

SUMMARY STATEMENT

In 2014, Upstream USA met with then Delaware Governor Jack Markell to discuss the state's participation in a statewide initiative to reduce unintended pregnancy in Delaware. This initiative would later be named Delaware Contraceptive Access Now (Delaware CAN). Around the same time, the Governor-appointed Delaware Healthy Mother and Infant Consortium (DHMIC) had identified the reduction of unintended pregnancies as one of its strategic priorities to reduce infant mortality and improve birth outcomes.

The Delaware CAN initiative started as a public-private partnership between the State of Delaware and Upstream USA. Delaware CAN includes a set of policy changes focused on reducing unintended pregnancies and improving access to the full range of contraception, including long-acting reversible contraceptives (LARCs). The goal is to ensure all women of reproductive age in Delaware, regardless of insurance or ability to pay, have same-day access to the full range of contraceptive methods at low or no cost. This initiative was designed to remove barriers related to cost, education, and access to contraceptives by implementing policy changes, providing trainings and technical assistance to clinical sites, and developing a statewide public awareness campaign. Delaware CAN is supported by a combination of private individuals and foundations, as well as state investments. The privately funded total budget for the five-year initiative is approximately \$20 million. Current Delaware Governor John Carney recommended that the Fiscal Year 2020 budget for the state Division of Public Health (DPH) include \$1.5 million to sustain ongoing statewide support for Delaware CAN. The funding was approved and the program will be administered by DPH's Family Health Systems Section. DPH will provide funding to purchase contraceptive methods for individuals who are uninsured or underinsured through the Title X Family Planning network of providers and in the hospital setting for Immediate Post-Partum (IPP) contraception.

ACTIVITIES AND RESULTS

Much of the foundation to implement Delaware CAN was laid in 2015. In January, the Delaware Division of Medicaid and Medical Assistance (DMMA) began allowing separate reimbursement for LARC devices via the Medicaid pharmacy benefit, when occurring concurrently with childbirth-related services. This enabled hospitals to provide LARC placement and be reimbursed for the device for Medicaid patients IPP, (after childbirth but before hospital discharge). Starting May 2015, DPH made public funding available to purchase LARC devices. Some funding was provided directly to Title X agencies to purchase LARCs while the rest was used to purchase LARC stock for the State Pharmacy. In January 2016, former Delaware Governor Jack Markell formally announced the launch of Delaware CAN, which included private funding from individual philanthropists and foundations, as well as funding from the Delaware DPH. In June 2016, DPH provided additional funding to purchase more LARC stock for the State Pharmacy. In June 2017, a Delaware Medicaid State Plan Amendment (17-003) was approved and retroactively effective from January 2, 2017 to provide a mechanism for federally qualified health centers (FQHCs) in Delaware to obtain compensation for LARCs. This allowed FQHCs to maintain adequate stock of LARCs, and replaced the need for direct state purchase of devices.

Upstream USA launched the public awareness campaign, "Be Your Own Baby" in spring 2017. The target demographic for the campaign, which ran through fall 2018, was Delaware women ages 18-29. Campaign messaging was informed by focus groups and survey responses, and focused on access to "free" birth control. Messages were designed to be "fun" and "empowering." Central message formats included a professionally produced music video hosted on YouTube, online streaming music advertisements, social media posts and online advertising. The call to action for all messaging was to visit the Be Your Own Baby website, beyourownbaby.org, where visitors could find nearby clinic locations that provide free same-day contraceptive services. Three sites from a large family planning outpatient clinic enabled online scheduling through the website. Website visitors could also submit reimbursement for transportation to a clinic or for any out-of-pocket contraceptive costs. The website provided information about different contraceptive method types and linked to Bedsider.org for more information.

Currently, Delaware CAN is focused on sustainability. Upstream is working with DE CAN partners to ensure that key elements are in place including stocking methods, patient educational materials, optimal billing and coding practices, policies and procedures and training maintenance plans etc. Upstream has a plethora of web-based materials and resources including e-learning courses on patient centered contraceptive counseling and billing/coding for contraception.

The University of Maryland and the University of Delaware were independently contracted to conduct a robust evaluation of the DECAN intervention and to study the ways in which the initiative may have changed access to LARCs and other family planning services in the state of Delaware, if it improved clinical outcomes and if the program reduced unintended pregnancies over time for women of childbearing age. They will follow the sustainability program over the next five years.

Child Trends, a research organization focused on improving the lives of children and youth, performed an evaluation and issued a report using available contraceptive data from 2014 to 2017 in Delaware among Delaware Title X family planning clients ages 20–39. The observed movement from moderately effective contraception to highly effective long acting reversible contraception paired with a small decrease in no method, was linked to a substantial simulated decrease (24.2 percent) in the unintended pregnancy rate among this population. The complete report, including methodology and limitations, was commissioned by Upstream and can be found at ChildTrends.org.