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Distribution of Clinicians Providing Contraception Services to Medicaid Enrollees at Community Health Centers

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Questions

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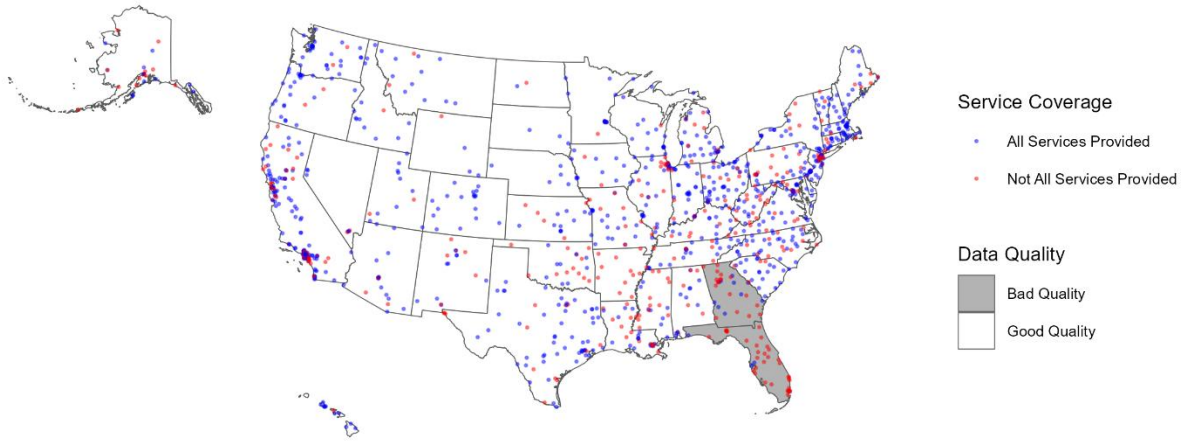
Introduction

Federally Qualified Health Centers - commonly known as community health centers or CHCs - are critical providers of contraception services for low-income patients across the country. Nearly 40% of low-income individuals obtaining family planning services in safety net settings do so at CHCs,[1] and Medicaid is the primary source of coverage for CHC patients, covering almost half.[2] Understanding which clinicians are providing which contraception services to Medicaid enrollees at CHCs sheds light on a key component of low-income individuals' access to contraception care.

Findings

Key finding 1: Just over half of CHCs provided all four common contraceptive services.

Figure 1. Locations of CHCs Providing All Four Types of Contraceptive Services, 2021



Notes: The contraceptive services of interest included prescription (including oral pills, patches, and rings) contraception, IUD, implant, and injectable contraceptive services.

Of the 1,257 CHCs in our data (98.9% of all CHCs reported in the Uniform Data System), nearly all CHCs provided at least one of four common types of services: prescription methods (pill/patch/ring), intrauterine devices (IUDs), implants, and injectables. Just over half (56.9%) provided all services, whereas 520 (41.4%) provided at least one type of contraception service

but did not provide all four types of services in 2021. Only 22 CHCs (1.8%) did not show up in the data, likely because they did not provide any of these contraception services to Medicaid enrollees, or because they did not bill any of these contraception services through Medicaid.

These findings indicate that Medicaid enrollees have incomplete access to a wide range of contraceptive services in CHC settings.

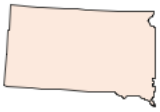
Key Finding 2: There is substantial state-level variation in the proportion of Medicaid enrollees who receive contraception at CHCs.

For long-acting reversible contraception services (IUD and implant):

IL showed the highest proportion (22.0% for IUD; 37.9% for implant) of Medicaid beneficiaries receiving those services at CHCs.

AR showed the lowest proportion (0.0% for both).

For both shorter-acting methods (prescription methods and injectables):



SD showed the lowest proportion (2.7% for prescription methods; 1.6% for injectables) receiving services at CHCs.

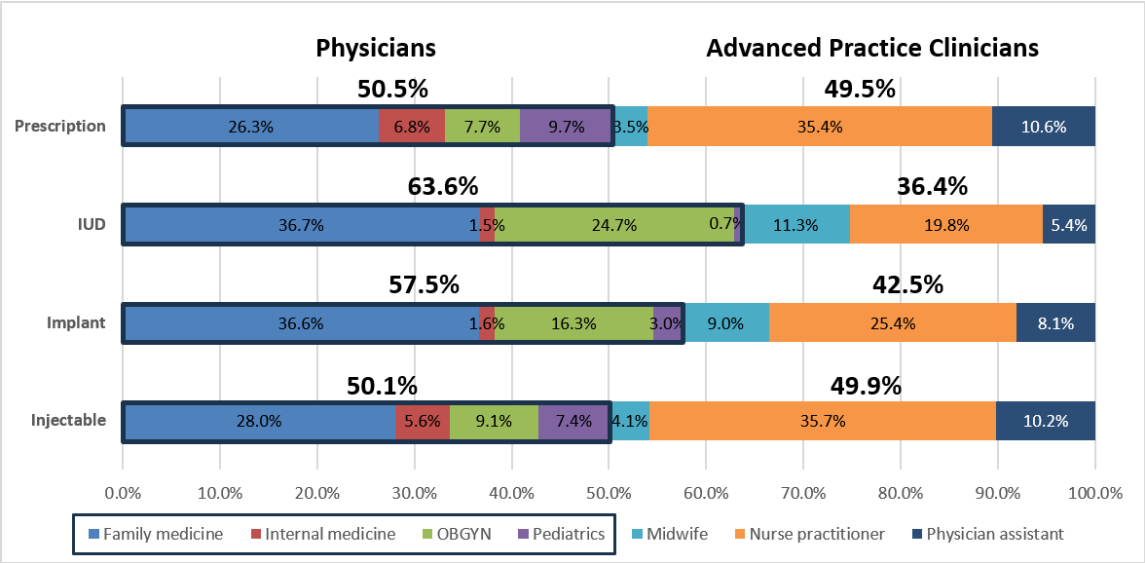
DC had the highest proportion (40.1%) receiving services at CHCs for prescription methods.

CO had the highest proportion (40.3%) for injectables.

See Appendix tables for more details.

Key Finding 3: More physicians provide IUD and implant services at CHCs compared to advanced practice clinicians, while clinicians providing shorter-acting methods are split more evenly between physicians and advanced practice clinicians.

Figure 2. Proportion of Clinicians Providing Contraception to Medicaid Enrollees at CHCs by Service Type and Provider Specialty, 2021



Notes: Prescription data exclude 2 states. IUD data exclude 16 states, implant data exclude 15 states. Injectable data excludes 19 states. The complete list of states with poor data quality is available in the Online Supplement of our JAMA Network Open article.[3]

Among clinicians who provided IUDs at CHCs in 2021, 63.6% were physicians (family medicine, internal medicine, OBGYN, and pediatrics specialties), and the remaining 36.4% were advanced practice clinicians (midwives, nurse practitioners, and physician assistants). Similarly, 57.5% of clinicians who provided implants at CHCs in 2021 were physicians, whereas 42.5% were advanced practice clinicians. For shorter acting methods, a higher proportion of clinicians (49.5% for prescription methods and 49.9% for injectables) were advanced practice clinicians when compared to IUDs/implants. Nurse practitioners comprised the largest number of clinicians providing prescription methods (35.4%) and injectables (35.7%), whereas the largest number of clinicians providing IUDs and implants were family medicine physicians (36.7% for IUDs and 36.6% for implants). These findings highlight the important role of advanced practice

clinicians in providing contraception care at CHCs. Advanced practice clinicians were pivotal in delivering prescription and injectable contraceptives, with nurse practitioners alone accounting for more than one-third of clinicians providing contraceptives. However, advanced practice clinicians may struggle to obtain necessary training on more advanced methods.

To increase Medicaid enrollees' access to a wider range of contraceptive services, it is necessary to ensure that advanced practice clinicians receive sufficient education and training to provide contraceptive care.

Key Finding 4: Advanced practice clinicians are the predominant type of clinicians in rural CHCs for short-acting contraception methods.

For all four services, the odds of a clinician being a physician rather than an advanced practice clinician were higher in urban CHCs than in rural CHCs (OR = 1.81, $p<0.001$ for prescription methods; OR = 1.28, $p=0.006$ for IUDs; OR = 1.41, $p<0.001$ for implants; and OR = 1.69, $p<0.001$ for injectables). While physicians accounted for the majority of clinicians in urban CHCs for all services and even in rural CHCs for IUDs and implants, advanced practice clinicians constituted the predominant type of clinicians in rural CHCs for prescription methods (61.3%) and injectables (60.5%). Our findings are consistent with existing research on rural physician shortages and the growing presence of advanced practice clinicians in under-resourced areas.[4-6] It is notable that, while advanced practice clinicians constituted a smaller portion among clinicians providing IUD/implant services, rural CHCs have a higher proportion of advanced practice clinicians than urban CHCs.

Table 1. Chi-Squared Tests to Compare the Distribution of Contraception Care Workforce in Broader Categories between Rural CHCs and Urban CHCs by Service Type, 2021

Service type (Chi-square statistic, p-value)	**Area Type**	**Physicians** (N, row percent)	**Advanced Practice Clinicians** (N, row percent)
Prescription	Urban	12925 (53.3%)	11334 (46.7%)
$(\chi^2 = 390.89, p < 0.001)$	Rural	2175 (38.7%)	3452 (61.3%)
IUD	Urban	2391 (64.4%)	1323 (35.6%)
$(\chi^2 = 7.54, p = 0.006)$	Rural	341 (58.5%)	242 (41.5%)
Implant	Urban	2522 (58.8%)	1768 (41.2%)
$(\chi^2 = 19.16, p < 0.001)$	Rural	388 (50.3%)	383 (49.7%)
Injectables	Urban	5715 (52.4%)	5190 (47.6%)
$(\chi^2 = 132.38, p < 0.001)$	Rural	959 (39.5%)	1469 (60.5%)

Notes: Prescription data exclude 2 states. IUD data exclude 16 states, implant data exclude 15 states. Injectable data excludes 19 states. The complete list of states with poor data quality is available in the Online Supplement of our JAMA Network Open article.[3]

Implications

The past decade has been marked by substantial disruptions to the reproductive healthcare landscape in the US. The Medicaid program is also likely to undergo substantial changes in eligibility and therefore in enrollment in 2026.[7] Cuts to federal funds for Medicaid could worsen Medicaid enrollees' access to contraceptive services at CHCs by deteriorating CHCs' financial stability and thereby their staffing. Previous research on proposed Medicaid restrictions found that CHCs would be forced to reduce their healthcare workforce in response to uncertain revenues,[8] which would directly affect their patients' access to contraceptive services with a diminished availability of clinicians providing contraception. Continued strains on reproductive healthcare, along with potential cuts to Medicaid federal funding, may curtail access to contraceptive services in the coming years, especially those in the most vulnerable communities.

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Appendix: Methodology

The primary data source for this study was the 2021 Transformed Medicaid Statistical Information System (T-MSIS) Analytical Files (TAF). We utilized diagnosis codes, procedure codes, and the National Drug Code (NDC) information from the Other Services (OT) file and the Pharmacy (RX) file to identify prescription (including oral pills, patches, and rings) contraception, IUD, implant, and injectable contraceptive services provided to Medicaid enrollees. For claims with missing National Provider Identifiers (NPIs), we used the TAF Annual Provider File to fill in these missing NPIs.

For further information on clinicians, we used (1) a dataset that links individual clinician NPIs to the Bureau of Primary Health Care Health Center Management Information System ID (BHCMISID),[9] and (2) a provider specialty classification file for healthcare professionals using the National Plan and Provider Enumeration System (NPPES), and the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) data.

Lastly, we constructed the rurality data for CHCs using the 2021 Uniform Data System (UDS) dataset merged with the ZIP-code level Rural Urban Commuting Area data provided by the US Department of Agriculture Economic Research Service. We defined the rurality of CHCs based on whether the majority of their patients came from rural or urban ZIP codes in 2021.

We conducted our analysis on CHCs in 50 states and the District of Columbia which received the Community Health Center grant under Section 330 Grant Program. See our JAMA Network Open article for details of data and methods.[3]

Appendix: Tables

Table A1. Number of Medicaid Beneficiaries Receiving Prescription Contraception, 2021

State	Number of Beneficiaries in each State	Number of Beneficiaries Seen at CHCs	Percentage of Beneficiaries Seen at CHCs
AK	5607	1730	30.9
AL	33064	4442	13.4
AR	20678	1903	9.2
AZ	58210	9582	16.5
CA	366823	116595	31.8
CO	46097	13214	28.7
CT	38907	6986	18.0
DC	6216	2492	40.1
DE	8222	402	4.9
FL	102322	0	0
GA	64163	4591	7.2
HI	11356	2808	24.7
IA	30755	2689	8.7
ID	15248	2491	16.3
IL	101563	12375	12.2
IN	62257	10392	16.7
KS	15101	1824	12.1
KY	66338	14449	21.8
LA	74594	8416	11.3
MA	76487	15954	20.9
MD	60060	6601	11.0
ME	12873	1995	15.5
MI	95287	5921	6.2
MN	45418	1393	3.1
MO	36425	5479	15.0
MS	27513	3004	10.9
MT	11377	1380	12.1
NC	47369	2682	5.7
ND	3690	201	5.4
NE	11523	913	7.9
NH	10126	1353	13.4
NJ	69694	11869	17.0
NM	27800	3611	13.0
NV	23177	1317	5.7
NY	246735	35852	14.5
OH	125428	16409	13.1
OK	32261	4571	14.2

OR	41582	7823	18.8
PA	132243	9093	6.9
RI	15137	2474	16.3
SC	47896	4793	10.0
SD	3603	97	2.7
TN	63789	5720	9.0
TX	133668	17064	12.8
UT	2479	160	6.5
VA	66789	4823	7.2
VT	7873	2062	26.2
WA	66984	15706	23.4
WI	46384	2699	5.8
WV	24505	6801	27.8
WY	2438	219	9.0

Notes: Green color indicates the state with the highest proportion of Medicaid beneficiaries seen at CHCs while red coloring indicates the state with the lowest proportion; state(s) in grey color had data quality issues.

Table A2. Number of Medicaid Beneficiaries Receiving IUD, 2021

State	Number of Beneficiaries in each State	Number of Beneficiaries Seen at CHCs	Percentage of Beneficiaries Seen at CHCs
AK	1262	210	16.6
AL	3670	129	3.5
AR[a]	-	0	0.0
AZ	9297	984	10.6
CA	66238	12628	19.1
CO	10191	2204	21.6
CT	6688	435	6.5
DC	461	36	7.8
DE	1026	50	4.9
FL	11356	1239	10.9
GA	9033	243	2.7
HI	1237	148	12.0
IA	4730	375	7.9
ID	3236	309	9.5
IL	11185	2464	22.0
IN	8884	1027	11.6
KS	2517	78	3.1
KY	7835	1582	20.2
LA	5850	127	2.2
MA	11183	1122	10.0
MD	5648	380	6.7
ME	2322	115	5.0
MI	12819	923	7.2
MN	9715	306	3.1
MO	5128	417	8.1
MS	2164	53	2.4
MT	2393	203	8.5
NC	11640	158	1.4
ND[a]	674	-	-
NE	2133	136	6.4
NH	1914	140	7.3
NJ	5118	793	15.5
NM	5459	305	5.6
NV	3257	92	2.8
NY	22390	2075	9.3
OH	16639	1098	6.6
OK	3195	130	4.1
OR	9443	950	10.1
PA	14228	573	4.0
RI	2091	149	7.1

SC	5606	267	4.8
SD	556	11	2.0
TN	8584	613	7.1
TX	24387	2386	9.8
UT	3967	169	4.3
VA	8962	283	3.2
VT	1636	163	10.0
WA	14363	2397	16.7
WI	9324	333	3.6
WV	2028	289	14.3
WY	584	24	4.1

Notes: Green color indicates the state with the highest proportion of Medicaid beneficiaries seen at CHCs while red coloring indicates the state with the lowest proportion; state(s) in grey color had data quality issues.

[a] The number of beneficiaries seen at CHCs in AR and ND is less than 10, and hence is suppressed in this table.

Table A3. Number of Medicaid Beneficiaries Receiving Implant, 2021

State	Number of Beneficiaries in each State	Number of Beneficiaries Seen at CHCs	Percentage of Beneficiaries Seen at CHCs
AK	1056	259	24.5
AL	3835	222	5.8
AR	0	0	0.0
AZ	4190	907	21.6
CA	58123	14937	25.7
CO	7815	2778	35.5
CT	3548	385	10.9
DC	472	54	11.4
DE	956	87	9.1
FL	6085	1243	20.4
GA	6786	384	5.7
HI	1174	261	22.2
IA	4878	584	12.0
ID	2139	411	19.2
IL	6293	2387	37.9
IN	6331	930	14.7
KS	2139	180	8.4
KY	5078	1142	22.5
LA	5538	272	4.9
MA	6921	1509	21.8
MD	4234	508	12.0
ME	1351	105	7.8
MI	6962	1025	14.7
MN	7934	476	6.0
MO	4284	561	13.1
MS	2506	125	5.0
MT	1501	207	13.8
NC	9965	167	1.7
ND	599	44	7.3
NE	1893	240	12.7
NH	1136	37	3.3
NJ	1795	485	27.0
NM	4457	408	9.2
NV	1714	168	9.8
NY	8073	1407	17.4
OH	11683	1423	12.2
OK	3399	180	5.3
OR	6737	1267	18.8
PA	9441	520	5.5
RI	1337	139	10.4

SC	5084	359	7.1
SD	699	21	3.0
TN	7330	881	12.0
TX	21379	3361	15.7
UT	1979	135	6.8
VA	6141	386	6.3
VT	923	156	16.9
WA	10195	2851	28.0
WI	6883	341	5.0
WV	1516	406	26.8
WY	391	23	5.9

Notes: Green color indicates the state with the highest proportion of Medicaid beneficiaries seen at CHCs while red coloring indicates the state with the lowest proportion; state(s) in grey color had data quality issues.

Table A4. Number of Medicaid Beneficiaries Receiving Injectables, 2021

State	Number of Beneficiaries in each State	Number of Beneficiaries Seen at CHCs	Percentage of Beneficiaries Seen at CHCs
AK	1007	105	10.4
AL	14408	2833	19.7
AR	3807	360	9.5
AZ	13624	1487	10.9
CA	33541	9521	28.4
CO	12733	5126	40.3
CT	10353	2513	24.3
DC	1836	624	34.0
DE	2858	274	9.6
FL	33817	4754	14.1
GA	27898	2933	10.5
HI	2435	667	27.4
IA	11516	1400	12.2
ID	3403	710	20.9
IL	33570	7118	21.2
IN	22572	6033	26.7
KS	5157	916	17.8
KY	17552	4823	27.5
LA	31158	5207	16.7
MA	10919	3676	33.7
MD	17502	3457	19.8
ME	2518	583	23.2
MI	26153	5495	21.0
MN	11360	863	7.6
MO	14712	3595	24.4
MS	16559	2707	16.3
MT	2713	359	13.2
NC	29159	2037	7.0
ND	1292	95	7.4
NE	1188	155	13.0
NH	1921	344	17.9
NJ	13933	3423	24.6
NM	8913	1489	16.7
NV	5905	402	6.8
NY	33670	7972	23.7
OH	38629	7790	20.2
OK	8586	1190	13.9
OR	10793	2413	22.4
PA	37393	3770	10.1
RI	2967	557	18.8

SC	23839	3935	16.5
SD	1350	21	1.6
TN	20976	3166	15.1
TX	48296	8024	16.6
UT	2952	236	8.0
VA	20135	2322	11.5
VT	1559	390	25.0
WA	16065	4001	24.9
WI	21480	1468	6.8
WV	6564	2637	40.2
WY	781	97	12.4

Notes: Green color indicates the state with the highest proportion of Medicaid beneficiaries seen at CHCs while red coloring indicates the state with the lowest proportion; state(s) in grey color had data quality issues.