

2019

*honestly* OKC

POLICY LANDSCAPE IN

OKLAHOMA CITY

1000feathers



## PURPOSE

As part of a larger, more comprehensive planning effort in Oklahoma County, the 1000 Feathers team spent time over a nine-month period (November 2018 – July 2019) exploring policies that either support or hinder efforts to prevent teen pregnancy. In short, the team was concerned with policies that may influence, define, control, support and/or undermine the reproductive-age population’s ability to learn about, access and afford the full range of contraception and family planning care and services. Policy is broadly defined for the purposes of this report, relating to both legislative as well as regulatory and administrative action, including funding.

An honest conclusion of this process is that, for better or worse, state laws on any of these issues are unlikely to change in the near term. Therefore, understanding the policy landscape, addressing and improving local implementation of policies, and defining the opportunities that exist are all critically important strategies moving forward. This report presents a brief summary of the methods used and conclusions. While policy work is not a key focus of the overall planning effort, *per se*, the conclusions are instructive and will be used in varying ways in the final comprehensive plan, along with all the other sources of data that have been collected.

## METHODS

As part of an effort to understand the impact of policy, our team leaned on the expertise of Power to Decide who recently convened a panel of more than 50 experts in the field to develop a framework of more than 20 policy best practices that communities, states, and regions can use to guide their work.

Going through the entire list was not practical given the scope of this project, but the list was used as a guide for exploration in Oklahoma. Notably, those best practices determined priority for this review were selected based on their ability to be impacted (at the state or local level) and the appropriateness of addressing such efforts in a new, comprehensive plan for the *honestly* Sexual Health Collective for Youth.

Similar to the Power to Decide policy framework, this report addresses policies that roughly fall into one of three categories:

1. Delivery of sexual health education
2. Appropriate access to services and methods of contraception
  - a. A subset of access is obviously coverage, payment, and eligibility (i.e. Medicaid and otherwise)
3. Federal funding

Relevant laws and local policies were reviewed, along with media reports, industry research (e.g., Guttmacher Institute, Power to Decide) and the work of relevant Oklahoma-based organizations (e.g., Take Control Initiative, Focus Forward Oklahoma). Finally, a number of interviews and conversations were conducted with providers, educators, community leaders and influencers to understand the “on the ground” implementation and interpretation of various policies. A total of nine interviews with health care professionals were reviewed specifically for their contributions to this report and included in the interview summary report (Appendix C).

## KEY FINDINGS AND OPPORTUNITIES

### School Districts and Sexual Health Education

According to the Oklahoma State Department of Education, there are 34 accredited schools and districts in Oklahoma County. Fifteen (15) of the 34 are considered public school districts, while 19 are considered private/charter schools.<sup>1</sup> Regardless of designation, all school districts in the county are governed by state law(s) related to the provision of sex and HIV education programs. Oklahoma state law mandates HIV education be taught in the state’s public schools, but not sex education. There are only 12 states in the country that operate under this condition. Viewed independently, 34 states mandate HIV education and 24 states mandate sex education.<sup>2</sup>

### **Specifically, Oklahoma state law 70-11-103.3 (1995) requires that<sup>3</sup>:**

Acquired immune deficiency syndrome (AIDS) prevention education shall be taught in the public schools of this state. AIDS prevention education shall be limited to the discussion of the disease AIDS and its spread and prevention. Students shall receive such education:

*... at the option of the local school district, a minimum of once during the period from grade five through grade six;  
... The State Department of Education shall develop curriculum and materials for AIDS prevention education in conjunction with the State Department of Health. A school district may also develop its own AIDS prevention education curriculum and materials.*

*... Any curriculum and materials developed for use in the public schools shall be approved for medical accuracy by the State Department of Health.*

*... School districts shall make the curriculum and materials that will be used to teach AIDS prevention education available for inspection by the parents and guardians of the students that will be involved with the curriculum and materials.*

*...The program of AIDS prevention education shall teach that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact. It shall also teach that artificial means of birth control are not a certain means of preventing the spread of the AIDS virus and reliance on such methods puts a person at risk for exposure to the disease.*

*... The State Department of Health and the State Department of Education shall update AIDS education curriculum material as newly discovered medical facts make it necessary.*

It is worth noting that language in the law has not been updated since its passing in 1995. An attempt to amend the language (House bill 1018) was vetoed by the Governor earlier this year.

### **While sex education is not mandated, Oklahoma state law 70-11-105.1 does provide stipulations about content and process for those districts who decided to provide sex education<sup>4</sup>:**

*... All curriculum and materials including supplementary materials, which will be used to teach or will be used for or in connection with a sex education class or program... shall be available through the superintendent or a designee of the school district for inspection by parents and guardians of the student who will be involved with the class..*

*... Such curriculum, materials, classes, programs, tests, surveys or questionnaires shall have as one of its primary purposes the teaching of or informing students about the practice of abstinence.*

*... No student shall be required to participate in a sex education class or program which discusses sexual behavior or attitudes if a parent or guardian of the student objects in writing to such participation.*

*... The teacher involved in the class, program, testing or survey shall submit the curriculum, materials, tests or surveys to the superintendent or a designee for approval prior to their use in the classroom or school.*

There have been a number of attempts in recent years to amend the language related to sex education. Two bills (HB 1507 and HB 2721) failed to advance in the 2016 legislative session. However, during the 2019 legislative session, an amendment to 70-11-105.1 did pass, requiring curriculum and materials used for sex education to **“include information about consent...”**

## **Opportunities**

- ✓ State law is unlikely to change, but there is good local work being done in Oklahoma County districts currently. Work should focus on the local level – and not state – using the progress OKCPS has made as an example to inform and teach other districts.
- ✓ Fifteen districts in the county, all of which have local control over the materials and education provided, allow for a tremendous education and engagement opportunity. Even if the bandwidth doesn't exist to put health educators in each classroom, beginning to engage district leadership in every district in the county should be a goal of the collaborative.
- ✓ To the above, a 2019 update to the sex education material laws provides a unique and immediate opportunity to introduce *honestly* to each of the 15 districts in a supportive and helpful way.

## Access to Contraception

Oklahoma is largely considered a politically conservative state. It is one of 17 states that has elected not to expand Medicaid under the Affordable Care Act; however, the state does offer a specialized Medicaid family planning (only) program, sometimes called a state plan amendment (SPA) or a waiver. Oklahoma is **one of 11 states in the country who did not expand Medicaid but did create a waiver or SPA**. In Oklahoma's case, the latter.<sup>5</sup>

State and regional policies obviously have an impact on the ability of young adults to receive the information and education they need to make healthy decisions and ultimately prevent teen pregnancy. In states like Oklahoma that have not expanded Medicaid, family planning programs have the potential to play a significant role for low-income individuals who will not have a pathway to affordable coverage and will likely remain uninsured. In Oklahoma, the SPA provides services with individuals who have an income at 133% of the poverty level (or below), includes men and teens.

Understanding the interaction of federal law, state law, and a combination of payer sources is a complicated matter. This is especially true for those without private insurance or another way to self-pay for contraception, which can be costly, especially for the most effective and long-acting methods.

The Guttmacher Institute estimates there are 7,495 women in need of publicly contraceptive services per every 100 square miles in Oklahoma County. This is a population that the collaboration should be very concerned about serving. Women in need of publicly funded contraceptive services are those women who a) are younger than 20 or are poor or low-income (i.e., have a family income less than 250% of the federal poverty level) and b) are sexually active and able to become pregnant but do not want to become pregnant.<sup>6</sup>

In their recent exploration of “contraceptive desserts,” Power to Decide uses a slightly different definition of “women in need.” Their research determined that there are 10 health centers in Oklahoma County that offer the full range of contraception and approximately 52,000 women (ages 13-44) in need of publicly funded contraception. This equates to roughly one health center for every 5,000 women in need; a number nearly 5X higher than the standard number to meet identified need of one health center for every 1,000 women.<sup>7</sup>

In 2017, the total number of women (all ages) who accessed contraceptive services at publicly funded clinics in Oklahoma County was 16,130. Well over half of that number were served at a Planned Parenthood location.<sup>8</sup>

Furthermore, **in 2017, 90.1% of all teen births in Oklahoma were paid for by Medicaid**. For all of these reasons, this report focuses on safety-net options, broadly defined as public assistance programs that support access to contraception for young people.

## **OKLAHOMA STATE DEPARTMENT OF HEALTH: FAMILY PLANNING PROGRAM**

According to the Oklahoma State Department of Health, the “Family Planning Program is devoted to providing family planning services to males and females of reproductive age.” Services provided include physical exams, screening for STDs, and birth control, among others. While the program promotes family involvement, it also explicitly states that “**services are provided on a voluntary and confidential basis.**” Perhaps equally as important, services are not refused to any individual based on inability to pay.<sup>10</sup>

The Family Planning Program is funded through Title X dollars. In Oklahoma in 2017, 98% of the people served in Oklahoma by Title X had incomes below 250% of the federal poverty level.<sup>11</sup> The Oklahoma State Department of Health is the main administrator of the program – funded with Title X dollars – and utilizes the Oklahoma City-County Health Department (OCCHD) as a subcontractor. In turn, OCCHD operates three clinics in Oklahoma County.

1. Gary Cox Health Clinic
2. Southern Oaks Health Clinic
3. West Health Clinic

Note: the Office of Population Affairs website (administrator of Title X) lists a fourth Title X location when searching their website for locations in OKC: the Cleveland County Health Department in Moore, OK.

At each site, a variety of reproductive health services are available, similar to most Title X sites nationally, including:

- Birth control
- Condoms
- STD and HIV testing
- Emergency contraception
- Pregnancy testing
- Pap test, breast exams, and preconception health services

The OCCHD website explicitly addresses confidentiality by stating, *“It is the policy of OCCHD to always encourage minors (teens under the age of 18) to discuss their healthcare needs with their parents or guardians. However, a parent or guardian is not required to receive family planning services, including STI testing and birth control. All examinations are done in private. No other persons may be present - this includes parents and guardians.”*<sup>12</sup>

On the Oklahoma State Department of Health website is a map of the state. When you click on Oklahoma County and then Sexual Health, the three clinics that provide services are easily identified.

### MEDICAID, SOONERCARE, AND SOONERPLAN

Adolescents face numerous challenges navigating the health care system and these challenges only increase when discussing access to contraception. While Title X is an important source of funding for family planning services, Medicaid actually covers the majority of public, especially for those under the age of 19.<sup>13</sup>

As previously noted, Oklahoma has not yet chosen to participate in Medicaid expansion. Instead, residents of the state who are a US citizen, resident of Oklahoma, and meet certain income standards are eligible for SonnerCare. The Oklahoma Health Care Authority administers SoonerCare, which works *“to improve the health of qualified Oklahomans by ensuring that medically necessary benefits and services are available... including those seeking family planning services.”* To be eligible for SoonerCare, an individual must meet certain guidelines around citizenship and income, as well as be in one of the following categories:

- Children (newborn up to 19 years of age)
- Pregnant women (women of childbearing age)
- Low income non-disabled adults with children (under age 19)
- Individuals seeking family planning services (19 years of age and older)

There were 789,497 Oklahoma residents – both adults and children – enrolled in SoonerCare and CHIP in Oklahoma as of August 2018. Of these enrollees, 166,599 (21%) live in Oklahoma County. In Oklahoma County, enrollees are 54% White, 23% African American, and 4% Native American. Additionally, 328% identified as Hispanic (of any race).<sup>14</sup>

SoonerCare does cover family planning services including all forms of contraception. In addition, a family planning specific waiver exists in the form of SoonerPlan. **SoonerPlan is Oklahoma’s family planning program for those who not enrolled in regular SoonerCare services and are: a US citizen or qualified alien; an Oklahoma resident; and within 133% of the federal poverty level.** Services include family planning office visits, pregnancy tests, and birth control. Individuals who are Oklahoma residents and US citizens or legal aliens and meet the income standard of 133% of the federal poverty level may apply for eligibility in SoonerPlan. If they are not otherwise enrolled in a SoonerCare program, they may be certified for a 12-month period of family planning. **Only 3% (27,966) of the total enrollment for SoonerCare represents enrollment in SoonerPlan. Of the 27,966 enrollees in SoonerPlan, only 8% (2,264) of those enrolled are aged 20 or younger (i.e. 19 years old).**<sup>15</sup> There are 114,074 individuals 18 or younger enrolled in SoonerCare.

Just for reference sake, according to the US Census there are 37,804 individuals between the ages of 15-19 that

live in Oklahoma County. An estimated 7.4% of this population does not have health insurance. Overall, the majority of the population in Oklahoma County is covered by private insurance (63.5%) or public insurance (32.4%), yet 15% have no health insurance coverage.<sup>16</sup>

Additional highlights of SoonerPlan worth noting:

- Same day insertion is not only possible, it is “*very easy and very quick*” according to one expert we spoke with, as long as providers are able to overcome logistical barriers. “*We have addressed codes and reimbursement... now it’s more about logistics.*”
- Providers are allowed to write a prescription for up to a full year worth of birth control, which is filled by the patient on a 90-day basis.
- Reimbursement is a non-issue as SoonerPlan reimbursement rates are level with cost. This is a significant accomplishment; however, some providers still don’t like the rates because there is no profit margin.

According to the OHCA website, medically necessary office visits related to family planning are unlimited for SoonerPlan members younger than 21. In addition, a policy revision (revised 7-1-2017, approved 9-15-17) has lessened a previous family planning service limitation to now read, “Family planning services and supplies are covered for individuals of childbearing age as medically appropriate and medically necessary.” **There is no mention of minor’s ability to consent for care in any of the SoonerCare or SoonerPlan language.** This is not a complete surprise given that these plans are payer sources. The responsibility for minor’s consent therefor rests with the provider billing these services, it is not defined specifically by the payer.

Regulations, enrollment, and eligibility for SoonerCare and SoonerPlan are complicated. Trying to locate a provider for someone looking to access contraception, even more so. An interested party would have to know how to navigate a multi-step process.

1. Visit Oklahoma Health Care Authority website ([www.okhca.org](http://www.okhca.org))
2. Select “Find a Provider”
3. Select “Directory of OB/GYN providers by county (note that this step requires a level of understanding that supports knowing OBGYNs are the providers of contraception)
4. Scroll through a 47-page PDF document to Oklahoma County
5. Choose one of 207 providers listed in the document with only name, address, and phone number available to inform your decision. In total, the document lists 199 providers, which come from 60 unique locations. Of these, six are in Edmond, one is in MidWest City, and 53 are in Oklahoma City.

There is also the potential that some individuals under 20 are covered by “Insure Oklahoma”: an innovative program Oklahoma has created to bridge the gap in the health care coverage for low-income, working adults. Insure Oklahoma does list “birth control information and supplies” as one of the services covered by the program.<sup>17</sup>

## IMMEDIATE POSTPARTUM CONTRACEPTION

In addition to regulations around SoonerCare and SoonerPlan, the issue of long acting reversible contraceptives (LARC) provided in hospital settings immediately post-partum deserves special attention. In Oklahoma, a smaller percentage of teen births are repeat than national averages, but still roughly 18% of all births to teens in the state are the 2nd, 3rd, or higher order birth.

In 2015, the Oklahoma Health Care Authority amended their policy to allow separate reimbursement for LARC devices outside of the normal DRG payment coding, clearing the way for immediate post-partum LARC to be provided.<sup>18</sup> This follows a recommendation from the American College of Obstetricians and Gynecologists that supports LARC insertions in the postpartum setting, ideally before leaving the hospital after labor and delivery, to reduce unintended pregnancies and to achieve optimal birth spacing and increase pregnancy intervals. The add-on reimbursement allows providers to bill for the LARC device and insertion in addition to the labor and delivery service.

## Opportunities

- ✓ **It is unclear if anyone can define the actual universe of providers;** from Title X providers, to those who accept SoonerCare and SoonerPlan, to FQHCs, Planned Parenthood, and other private clinics. There are massive engagement and educational opportunities available for the collaborative.
- ✓ **There is no central portal for patients** to understand which providers are taking new patients, how to schedule appointments, what forms of contraception are available, or which forms of payment are accepted. The Oklahoma Health Care Authority website is complicated, and their PDF listing of providers is not helpful.
- ✓ **The combination of SoonerCare, SoonerPlan and Title X offer an important safety-net to those unable to pay for contraception.** The usage numbers of each of these services seem low suggesting either 1) a lack of understanding on the provider (supply) side and/or 2) a lack of understanding on the client (demand) side. In either case, better promotion is needed.
- ✓ **Oklahoma law does allow for immediate post-partum insertion of LARC via SoonerCare.** There is limited data and knowledge related to the uptake and utilization of this service. Strong communication with hospitals, capacity building, and support are necessary. This is an easy win given that the economics have been figured out – the only remaining barriers are logistical.

## CONFIDENTIALITY AND MINOR'S RIGHTS

There are a number of positives to be found in policies related to contraception and family planning. The state has made important strides in recent years, and there appear to be real opportunities for improvement on the horizon. **Despite advances, one major barrier remains in place: a restrictive minors consent law poses a significant challenge to youth under the age of 18 who wish to access contraception in a confidential way.**

State policies dramatically impact an adolescent's ability to consent to medical treatment, as well as receive confidential care. Consent for youth under 18 has expanded dramatically over the past several decades, but this is not a universal truth. Oklahoma remains a state where restrictive consent laws cause much confusion and inertia around contraceptive care. As one provider told us, *“the biggest problem we have right now is a significant lack of understanding around confidentiality.”*

Twenty-six states explicitly allow minors to consent for contraceptive services; 20 states allow minors to consent in one or more circumstances; and four states have no policy on minor's right to consent. Oklahoma is one of 20 states in the middle group that permits minors to consent to contraceptive services in one or more circumstances. This, even though the U.S. Supreme Court specifically affirmed those under 18 have a right to access contraceptives in the 1977 decision *Carey v. Population Services International*.<sup>19</sup>

Of particular interest, there is no confusion around consent for those youth 18 years of age and older. In that context, it is important to note that 72% of births last year in Oklahoma County were to 18-19 year olds. Oklahoma law defines a minor as any person under 18 years old and restricts their ability to consent to health services to the following conditions (relevant summary):

1. Any minor who is married, has a dependent child or is emancipated;
2. Any minor who is separated from his parents or legal guardian for whatever reason;
3. Any minor who is or has been pregnant, afflicted with any reportable communicable disease, drug and substance abuse or abusive use of alcohol;
4. Any minor parent as to his child;
5. Any minor, who by reason of physical or mental capacity, cannot give consent and has no known relatives or legal guardian, if two physicians agree on the health service to be given; or
6. Any minor in need of emergency services for conditions, which will endanger his health or life if delay would result by obtaining consent from his spouse, parent or legal guardian; provided, however, that the prescribing of any medicine or device for the prevention of pregnancy shall not be considered such an emergency service.

Minors in Oklahoma can consent to all STD/STI services, prenatal care, adoption (over 14), and medical care for their own child. In addition, because the federal statute “trumps” the state law, anyone served at a Title X clinic can consent for contraceptive care and is guaranteed confidentiality.

In addition to restrictive minor consent laws, Oklahoma also has a Parents Bill of Rights, which further complicates reproductive health issues and care. The statute formally states that:

*This state, any political subdivision of this state or any other governmental entity shall not infringe on the fundamental right of parents to direct the upbringing, education, health care and mental health of their children without demonstrating that the compelling governmental interest as applied to the child involved is of the highest order, is narrowly tailored and is not otherwise served by a less restrictive means.*

One provider shared that, “the parents bill of rights has made it really difficult to navigate adolescent health issues, even issues that are very clearly defined in the law, such as STD testing.”

## Opportunities

- ✓ **The issues of minors rights remains complicated and unresolved.** But there are creative solutions emerging both in Oklahoma City and Tulsa. From the perspective of the collaborative, a focus should be capturing success stories and using them to help others navigate the existing landscape.
- ✓ **Follow the data.** While troubling, neither the community nor the collaboration should allow the minor’s rights issue to be a barrier that halts progress. More than 7-in-10 teen births are to 18-19 years olds who pose no conflict or confusion related to their ability to consent.
- ✓ **Collect the data.** It is important to better understand the volume of people who are being turned away from services because of the consent laws.

## FEDERAL FUNDING IN OKLAHOMA

There are currently a number of federal grants being leveraged to support teen pregnancy prevention work in Oklahoma County. The information below comes from the websites of each of the respective funders. Obviously, in a changing policy environment, it is difficult to know the future of any of these grant-funded programs.

### **PREP Grant (FYSB): Oklahoma State Department of Health**

Award Amount: \$601,146 annually

Oklahoma’s PREP program serves youth ages 10 to 19 at 28 sites in school, community, and juvenile justice settings in Tulsa and Oklahoma City. Oklahoma PREP implements *Making a Difference*, *Making Proud Choices*, and *Power through Choices* and provides programming to students on the following adult preparation subjects: adolescent development, parent-child communication, and healthy relationships. Oklahoma PREP plans to serve 3,300 youth annually.

### **Tier 1B Grant (OAH): Oklahoma City-County Health Department**

Award Amount: \$1,200,000 annually

Oklahoma City-County Health Department, working with the Oklahoma County Teen Pregnancy Prevention (TPP Collaboration and its partner organizations will replicate evidence-based TPP programs in five education and health care settings located in 10 zip codes in central Oklahoma City neighborhoods with an average teen birth rate of 83.7 per 1,000 teen girls. Evidence-based TPP programs including *Cuidate!*, *Making Proud Choices*, *Making a Difference*, *Be Proud! Be Responsible!*, *Draw the Line/Respect the Line*, and *Sisters Saving Sisters* will be implemented in elementary and middle schools (6-8th grades), high schools, colleges, and health clinics. The project will reach 4,700 youth between the ages of 12-19 annually.



## **Tier 2 Grant (OAH): *honestly*: Sexual Health Collective for Youth**

Award Amount: \$374,463 annually

*honestly*: Sexual Health Collective for Youth (*honestly*) will implement an innovative, multi-level systems approach to teen pregnancy prevention with youth, their families, and their communities in Oklahoma County, OK. *honestly* will partner with local education, health, and community-based organizations to implement *Postponing Sexual Involvement* and *Teen Speak*, two trauma-informed sexual risk-reduction curricula developed for youth and parents, respectively. At the systems level, a network of collaborative organizations and partners will be integrated into the existing *honestly* collective impact model of change.

## **Pregnancy Assistance Fund (OAH): Oklahoma State Department of Health**

Award Amount: \$851,320 annually

The Oklahoma State Department of Health (OSDH) will work in the state's two major metropolitan areas, Oklahoma City and Tulsa, to serve expectant and parenting teens. OSDH will partner with the Oklahoma Office of Juvenile Affairs (OJA) to reach expectant and parenting teens, women, fathers and their families who are currently or have recently been incarcerated. OJA will use a program, such as *The Nurturing Parents Program* in the facilities and communities served, and will contract with community-based service providers for programming and intensive case management to meet the participants' needs. OSDH will also partner with the Oklahoma City-County Health Department (OCCHD) and the Tulsa Health Department (THD) to implement the *Love Notes* teen pregnancy prevention curriculum, which emphasizes healthy relationship development and includes parenting skills. Finally, OCCHD will provide social service support to participants and their families to improve their educational, health, and social outcomes, and THD will increase public awareness of the services available to expectant and parenting teens, women, fathers, and their families in the community.

## **Title X: Oklahoma State Department of Health (subcontractor: OCCHD)**

Award Amount: \$2,431,000 annually

As of September 1, 2018, the Office of Population Affairs (OPA) provided Title X service delivery grants to Caring Hands Healthcare Centers, Community Health Connection and Oklahoma State Department of Health to support access to family planning and sexual health services in Oklahoma. Title X helps ensure high-quality preventive health care to poor, low-income, and uninsured individuals who may otherwise lack access to care.

**\*\* While not federally funded, Focus Forward deserves mention here.** The Focus Forward Oklahoma program exists in mission "to decrease unintended pregnancies in Oklahoma by increasing access to and utilization of long-acting reversible contraceptives (LARC." The program is currently focusing on increasing access to and utilization of LARC, such as intrauterine devices (IUDs) and the subdermal implant. There are three primary strategies being used to address barriers related to LARC access and utilization. These include: policy change, education, and communication. There are strong overlaps between the focus areas of Focus Forward and *honestly* that could and should be maximized.

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- <sup>1</sup>Oklahoma State Department of Education. <https://sde.ok.gov/state-school-directory>.
- <sup>2</sup>Guttmacher Institute. <https://guttmacher.org/state-policy/explore/sex-and-hiv-education>
- <sup>3</sup>Justia: US Law. <https://law.justia.com/codes/oklahoma/2016/title-70/section-70-11-103.3/>
- <sup>4</sup>Justia: US Law. <https://law.justia.com/codes/oklahoma/2016/title-70/section-70-11-105.1/>
- <sup>5</sup>*Medicaid and Family Planning: Background and Implications of the ACA*. The Henry J. Kaiser Family Foundation. February 2016.
- <sup>6</sup>Publicly Funded Contraceptive Services at US Clinics. Guttmacher Institute (2017). <https://gutt.shinyapps.io/fpmaps/>
- <sup>7</sup>Birth Control Access by the Numbers. Power to Decide. <https://powertodecide.org/what-we-do/access/access-birth-control>
- <sup>8</sup>Frost JJ, et al., *Publicly Funded Contraceptive Services at U.S. Clinics*, 2015, New York: Guttmacher Institute, 2017
- <sup>9</sup>OK2Share
- <sup>10</sup>Oklahoma State Department of Health. [https://www.ok.gov/health/Family\\_Health/Maternal\\_and\\_Child\\_Health\\_Service/Perinatal\\_and\\_Reproductive\\_Health/Family\\_Planning\\_and\\_Birth\\_Control/](https://www.ok.gov/health/Family_Health/Maternal_and_Child_Health_Service/Perinatal_and_Reproductive_Health/Family_Planning_and_Birth_Control/)
- <sup>11</sup>National Family Planning & Reproductive Health Association (NFPRHA). [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=21&ved=2ahUKEwiXzvDG8arjAhXXZc0KHZQ\\_DkQQFjAUegQIBRAC&url=https%3A%2F%2Fwww.nationalfamilyplanning.org%2Ffile%2Fstate-snap-shots-2018%2FOklahoma.pdf&usq=AOvVaw3lwsH2qgqciHMsoPi1OZJv](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=21&ved=2ahUKEwiXzvDG8arjAhXXZc0KHZQ_DkQQFjAUegQIBRAC&url=https%3A%2F%2Fwww.nationalfamilyplanning.org%2Ffile%2Fstate-snap-shots-2018%2FOklahoma.pdf&usq=AOvVaw3lwsH2qgqciHMsoPi1OZJv)
- <sup>12</sup>Oklahoma City County Health Department. <https://www.occhd.org/teenhealth>
- <sup>13</sup>Adolescent Health: Coverage and Access to Care (2011). Issue Brief, an update on women's health policy. The Henry J. Kaiser Family Foundation.
- <sup>14</sup>Oklahoma Health Care Authority: SoonerCare Fast Facts (May 2019).
- <sup>15</sup>Oklahoma Health Care Authority: SoonerPlan Fast Facts (May 2019).
- <sup>16</sup>United States Census. American FactFinder.
- <sup>17</sup>Insure Oklahoma Member Handbook. [www.insureoklahoma.org](http://www.insureoklahoma.org)
- <sup>18</sup>SoonerCare Provider Reimbursement Notice. OHCA PRN 2015-10, follow-up to PRN 2014-06.
- <sup>19</sup>Minor's Access to Contraceptive Services (as of July 1, 2019). Guttmacher Institute. <https://www.guttmacher.org/state-policy/explore/minors-access-contraceptive-services>