Moving from Design to Implementation: Lessons on Expanding Contraception Access in New Jersey

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Introduction

Public sector health leaders play a critical role in influencing reproductive health policy design and program implementation. As the key authorities on state programs, public sector leaders foster necessary collaboration between community partners and other state agencies. In New Jersey, state officials are implementing two contraception access bills, S 413 and S 275, enacted in 2022 and 2023 respectively. Lessons from New Jersey's cross-sector and interagency collaboration can guide public sector leaders in other states working to expand access to reproductive health services.

Contraception Access Bills: S 413 and S 275

Enactment

Reproductive health services are essential for improving population health outcomes and promoting health equity. State policies supporting insurance coverage for contraception and expanding where people can access contraception are evidence-based strategies to improve the access, quality, and coverage of these services. New Jersey S 413 (2022) requires Medicaid and private insurers to cover a 12-month supply of contraception dispensed at one time. New Jersey S 275 (2023) allows pharmacists to furnish self-administered hormonal contraception—including birth control pills, transdermal patches, vaginal rings, and diaphragms—directly to patients following a standing order rather than an individualized prescription. The state expects pharmacist-dispensed contraception to begin in summer or fall 2024; most insurance plans in the state are required to cover 12 months of contraception as of 2023.

Rollout

New Jersey agencies impacted by the recent bills include the Department of Children and Families (DCF), Department of Health (DOH), Department of Consumer Affairs (DCA), and Department of Human Services Division of Medical Assistance and Health Services (DMAHS). Once the bills were signed, state officials within those agencies began working closely with external organizations and community representatives to ensure a smooth implementation of the new policies. Many community-based organizations and external partners supported the rollout of the policy changes, including the New Jersey Family Planning League, the New Jersey Health Care Quality Institute (NJHCQI), and Planned Parenthood of Northern, Central, and Southern New Jersey.

To better understand the role of a public health agency in the implementation of reproductive health policy change, the Center for Health Care Strategies (CHCS) and the Association of State and Territorial Health Officials (ASTHO) interviewed officials from New Jersey DOH. CHCS and ASTHO also interviewed staff from NJHCQI to learn how collaboration between external partners and state agencies impacted the rollout of these bills. This case study shares the strategies and tactics New Jersey leaders are using to implement these transformational policy changes and approaches to expand access to contraception.

At A Glance: Contraception Bill Impact in New Jersey

The New Jersey legislature has considered several bills to expand insurance coverage for contraception in recent years, including A 4503 in 2018 to expand health insurance coverage for certain contraceptives (including birth control pills). A study of this bill from the New Jersey Mandated Health Benefits Advisory Committee reported that this policy change would increase access to and affordability of contraception. Similarly, with its expansion of insurance covered contraceptives, S 413 will likely increase contraceptive access, which is especially meaningful for people who may have difficulty regularly accessing medical care, including New Jerseyans with low incomes, individuals living in rural communities, and individuals with limited access to clinicians. Currently, 24 states require insurance coverage of an extended supply of contraception.

With the passage of S 275, New Jersey is one of at least 28 states and Washington, D.C. allowing pharmacists to provide contraceptive care. For many people, obtaining contraception directly from a pharmacist without being required to receive a clinician prescription is quicker and more convenient—increasing the likelihood of longer-term consistent use of hormonal contraception, especially for people with limited access to primary care providers. This policy change requires a new standing order for pharmacists, education campaigns for both providers and community members, and coordination with insurance providers.

Leadership Lessons on Expanding Contraception Access

Expanding the role of pharmacists in furnishing hormonal contraception and expanding public and private insurance coverage for contraceptives required New Jersey state officials to navigate complex changes across multiple state agencies and divisions; they also had to work with community-based organizations and other stakeholders to effectively message what the changes mean for New Jerseyans and providers. After the passage of S 275 and S 413, staff across different state agencies, including DOH, DCA, DCF, and DMAHS, began working together to develop implementation plans. The following lessons from New Jersey state agency leadership provide insight into how to implement large policy changes successfully.

1. Create a workgroup with internal and external partners to expand knowledge and skills.

Since S 275 requires changes to pharmacist protocol and the development of joint standing orders—which both need to be approved by DCF's Board of Medical Examiners and the Board of Pharmacy—DCF assembled a cross-agency workgroup with representation from DCF, DOH, DCA, and DMAHS. Workgroup members were selected to contribute a variety of skillsets, expertise, and backgrounds.

State officials participating in the workgroup played a pivotal role in bridging the gap between departments and ensuring effective cross-agency coordination. The workgroup quickly realized that breaking down internal silos was critical as the teams worked on policy development and implementation. The cross-agency workgroup allowed New Jersey state leaders to establish strong relationships and foster alignment, leading to a more cohesive and efficient policy implementation process. By working with colleagues from different agencies, departments, and teams, officials maximized their ability to navigate potential challenges and streamline the implementation of new policies. One DOH official shared the importance of collaboration in achieving success, stating, "Our most successful projects are interdepartmental and inter-office. It's not even just working with other departments in our state, but also working with other offices within the Department of Health."

A deliberate focus on collaboration from executive leadership also helped the process. "Our current administration encourages us to break out of silos and has provided us with strategic opportunities to work interdepartmentally and inter-office," noted a DOH team member. Fostering a culture of shared commitments, cooperation, trust, and communication among stakeholders was a key factor in the state's overall success in policy implementation.

> **Key Takeaway**
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> *A workgroup with internal and external partners increases knowledge and skills. By expanding partnerships, New Jersey leaders were better able to proactively identify and address gaps in policy and create stronger programs to increase access to reproductive healthcare.*

2. Call on colleagues and peers to share their experiences when designing a new program or policy.

New Jersey state officials know that healthcare access, especially for reproductive health, is a major priority for Governor Murphy's administration. To align with the Governor's priorities on reproductive health, state officials engaged peers in other states to learn more about their contraception access initiatives. They also reached out to external experts in the field, including the American College of Obstetrics and Gynecology, and connected with local provider organizations to better understand the impact future policies and programs could have on contraception access in New Jersey.

For S 275, officials were concerned with how to develop new standing orders for pharmacists to allow provision of hormonal contraception. A standing order issued by a person or entity legally authorized to prescribe medication allows a non-prescribing professional—like a pharmacist—to dispense a prescription medication to a person in accordance with a pre-established protocol rather than a patient-specific prescription. States can leverage standing orders to expand hormonal contraception access without altering the scope of practice of pharmacists or other professionals who do not typically have prescription authority.

New Jersey officials knew adjusting the standing orders and developing an appropriate questionnaire to use as a patient screening tool would be critical to successfully implement S 275. They also knew they had to create a clear protocol approved by the state's Board of Medical Examiners and the Board of Pharmacy, both of which are part of DCA.

In the cross-agency state workgroup, state officials reviewed contraception policies in peer states and discussed how to adapt these approaches to fit New Jersey. After reviewing the standing orders from Arizona, as well as the patient screening questionnaires from Maryland and Oregon, DOH officials felt confident in creating their own standing orders and questionnaire. As one DOH official shared, "We did initial research on other states to learn what their questionnaires and standing orders look like. As we were developing our own for New Jersey, we ended up using that research to inform what we created." By leveraging lessons from peer states, New Jersey officials helped ensure a smoother implementation process.

> **Key Takeaway**
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> *Using the experiences of peers and colleagues when designing a new reproductive health program or policy can promote opportunities to learn from others' successes and failures. For public sector leaders with limited resources, adopting elements of other states' successful efforts to promote contraception access—as New Jersey did when developing pharmacists' standing orders—may also free up staff time and increase staff bandwidth.*

3. Seek diverse expertise to help officials successfully implement policy change.

Embracing a diversity of expertise was fundamental for NJ state officials as they prepared for significant policy changes. This professional diversity enhanced the quality and effectiveness of their recommendations and initiatives.

The cross-agency workgroup actively engaged with external partners, such as provider organizations, health plans, consumer advocates, and other stakeholders, who played a crucial role in informing policy development. The groups discussed how to communicate the new 12-month contraception coverage requirement to community members and providers. Their insights from varying perspectives helped shape policy implementation workplans that were well-informed and considerate of the real-world implications for providers and community members.

In reflecting on the cross-sector collaboration, one advocate underscored the value of this approach, stating, “When we have diverse stakeholders working together, we're able to think through all of the issues and facilitate the development of consensus-driven recommendations rather than individuals coming up with an idea and then vetting across each agency.” This approach of consulting stakeholders, informed by a broad spectrum of expertise, led to more comprehensive and inclusive policy recommendations.

An official from the DOH echoed the sentiment, sharing "One thing we can see from working with our community partners is that collaboration really strengthens our work and makes our public health programs more realistic." By drawing from the collective expertise and experiences of diverse stakeholders, state officials fostered a holistic and practical approach to policy implementation, resulting in more effective solutions.

> **Key Takeaway**
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> *Diverse expertise helped officials successfully implement policy change. The inclusive approach to the workgroup and collaboration led to consensus-driven, comprehensive policy recommendations. Involving diverse stakeholders, internally and externally, enhanced the practicality of public health programs, showcasing the value of collaborative, well-rounded solutions.*

4. Clarify roles up front.

Large-scale policy changes impact work across state agencies and offices, but cross-agency collaboration often requires navigating competing priorities and schedules. Even with alignment around what they were trying to accomplish, officials quickly realized that without clear communication and well-defined roles within the state workgroup, working across agencies could result in duplicative efforts and, in some cases, lead to confusion.

It was imperative for the workgroup members to establish clear roles for each department and office involved, ensuring that everyone understood their responsibilities and how they contributed to the larger objectives of increasing access to contraception. As one DOH official emphasized, "We tried to get clarity on the workgroup roles and responsibilities upfront so that we didn’t delay the process." The members decided to divide some of the roles and responsibilities based on departmental expertise and experience with the needed tasks; other departmental roles were dictated by the legislation. By defining this at the outset, officials aimed to mitigate potential delays and ensure a more streamlined and efficient policy implementation process.

Early discussion of roles and expectations was critical for overcoming the challenges associated with cross-agency collaboration. This approach helped state officials navigate the complexities of significant policy changes and ensured a more effective and coordinated effort among multiple agencies and offices involved in the implementation.

Key Takeaway

Clarifying the responsibilities for each member of a collaborative or workgroup is critical to cultivating clear communication and establishing trust, especially when working on complex policy change. By being proactive with this process, New Jersey officials were able to create more sustainable partnerships with stakeholders.

In Conclusion

Expanding access to contraception is a crucial part of providing equitable healthcare. New Jersey's approach to collaborating with stakeholders across the state and learning from peers in other states informed officials' implementation of pharmacist-dispensed contraception and coverage of 12-month contraception supplies dispensed at one time. New Jersey's successful navigation of complex policy changes provides valuable lessons for public sector officials seeking to expand contraception access in their jurisdictions. In addition, it offers valuable guidance to stakeholders advancing reproductive health initiatives across the nation.

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