18	40	38
	Missing	7	52	557	4	9	5	9	4	5	10	6
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17i: Private OBGYN	Formal	15	101	1164	14	15	11	18	12	5	18	16
	Informal	50	474	4011	65	38	62	41	62	83	37	50
	None	25	188	1983	15	33	22	28	20	11	30	27
	Missing	10	60	793	5	14	6	13	6	2	15	7
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17k: Other private physician/group practices	Formal	12	84	964	11	13	9	15	8	3	15	17
	Informal	59	534	4687	69	50	68	51	69	82	51	51
	None	20	148	1619	13	26	16	24	15	12	22	27
	Missing	9	57	682	6	10	7	10	8	3	11	6
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17m: Social service agency(s) (e.g. WIC, SNAP, TANF)	Formal	24	183	1885	25	23	23	24	25	5	26	24
	Informal	55	483	4401	63	49	61	51	61	75	48	54
	None	15	113	1162	8	20	12	17	10	14	17	17
	Missing	6	44	504	4	8	4	8	4	6	9	5
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
Q17o: Home visiting program/services	Formal	18	124	1424	18	18	19	17	21	1	21	14
	Informal	42	369	3379	48	38	47	39	47	47	39	40
	None	31	264	2432	27	33	28	33	25	44	28	38
	Missing	9	66	717	7	11	7	11	6	8	11	8
	Missing on Q17(refer to)	0	44	463	0	0	0	0	0	0	0	0
<b>Does this clinic regularly refer clients (via formal referral agreements or informal referral relationships) to providers of this type for services?</b>												
Q17: Clinic refers clients out to any public or private provider	Yes	97	798	7584	98	97	99	96	98	99	97	95
	No	3	19	232	2	3	1	4	2	1	3	5
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17: Clinic refers clients out to any public provider	Yes	95	788	7451	97	94	97	94	97	98	94	95
	No	5	29	365	3	6	3	6	3	2	6	5
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item		Total			Service focus (%)		Title X funding (%)		Type (%)			
		%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other
Q17: Clinic refers clients out to any private provider	Yes	85	716	6648	90	81	90	81	94	94	80	80
	No	15	101	1168	10	19	10	19	6	6	20	20
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17b: Federally qualified health center or look-alike	Formal	22	162	1751	22	22	22	23	21	9	25	25
	Informal	38	388	2970	55	24	49	29	53	71	19	43
	None	33	223	2609	17	46	24	41	22	15	49	26
	Missing	6	44	486	5	7	5	7	4	5	8	7
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17d: Other community clinic(s) providing primary care	Formal	15	121	1152	19	11	16	14	19	8	9	23
	Informal	51	492	3947	69	35	64	39	65	85	32	54
	None	27	159	2110	7	43	16	36	13	5	46	16
	Missing	8	45	607	4	11	4	11	3	2	13	7
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17f: School-based health center(s)	Formal	8	56	647	8	8	7	9	7	2	10	9
	Informal	26	243	2031	34	19	32	21	33	42	16	30
	None	54	433	4219	49	58	52	56	52	48	59	47
	Missing	12	85	920	9	14	9	14	8	9	15	13
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17h: STD/STI clinics	Formal	12	86	906	12	12	12	11	11	6	13	13
	Informal	40	353	3096	42	38	39	40	35	66	37	42
	None	38	302	2992	37	39	39	38	43	22	41	34
	Missing	11	76	821	10	11	10	11	12	6	10	12
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17j: Private OBGYN(s)	Formal	32	209	2476	21	40	25	37	27	9	42	26
	Informal	49	466	3795	65	35	61	38	63	79	31	51
	None	16	111	1216	9	21	11	20	6	8	23	17
	Missing	4	31	329	5	4	4	5	4	4	3	6
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17l: Other private physicians/group practices	Formal	25	175	1972	17	32	21	29	21	11	34	20
	Informal	51	472	3977	67	38	62	42	66	75	34	55
	None	18	130	1423	10	25	13	23	8	12	27	18
	Missing	6	40	444	6	6	5	6	6	3	5	8
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17n: Social service agency(s) (e.g. WIC, SNAP, TANF)	Formal	28	206	2198	25	31	26	30	27	6	33	29
	Informal	57	502	4474	64	52	62	53	61	79	52	54
	None	10	75	813	8	13	8	12	9	10	11	13
	Missing	4	34	331	4	5	3	5	4	5	5	4
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0
Q17p: Home visiting program/services	Formal	25	157	1988	19	31	20	30	21	2	35	20
	Informal	41	362	3231	47	36	47	36	49	42	38	37
	None	26	238	2024	26	26	26	26	23	48	19	35
	Missing	7	60	573	7	7	7	8	7	8	8	8
	Missing on Q17(refer out)	0	50	599	0	0	0	0	0	0	0	0

**Appendix Table A. (continued)**

Questionnaire Item	Total			Service focus (%)		Title X funding (%)		Type (%)				
	%	No. (un-weighted)	No. (weighted)	Reproductive health	Primary care	Yes	No	Health dept.	Planned Parenthood	FQHC	Other	
<b>Of all the health plans that you know are operating in your service area, how many does this clinic have contracts with?</b>												
Q19: Clinic has any contracts with Medicaid or private plans	Has any plan	84	684	6459	83	85	83	85	73	98	91	81
	No plan	16	126	1207	17	15	17	15	27	2	9	19
	Missing on all Q19	0	57	749	0	0	0	0	0	0	0	0
Q19: Clinic has any contracts with Medicaid plans	Has a Medicaid plan	80	645	6119	78	81	79	80	69	89	87	76
	No Medicaid plan	20	165	1546	22	19	21	20	31	11	13	24
	Missing on all Q19	0	57	749	0	0	0	0	0	0	0	0
Q19: Clinic has any contracts with private plans	Has a private plan	73	587	5572	69	76	69	76	54	95	84	68
	No private plan	27	223	2093	31	24	31	24	46	5	16	32
	Missing on all Q19	0	57	749	0	0	0	0	0	0	0	0
Q19a: Clinic has contracts with Medicaid plans for contraceptive/STI services only	No	12	100	941	14	10	13	12	19	3	8	14
	Yes	75	619	5781	75	76	76	75	67	89	81	70
	Item missing, assume no NA or no plans in area or billed to state	2	13	166	2	3	1	3	1	1	2	5
	Missing on all Q19	10	78	777	9	11	10	10	13	7	8	11
Q19c: Clinic has contracts with Medicaid plans for maternity or primary care, including contraceptive/STI care	No	18	174	1365	27	10	21	15	27	32	6	23
	Yes	64	472	4907	50	76	56	71	47	43	84	55
	Item missing, assume no NA or no plans in area or billed to state	3	23	211	3	3	3	3	2	2	2	6
	Missing on all Q19	15	141	1182	20	11	20	11	23	22	8	15
Q19b: Clinic has contracts with private plans for contraceptive/STI services only	No	29	229	2197	31	27	31	27	44	6	20	34
	Yes	66	551	5071	65	67	66	66	52	94	74	59
	Item missing, assume no NA or no plans in area or billed to state	5	30	398	4	6	3	7	4	0	7	7
	Missing on all Q19	0	0	0	0	0	0	0	0	0	0	0
Q19d: Clinic has contracts with private plans for maternity or primary care, including contraceptive/STI care	No	34	322	2574	47	22	44	24	58	44	13	36
	Yes	58	423	4423	44	70	46	68	32	50	79	53
	Item missing, assume no NA or no plans in area or billed to state	9	65	668	9	8	10	8	10	6	8	11
	Missing on all Q19	0	0	0	0	0	0	0	0	0	0	0
Q19d: Clinic has contracts with private plans for maternity or primary care, including contraceptive/STI care	Missing on all Q19	0	57	749	0	0	0	0	0	0	0	0

Notes: Percentages may not add to 100 because of rounding. FQHC=federally qualified health center. na=not applicable.

Appendix Table B



**2015 SURVEY OF CLINICS PROVIDING CONTRACEPTIVE SERVICES**

Guttmacher Institute  
 125 Maiden Lane, New York, NY 10038  
 Phone (212) 248-1111 • Fax (212) 248-1951 • www.guttmacher.org

The purpose of this survey is to gather information about patterns of service delivery among the wide variety of organizations that provide publicly funded contraceptive services. Please help us by providing the information requested; estimates are acceptable if exact figures are not available; it may be necessary to ask your financial personnel to help when responding to the billing questions at the end of the survey.

PLEASE BE ASSURED THAT WE WILL MAKE EVERY EFFORT TO PROTECT THE CONFIDENTIALITY OF YOUR RESPONSE. We will not publish results that in any way will permit identification of individual respondents or clinics. Please return this survey by **March 20, 2015**. Use the enclosed postage-paid envelope or send to the address above. You may also complete an on-line version; see instructions in cover letter.

**Contraceptive services** are defined as any service related to postponing or preventing conception. Contraceptive services may include taking a history of sexual health and behavior, a medical examination related to provision of a contraceptive method, contraceptive counseling and education, method prescription or supply revisits.

If your clinic does **not** currently provide contraceptive services, and did not do so in any part of 2014, please contact us by e-mail or phone so we can remove you from our list of family planning providers. Any questions regarding this survey should be directed to Mia Zolna, project manager, at (800)355-0244 x2286 or [mzolna@guttmacher.org](mailto:mzolna@guttmacher.org) or Jennifer Frost, principal investigator, x2279 or [jfrost@guttmacher.org](mailto:jfrost@guttmacher.org).

**Thank you very much for completing this survey!**

Please mark any address corrections:

«ClinicName» «ClinicAddress» «ClinicPlaceName», «ClinicStateAbbr» «ClinicZip»  «ClinicID»	Name: _____ Title: _____ Telephone: _____ Fax: _____ Email: _____	Please provide the following:
--	---	-------------------------------

**I. CLINIC CHARACTERISTICS**

**1. What type of organization is this clinic affiliated with? Check only one box.**

Health department (e.g., state, county, local)	<input type="checkbox"/> -1
Hospital	<input type="checkbox"/> -2
Planned Parenthood	<input type="checkbox"/> -3
Federally qualified health center or look-alike	<input type="checkbox"/> -4
Other (specify: _____)	<input type="checkbox"/> -5

**2. Which of the following best describes the primary service function of this clinic? Check only one box.**

Reproductive health services	<input type="checkbox"/> -1
Primary (general health) care	<input type="checkbox"/> -2
Other (specify: _____)	<input type="checkbox"/> -3

**3. Does this clinic receive any federal funding from the Title X family planning program?**

Yes <input type="checkbox"/> -1      No <input type="checkbox"/> -2
---

**4. How many total outpatient clients are served at this clinic annually? Include all clients receiving outpatient services at site (i.e., general health and reproductive health)**

Annual outpatient clients _____
---------------------------------

**5. Approximately what percentage of this clinic's total outpatient client caseload receives contraceptive services?**

<10% <input type="checkbox"/> -1	10-24% <input type="checkbox"/> -2	25-49% <input type="checkbox"/> -3	50-74% <input type="checkbox"/> -4	75-99% <input type="checkbox"/> -5	100% <input type="checkbox"/> -6
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**6. Approximately how many clients receive any contraceptive service during one typical week at this clinic?**

<5 <input type="checkbox"/> -1	5-19 <input type="checkbox"/> -2	20-49 <input type="checkbox"/> -3	50-99 <input type="checkbox"/> -4	100-199 <input type="checkbox"/> -5	200+ <input type="checkbox"/> -6
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**7. Indicate the number of hours the clinic is open for the provision of contraceptive services during a typical week:**

a. Total hours during a typical week?	_____ # of total hours per week
b. Of the total hours per week, how many are on Saturday/Sunday?	_____ # of hours on Saturday/Sunday
c. Of the total hours per week, how many are after 6pm on weekdays?	_____ # of hours after 6pm on weekdays

**8. If a new client contacts your clinic today, how soon can she/he typically get an appointment for an initial contraceptive visit?**

Same day <input type="checkbox"/> -1	_____ # of days	_____ # of weeks
--------------------------------------	-----------------	------------------

**II. SERVICES AND REFERRALS**

**9. For each of the following methods of contraception\*, indicate whether:**

- (1) The method is provided or prescribed at this site;
- (2) Clients are referred to another clinic/provider for this method; or
- (3) The method is not provided and referrals are not given.

*\* If multiple methods are listed on a row, indicate if at least one of them is provided on-site.*

Methods of contraception	Check one box per row		
	Provided or prescribed at this site	Clients referred to another clinic/provider	Not provided nor referred
Combined hormonal oral contraceptives (OCs)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Progestin-only OCs	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Extended regimen of either combined or progestin-only OCs (Seasonale, Seasonique)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
IUS: Mirena, Skyla	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
IUD: ParaGard (Copper-T)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Implant (Nexplanon)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Injectable (Depo-Provera)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Patch (Ortho Evra)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Vaginal ring (NuvaRing)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Female barrier method (Diaphragm, cervical cap/FemCap, sponge/Today, female condom)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Male condom	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Spermicide	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Natural family planning instruction or supplies	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Emergency contraceptive pills (ECP) (Plan B, Ella)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Female sterilization (tubal ligation, Essure)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Vasectomy	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3

10. Are there certain contraceptive methods that this clinic does not stock or provide because of their cost?

Yes  -1 No  -2

If yes, please list method(s) not stocked:

11. For each of the following health services, indicate whether:

- (1) The service is provided or prescribed at this site;
- (2) Clients are referred to another clinic/provider for this service; or
- (3) The service is not provided and referrals are not given.

Other health services	Check one box for each service		
	Provided or prescribed at this site	Clients referred to another clinic/provider	Not provided or referred
Primary (general health) care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Pregnancy testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
HIV testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Pre-exposure prophylaxis for HIV (PrEP)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Chlamydia/gonorrhea screening/testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Syphilis screening/testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
STI treatment	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Expedited partner therapy for STIs	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
HPV vaccination	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Pap test (conventional and/or liquid-based)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Combined Pap+DNA testing (DNA with Pap)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Clinical breast exam	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Mammography	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Breast feeding counseling and support	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Hepatitis C screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Hepatitis C treatment	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Hepatitis B vaccination	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Other non-reproductive health related vaccinations	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Prenatal care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Preconception counseling	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Provision of folic acid supplements	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Infertility counseling	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Basic infertility testing (e.g. pelvic exam, hormone levels)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Colposcopy	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Intimate partner violence screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Intimate partner violence intervention services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Mental health screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
BMI screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Screening for alcohol, tobacco or other drug use	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Diabetes screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Surgical abortion	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Medication abortion	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3

**12. In which of the following ways does this clinic address intimate partner violence (IPV):**

	Yes	No
Clinic has protocols or policies for IPV screening and/or intervention	<input type="checkbox"/> -1	<input type="checkbox"/> -2
Clinic has at least one trained clinician able to serve as an experienced resource on IPV	<input type="checkbox"/> -1	<input type="checkbox"/> -2
Clinic provides for staff training on IPV (e.g. screening, intervention, state policies)	<input type="checkbox"/> -1	<input type="checkbox"/> -2

**III. DISPENSING PROTOCOLS**

**13. When providing clients with an initial prescription for oral contraceptives, what usually happens with regard to dispensing or prescribing the method?**

*Check one*

Most clients receive both the initial supply and additional refills at the clinic	<input type="checkbox"/> -1
Most clients receive an initial supply at the clinic and a prescription to fill additional cycles at an outside pharmacy	<input type="checkbox"/> -2
Most clients receive a prescription that they fill at an outside pharmacy	<input type="checkbox"/> -3
Other (specify) _____	<input type="checkbox"/> -4

**14. How many total\* cycles of oral contraceptives are typically provided and/or prescribed during:**

**Number of OC cycles typically provided and/or prescribed:**

*Check one box per row*

	1	3	6	12/13	Other
An initial contraceptive visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5 _____
A refill supply visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5 _____

\* Include both the cycles provided at the clinic as well as those prescribed.

**15. Do the following practices often, sometimes, rarely or never occur at this clinic:**

*Check one box per row*

Practices and protocols	Often	Some-times	Rarely	Never
Oral contraceptive pills (OCs) are dispensed using the 'Quick Start' protocol (patient takes first pill on day of visit, regardless of her menstrual cycle)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
New clients get OCs without having to get a pelvic exam	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Emergency contraceptive pills (ECP) are dispensed or prescribed ahead of time for a woman to keep at home (advance provision of ECP)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
OCs are prescribed over the phone (or Internet) without a clinic visit via telemedicine	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
IUDs or implants are provided to adolescents and young adults	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
IUDs are provided to nulliparous women	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Copper IUDs are provided as a form of EC	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Clients schedule appointments online	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Clients obtain an initial prescription for methods online	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Clients order refills for prescription methods online	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Clients ask staff medical/follow-up questions online	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4



16. When providing clients with each of the following contraceptive methods, what usually happens with regard to dispensing or prescribing: *If dispensing varies across clients, please check the one box that describes what happens most frequently.*

Check one box in each column

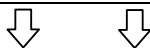
	Injectable	IUD	Implant
Clinic purchases supplies and injects or inserts on-site during the <b>same</b> appointment when the method was requested	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Clinic purchases supplies and injects or inserts on-site during a <b>follow-up</b> appointment after the method was requested	<input type="checkbox"/> -2	<input type="checkbox"/> -2	<input type="checkbox"/> -2
Clinic provides prescription, client obtains method from outside pharmacy, and returns to clinic for injection or insertion	<input type="checkbox"/> -3	<input type="checkbox"/> -3	<input type="checkbox"/> -3
Other (specify) _____	<input type="checkbox"/> -4	<input type="checkbox"/> -4	<input type="checkbox"/> -4
Not applicable: clinic does not dispense or prescribe method	<input type="checkbox"/> -5	<input type="checkbox"/> -5	<input type="checkbox"/> -5

#### IV. COMMUNITY SERVICES AND LINKAGES

17. We are interested in *other service providers* available in your community with whom this clinic may have formal referral agreements (e.g. Memoranda of Understanding) or informal referral relationships. For each type of provider, please answer the following:

- Do providers of this type regularly refer clients to this clinic? And,
- Does this clinic regularly refer clients to providers of this type for services?

Other service provider type	Other providers refer clients to this clinic			This clinic refers clients to other providers		
	Formal	Informal	None	Formal	Informal	None
Federally qualified health center or look-alike	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Other community clinic(s) providing primary care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
School-based health center(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
STD/STI clinic(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Private obstetrician/gynecologist(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Other private physicians/group practices	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Social service agency(s) (eg. WIC, SNAP, TANF)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Home visiting program/services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3



- If you indicated that other providers refer clients **to this clinic**, what are the reproductive health services that this clinic most often receives referrals for?

\_\_\_\_\_

## V. INSURANCE AND REIMBURSEMENT

For the following questions, please respond about your experiences in 2014. If billing, reimbursement or contracting with health plans is done by administrative staff at a parent agency or affiliate, answer to the best of your ability about the experiences that pertain to this service site or service area. Except where specifically indicated below, private plan/insurance includes qualified health plans (plans sold on marketplaces/exchanges).

18. Approximately what percentage of all contraceptive visits are for clients who are covered by each of the following types of insurance, regardless of whether or not you bill the insurance? Enter all fields below. Total should equal 100%. Please estimate if the exact distribution is not available.

Full benefit Medicaid or CHIP	____%
Family planning-specific Medicaid waiver/expansion program	____%
Other public insurance (specify type: _____)	____%
Private health insurance	____%
No insurance	____%
Total	100%

### Contracting with Health Plans

19. Of all the health plans that you know are operating in your service area, how many does this clinic have contracts with? Check none if no maternity or primary services are provided.

Type of service	Contracts with Medicaid plans?				Contracts with private plans?		
	All/most	Some	None	NA*	All/most	Some	None
Contraceptive/STI services only	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -9	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Maternity or primary care, including contraceptive/STI care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -9	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3

\*Not applicable: no Medicaid plans in area; all Medicaid claims are billed directly to the state.

20. Does this clinic or its parent agency have either of these designations?

	Yes	No
Patient-centered medical home	<input type="checkbox"/> -1	<input type="checkbox"/> -2
Patient-centered specialty practice	<input type="checkbox"/> -1	<input type="checkbox"/> -2

21. How often is this clinic or its parent agency unsuccessful when seeking to contract with health plans operating in this service area? (For provision of contraceptive/STI services, either alone or with other services)

	Often	Sometimes	Rarely/never	NA*
Medicaid plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -9
Qualified health plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	
Other private health plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	

\*Not applicable: no Medicaid plans in area; all Medicaid claims are billed directly to the state.

22. How often has this clinic or its parent agency rejected contracting offers from health plans operating in this service area? (For provision of contraceptive/STI services, either alone or with other services)

	Often	Sometimes	Rarely/never	NA*
Medicaid plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -9
Qualified health plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	
Other private health plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	

\*Not applicable: no Medicaid plans in area; all Medicaid claims are billed directly to the state.



If Rarely/ never or NA on all, skip to Q23

**22a. If you selected “often” or “sometimes” on Q22 above, which of the following were reasons for rejecting a contracting offer?** *Check all that apply.*

	Medicaid plans	Qualified health plans	Other private plans
Low reimbursement rates	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Excessive red tape (too many procedures/processes)	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Not enough clients in a plan	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Problems with credentialing clinicians	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Clinic had insufficient health information technology	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Other (specify) _____	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1

**23. Which of the following coverage restrictions have been imposed by the Medicaid and private health plans that you bill most often?** *If none of these coverage restrictions are imposed, check the NONE box at the bottom. Check all that apply. If you most frequently bill the state directly for Medicaid claims (rather than a Medicaid managed care plan), please answer for the claims you submit to the state.*

Coverage restrictions	Medicaid plans	Private plans
Prior authorization required for specific contraceptives	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Clients must first use certain methods before “stepping up” to more costly ones	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Quantity limits:		
Limited to a 30-day initial supply for prescription methods	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Less than one year of refills for prescription methods	<input type="checkbox"/> -1	<input type="checkbox"/> -1
No immediate replacement for IUD or implant that had been removed/dislodged	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not cover specific methods:		
IUD	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Implant	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Patch	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Ring	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Injectable	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan B	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Ella	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Other (specify) _____	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan only covers either IUD/implant device or insertion, but not both	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not cover IUD/implant device removal	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not cover prescription methods provided on-site	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Client must purchase method from outside pharmacy and return to clinic for insertion or injection	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not reimburse for IUDs pre-purchased (stocked) by clinic	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not reimburse all/some services provided by mid-level clinicians (eg. nurse practitioners)	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Inadequate reimbursement for services provided by mid-level clinicians	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan limits the number of well woman visits covered annually so patient can't come in for needed follow up care	<input type="checkbox"/> -1	<input type="checkbox"/> -1
NONE OF THE ABOVE RESTRICTIONS ARE IMPOSED	<input type="checkbox"/> -1	<input type="checkbox"/> -1

**Medicaid Billing and Reimbursement**

If this clinic does not have any Medicaid-enrolled clients, please skip to Q27, the section on private insurance.

24. Approximately what percentage of contraceptive visits to clients enrolled in Medicaid are *not* billed to Medicaid (e.g., because of confidentiality, administrative or other reasons)?

_____ %
---------

25. Approximately what percentage of contraceptive visits billed to Medicaid are denied?

_____ %
---------

26. What is the approximate average time a claim spends in accounts receivable (i.e. between when you bill and when you get reimbursed) for:

	<1 week	Up to 1 month	Up to 3 months	≥ 3 months	NA
Medicaid managed care plan billed most often	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -9
Medicaid billed directly to the state (fee-for-service)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -9

**Private Insurance Billing and Reimbursement**

For the contraceptive visits of your privately insured clients, please respond separately for your experiences with clients whose visits are covered in-network versus out-of-network. If you do not have any privately insured clients, please end the survey here.

27. Approximately what percentage of contraceptive visits for private insurance enrollees are to clients enrolled in plans in which this clinic is an in-network provider versus an out-of-network provider?

<b>In-network</b>	_____ %
<b>Out-of-network</b>	_____ %
<b>Total insured visits</b>	100%

28. Approximately what percentage of contraceptive visits for privately insured clients are NOT billed to insurance (e.g., because of confidentiality, administrative or other reasons)?

In-network	Out-of-network
_____ % <input type="checkbox"/> -1 NA	_____ % <input type="checkbox"/> -1 NA

29. Approximately what percentage of contraceptive visits billed to private insurance are denied?

_____ % <input type="checkbox"/> -1 NA	_____ % <input type="checkbox"/> -1 NA
--	--

30. What is the approximate average time a claim spends in accounts receivable (i.e. between when you bill and when you get reimbursed) for:

	<1 week	Up to 1 month	Up to 3 months	≥ 3 months	NA
The private plan billed most often in-network	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -9
The private plan billed most often out-of-network	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -9

*Thank you very much for completing this survey.*



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