

Joe Lombardo
Governor

Laura Rich
Director



DEPARTMENT OF HUMAN SERVICES



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**



Andrea R. Rivers,
*MS
Administrator*

Ihsan Azzam,
*Ph.D., M.D.
Chief Medical
Officer*

Account for Family Planning State Fiscal Year (SFY) 2023 Report

**Bureau of Child, Family and Community Wellness
Maternal, Child and Adolescent Health
Nevada Division of Public and Behavioral Health
Published September 2026**

Table of Contents

Account for Family Planning Program Background	3
Account for Family Planning SFY 23 Data.....	4
Program Funding	6
Access to Health Care in Nevada	7
Barriers and Successes.....	8
About Family Planning in Nevada	8
References.....	10
Appendix A.....	11
Appendix B.....	11
Appendix C	12
Appendix D.....	12
Appendix E	13
Appendix F	13
Appendix G.....	14
Appendix G Cont.....	15
Appendix H.....	16

ACCOUNT FOR FAMILY PLANNING PROGRAM BACKGROUND

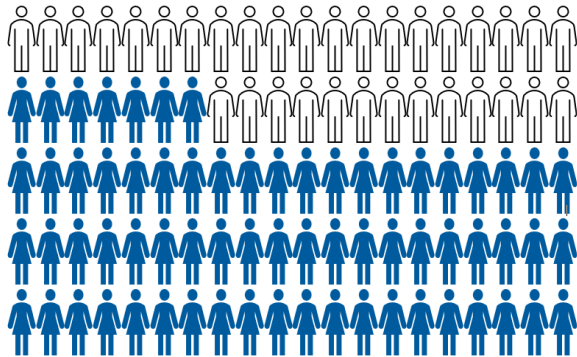
Since 2017, the State of Nevada has provided family planning services through the Account for Family Planning (AFP) program. The AFP provides comprehensive family planning and reproductive health services to Nevadans who otherwise would be unable to obtain them due to poverty, lack of insurance, transportation, or other reasons.

As outlined in Nevada Revised Statutes (NRS) [442.710 to 442.745](#), inclusive, the AFP can support:

- The provision of education by trained personnel concerning family planning
- The distribution of information concerning family planning
- Referral to appropriate agencies, organizations, and providers for health care consultation, examination, treatment, genetic counseling, and prescriptions for the purposes of family planning
- The distribution of contraceptives, the installation of contraceptive devices and the performance of contraceptive procedures approved by the United States Food and Drug Administration, which must be limited to: voluntary sterilization for men and women, surgical sterilization implants for women, Implantable rods, copper-based intrauterine devices, progesterone-based intrauterine devices, injections, combined estrogen- and progestin-based drugs, progestin-based drugs, extended- or continuous-regimen drugs, estrogen- and progestin-based patches, vaginal contraceptive rings, diaphragms with spermicide, sponges with spermicide, cervical caps with spermicide, condoms, spermicide, combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception, and ulipristal acetate for emergency contraception
- The provision of referral for preconception health services and assistance to achieve pregnancy
- The provision of or referral of persons for testing for and treatment of sexually transmitted infections (STIs)
- The provision of any vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or its successor organization.

ACCOUNT FOR FAMILY PLANNING SFY 23 DATA

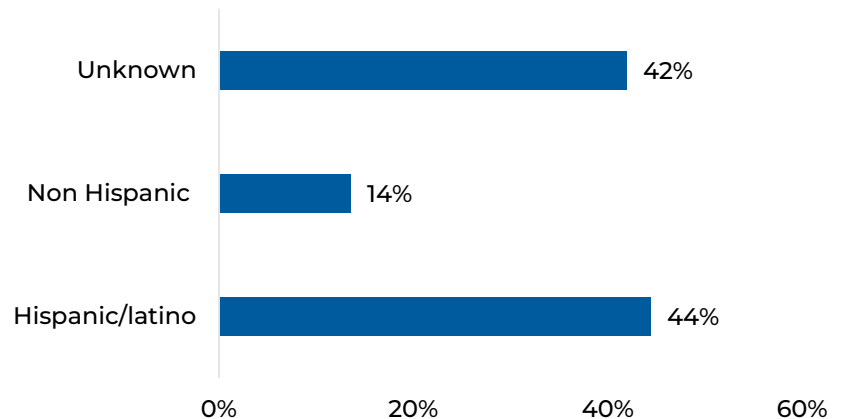
In State Fiscal Year (SFY) 2023, AFP subrecipients continued to provide family planning services to patients around the state and collectively served 25,505 patients. *Disclosure: SFY23 AFP data was partially submitted or missing from some partners. Interpret data with caution due to the response rate.*



Of those served, **67%** were female (see [Appendix A](#) for complete breakdown),

Source: AFP SFY 2023 Data

44% identified as Hispanic or Latino (see [Appendix B](#) for complete breakdown),



Source: AFP SFY 2023 Data

“Overall, among those patients served during the quarter 100% were likely to recommend our clinic to a family member or friend, 98% were satisfied with services received, and 100% reported it was helpful to have their visit paid for under the grant. The results from our satisfaction survey clearly reveals the importance of these kind of services to our target population and supports the need for continued funding of this program which provides a much needed service to the community. “
- AFP Subrecipient

For additional demographic details see [Appendix C](#) & [Appendix D](#)

A total of **20,366** unique services were provided (as seen in [Appendix E](#)), including:



11,953 STI tests



8,149 unique birth control services



264 unique services related to the provision of or referral of persons or preconception health services and assistance to achieve pregnancy

Source: AFP SFY 2023 Data

“One of our patients who recently had her 11th baby is a beneficiary of the IUD Grant. As an undocumented and uninsured woman, she would have a significant barrier in accessing general healthcare but also reproductive care due to cost. At current she is 43 years old and reports that her last 4 babies were unplanned. Each of her last pregnancies were high risk due to her age, high blood pressure, and need for cesarean birth. [...] By now having an IUD as her method of birth control, she reports decreased anxiety about the true possibility of death to her and an unborn child due to all her previous pregnancy complications.”
- AFP Subrecipient

Of those who received birth control services,



41% received a highly effective birth control method (includes intrauterine devices (IUDs), voluntary sterilization, and implantable rods)



40% received a moderately effective birth control method (includes estrogen and progestin-based drugs, injections, patches, and vaginal rings)



19% received low efficacy birth control methods (includes spermicide and condoms) (outlined in [Appendix F](#)).

Source: AFP SFY 2023 Data

PROGRAM FUNDING

In State Fiscal Year (SFY) 2023, AFP funded 15 partners across Nevada, including non-profits, local government agencies, and community health nurses. The AFP program was allocated \$3,002,437, the distribution of funds is detailed in Table 1. A distribution of funding throughout Nevada is pictured in Map 1. Partners received \$2,906,381 and the AFP Program spent a total of \$2,885,645.71. A copy of Table 1 can be found in [Appendix H](#).

\$3,002,437

Map 1. SFY 23 AFP Partner Distribution of Funding. [Appendix G](#)

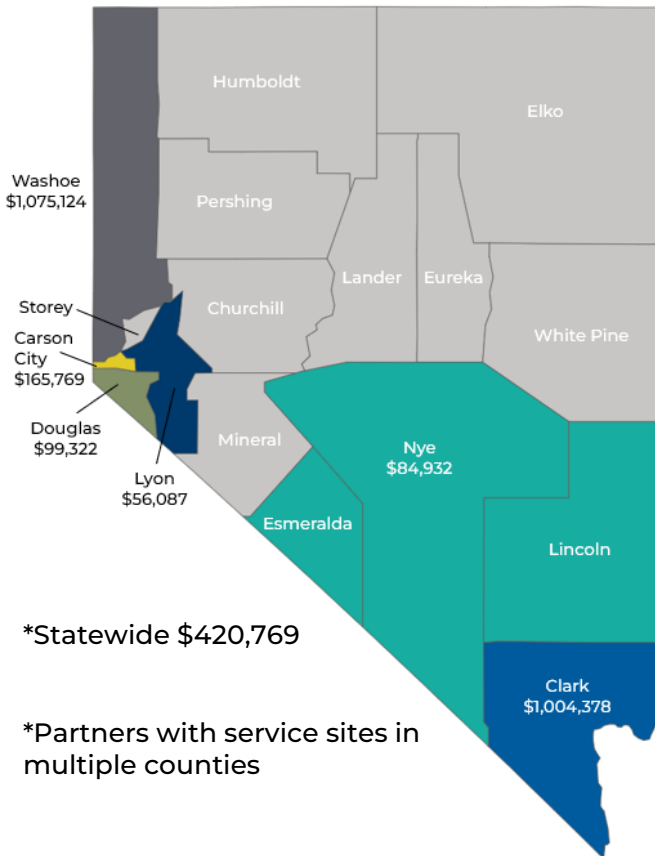


Table 1: SFY 23 Funding

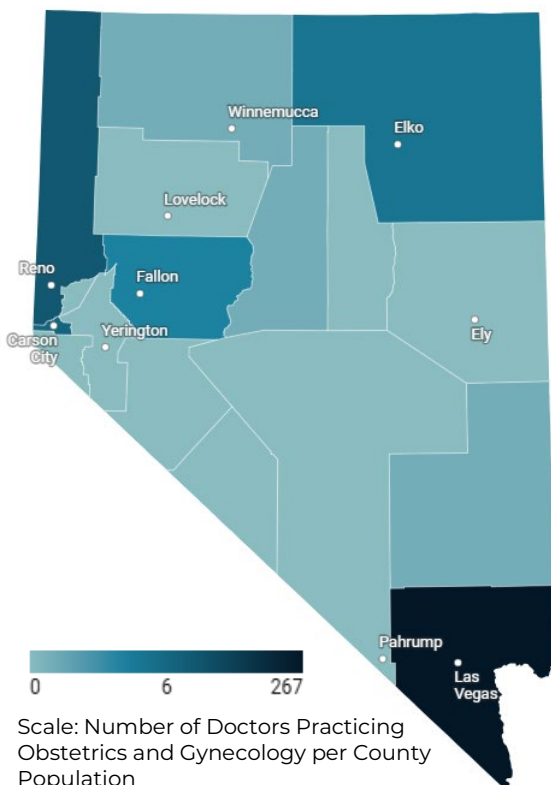
Partner	Amount Awarded	Amount Spent
Administrative Costs	\$96,056.00	\$58,559.88
Carson City Health and Human Services	\$165,769.00	\$152,352.39
Community Health Alliance	\$412,907.00	\$403,285.59
Division of Public and Behavioral Health Community Health Nursing (CHNs)	\$123,228.00	\$110,199.39
Douglas County Community Health	\$99,322.00	\$99,272.00
Lyon County Human Services	\$56,087.00	\$28,447.48
Nevada Health Centers	\$297,541.00	\$297,541.00
Northern Nevada Public Health	\$313,411.00	\$313,410.51
Nye Communities Coalition	\$84,932.00	\$75,579.89
Planned Parenthood Mar Monte	\$225,904.00	\$225,904.00
Planned Parenthood Rocky Mountain	\$150,410.00	\$150,406.65
Renown Health Foundation	\$100,222.00	\$100,186.86
Southern Nevada Health District	\$450,000.00	\$447,975.42
University of Nevada, Las Vegas School of Medicine	\$325,428.00	\$325,428.00
University of Nevada, Reno School of Medicine Student Clinic	\$22,680.00	\$18,556.65
Volunteers in Medicine of Southern Nevada	\$78,540.00	\$78,540.00
Total	\$3,002,437	\$2,885,645.71

ACCESS TO HEALTH CARE IN NEVADA

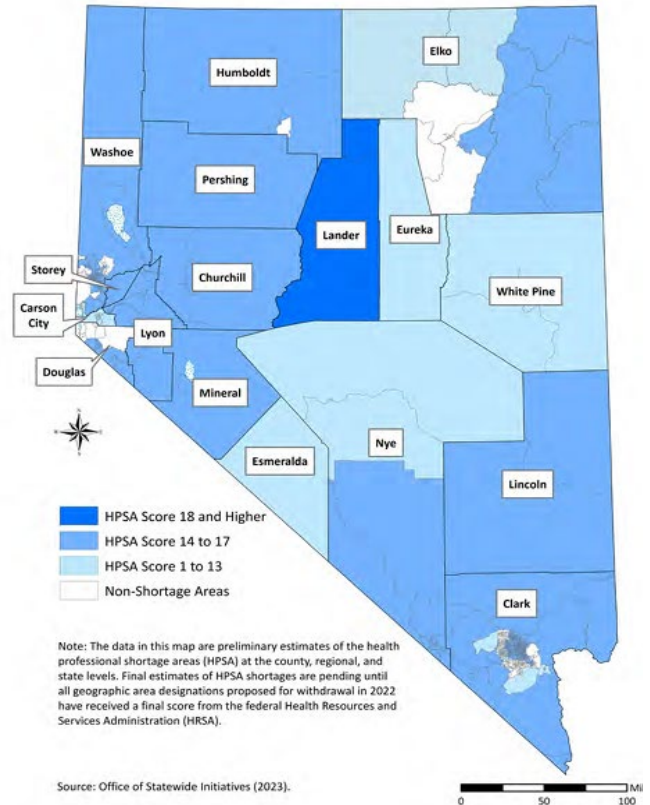
Nevada's unique geographical layout can contribute to challenges in accessing healthcare. Nevada has 17 counties, 3 are urban, 3 are rural, and 11 are designated as frontier. According to the Nevada Rural and Frontier Health book, the majority of Nevada is experiencing Primary Medical Care Health Professional Shortages (Griswold et al, 2023). In Map 2 the higher the score, the higher the need for health professionals in the area.

Nevada's geography also poses a challenge when it comes to providing maternity care and can lead to maternity care deserts in which there isn't access to a birthing center, obstetric and gynecological providers, or a birthing hospital (Starbuck, 2023).

Map 3. Doctors Practicing Obstetrics and Gynecology



Map 2. Primary Medical Care Health Professionals Shortages



Map 3

highlights the counties with practicing OB/GYNs, with the key being an indicator of the number of providers. Nine counties had no providers, three counties had one, and the remaining counties had four or more providers. When these services are not available, pregnant people in rural areas may have to travel hours or go out of state to access the nearest birthing hospital/center. In the example of Tonopah, located in Nye County, people would need to drive or 115 miles to Bishop, California to the nearest hospital, or 167 miles to Ely, Nevada. Even when there are available providers, finances can become a barrier to accessing care. According to [U.S. Census Bureau](https://www.census.gov/data/tables/2023/2023-2024/19-64-year-old-population-uninsured.html) data for 2023, 14.6% of Nevada's 19- to 64-year-old population was uninsured, making access to care more challenging (Carter, C, 2025). Combined, these barriers highlight the importance of family planning programs such as Nevada's Account for Family Planning. Map 2 and 3 found in [Appendix I](#).

BARRIERS AND SUCCESSES

Barriers

The majority of subrecipients indicated that staffing issues, such as shortages, retention, onboarding and training was a major barrier to providing family planning care, especially in rural areas. Clinics in the rural area had an additional barrier of lack of access to services. Many partners in rural areas rely on contracting with other providers, providing referrals to larger areas, or waiting for mobile unit to provide services to patients.

Lastly, a major barrier was related to the COVID 19 pandemic, and the challenges it posed to clinics. This impacted staff and clinic availability, processes of creating virtual visits, as well as patient comfort with returning to the clinic for appointments. These challenges had lasting impacts for a few partners as they needed to work to rebuild their client base, personnel, and awareness of services.

Successes

With the use of AFP funds, many outreach efforts related to family planning have also been able to resume. Some partners focused on providing bilingual services such as enrollment forms, promotional items, and language lines. For most partners, this resulted in an increase in awareness of the program, leading to utilization among patients.

Finally, AFP partners have reported that the AFP program has allowed them to provide services to patients who otherwise wouldn't be able to afford services.

"Awareness of our grant funding has been growing via our promotion as well as word of mouth. We have had numerous clients call us after seeing our flyers on social media or in the community to ask about the services we can provide. "

- AFP Subrecipient

ABOUT FAMILY PLANNING IN NEVADA

In 2023, Nevada had a population of 1,359,076 individuals of childbearing age (15–44 years old), with women making up 49.1% of this group (March of Dimes, 2026). That year, the fertility rate was 50.8 births per 1,000 women in this age range. The fertility rate reflects the number of babies born to women of childbearing age.

To plan a healthy pregnancy, avoid unintended pregnancies, and prevent exposure to STIs, individuals can utilize a variety of strategies including screenings, abstinence, and effective contraceptive methods. Within contraceptive methods, there are a variety of options that range in effectiveness, usage, and duration.

According to the [Office of Population Affairs](#) (OPA), highly effective birth control methods result in less than one (1) pregnancy per 100 women. Moderately effective birth control devices are those that result in 6-12 pregnancies per 100 women in a year and low efficacy birth control methods result in 18 or more pregnancies per 100 women. Both efficiency and

duration of usage are important factors that can help determine if or when someone wants to conceive.

When someone is ready to plan a pregnancy, there are a few steps they can take beforehand to increase the likelihood of having a healthy pregnancy and infant. The recommendations include talking to a health care provider, taking folic acid daily, completing screenings for substance use, receiving recommended vaccinations, and more ([Centers for Disease Control and Prevention](#), 2025a).

According to the Advisory Committee on Immunization Practices (ACIP) recommendations as of June 2025, when someone is pregnant, certain vaccinations such as flu, Tdap (tetanus, diphtheria, and pertussis), RSV (Respiratory Syncytial Virus), and/or COVID-19 vaccinations can be recommended during the pregnancy ([Nevada Department of Human Services](#), 2026. & [Centers for Disease Control and Prevention](#), 2025b). Receiving these vaccinations during pregnancy can lead to better outcomes for the infant with one such example being fewer infants are hospitalized for pertussis when they receive antibodies during pregnancy vaccinations rather than receiving a vaccination during the postpartum period ([Centers for Disease Control and Prevention](#), 2024a).

Another factor that leads to healthy infants and parents is preventing and treating STIs during pregnancy ([Centers for Disease Control and Prevention](#), 2025a). STIs can lead to serious health consequences if left untreated in the birthing parent and infant. Some of the most prominent STIs include chlamydia, gonorrhea, syphilis, Human Immunodeficiency Virus (HIV), and more. Many STIs have been on the rise including primary and secondary syphilis rates. Perhaps more concerning is the increase in Congenital Syphilis (CS), with Nevada ranking as the 6th highest state for CS rates in the country ([Centers for Disease Control and Prevention](#), 2024b). According to Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) data, 23% of respondents reported their health care provider talked to them about sexually transmitted infections before pregnancy (PRAMS, 2022). For detailed information about STIs, please visit the Office of State Epidemiology data and statistics page found here: <https://nvose.org/data-statistics/>.

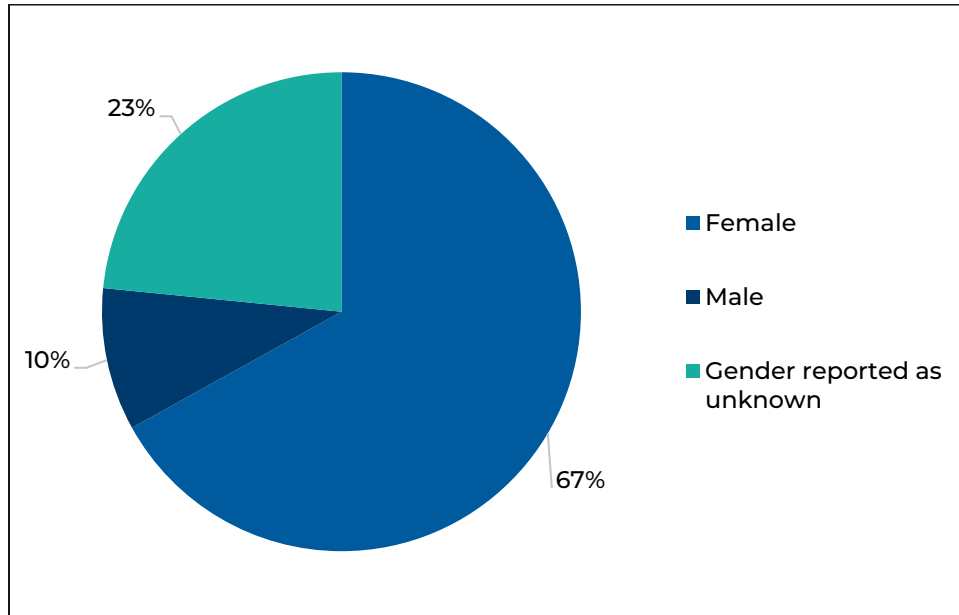
REFERENCES

- NRS: CHAPTER 442 - MATERNAL AND CHILD HEALTH; ABORTION. (2024). State.nv.us. <https://www.leg.state.nv.us/nrs/nrs-442.html#NRS442Sec710>
- Griswold, T., Packham, J., Etchegoyhen, L., Terpstra, J., Mwalili, N., & Brown, A. 2023. UNR School of Medicine. "Nevada Rural and Frontier Health Data book-11th Edition", UNR School of Medicine, Office of Statewide Initiatives.
- Starbuck, Lucia. (2023). Living in a maternal care desert in Nevada: long travel times, forgoing care, high costs. KUNR Public Radio. <https://www.kunr.org/local-stories/2023-12-11/nevada-maternal-care-deserts>
- Carter, C. (2025). Health Insurance Coverage by State: 2023 and 2024. American Community Survey Briefs. United States Census Bureau.
- March of Dimes. (2026). Births. Fertility rate: Nevada, 2013-2023.
- Office of Population Affairs [OPA]. Contraceptive Options and Effectiveness- Most or Moderately Effective Contraception. <https://opa.hhs.gov/contraceptive-options-and-effectiveness-highlight1-text-only>
- Centers for Disease Control and Prevention. (2025a). Preparing for Pregnancy. <https://www.cdc.gov/pregnancy/about/index.html>
- Nevada Department of Human Services. (2026). Technical Bulletin. Nevada State Board of Health Decision on Vaccination Recommendations. [ACIP BOH Technical Bulletin March 2026](#)
- Centers for Disease Control and Prevention. (2025b). Guidelines for Vaccinating Pregnant Women. <https://www.cdc.gov/vaccines-pregnancy/about/index.html>
- Centers for Disease Control and Prevention. (2024a). Why Maternal Vaccines are Important. <https://www.cdc.gov/vaccines-pregnancy/hcp/maternal-vaccines/index.html>
- Centers for Disease Control and Prevention. (2024b) Trends and Characteristics in Maternal Syphilis Rates During Pregnancy: United States, 2016-2022. NCHS Data Brief, No 496. <https://www.cdc.gov/nchs/data/databriefs/db496-tables.pdf#5>
- Nevada Pregnancy Risk Assessment Monitoring System (PRAMS). (2022).¹

¹ Disclosure: 2022 Nevada PRAMS data had a response rate of 30.5% which is under the CDC required response rate threshold of 50% to publish data. Interpret data with caution due to the response rate.

APPENDIX A

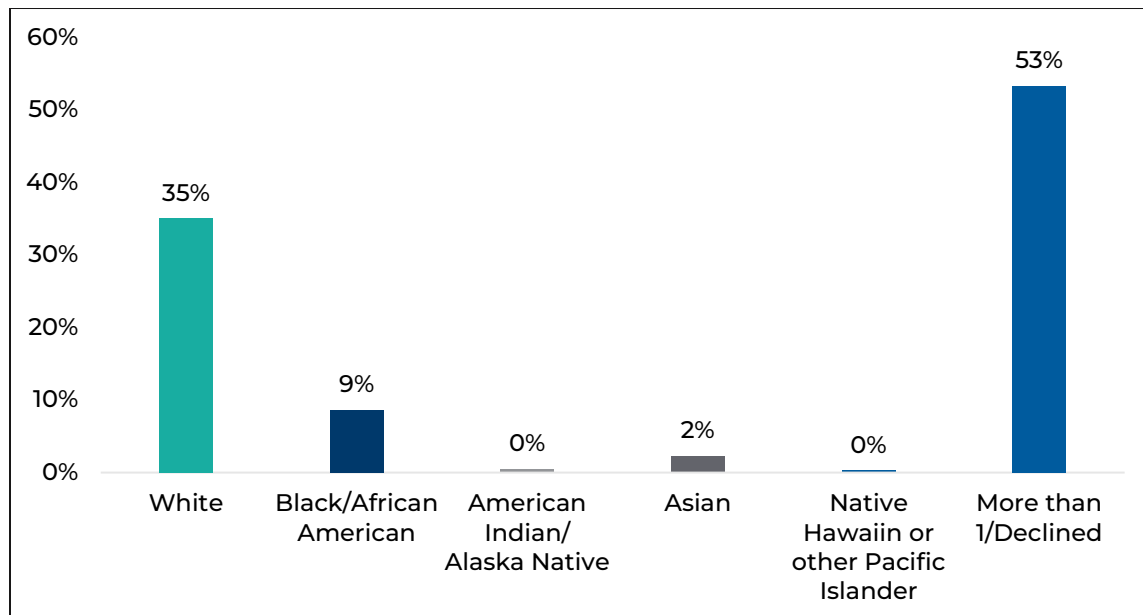
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY23 based on sex.



Source: AFP SFY 2023 Data

APPENDIX B

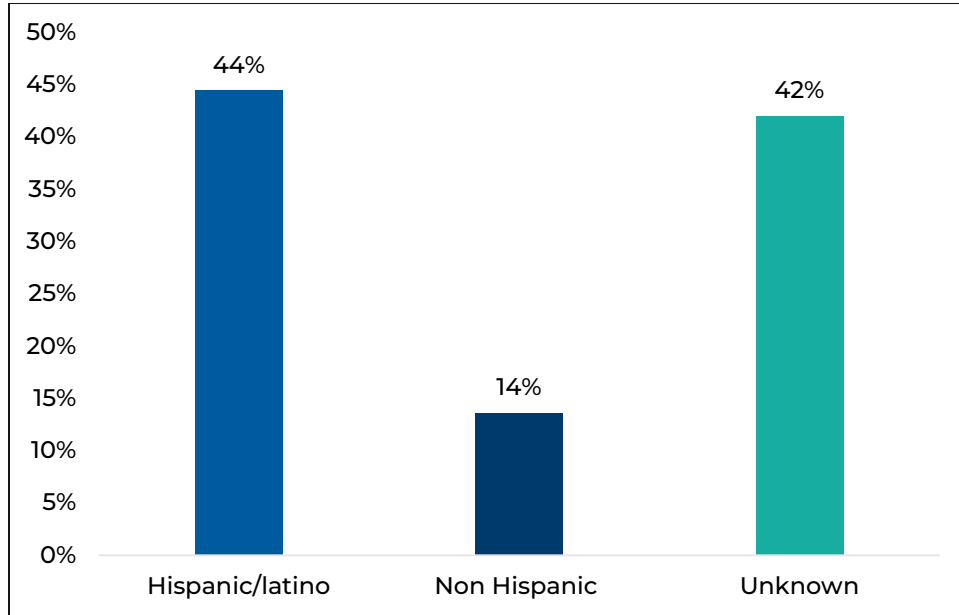
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY23 based on Racial Identity.



Source: AFP SFY 2023 Data

APPENDIX C

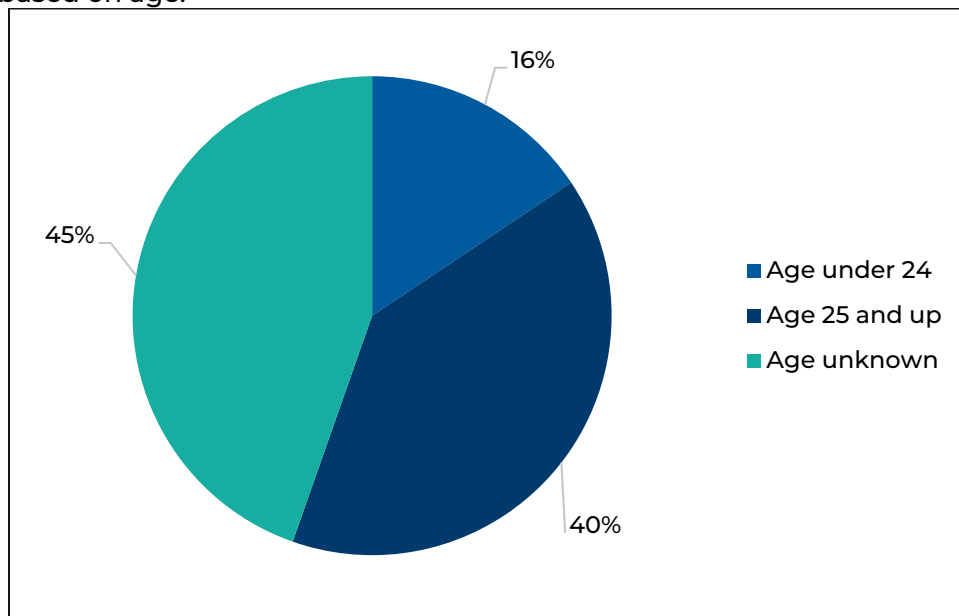
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY23 based on ethnicity.



Source: AFP SFY 2023 Data

APPENDIX D

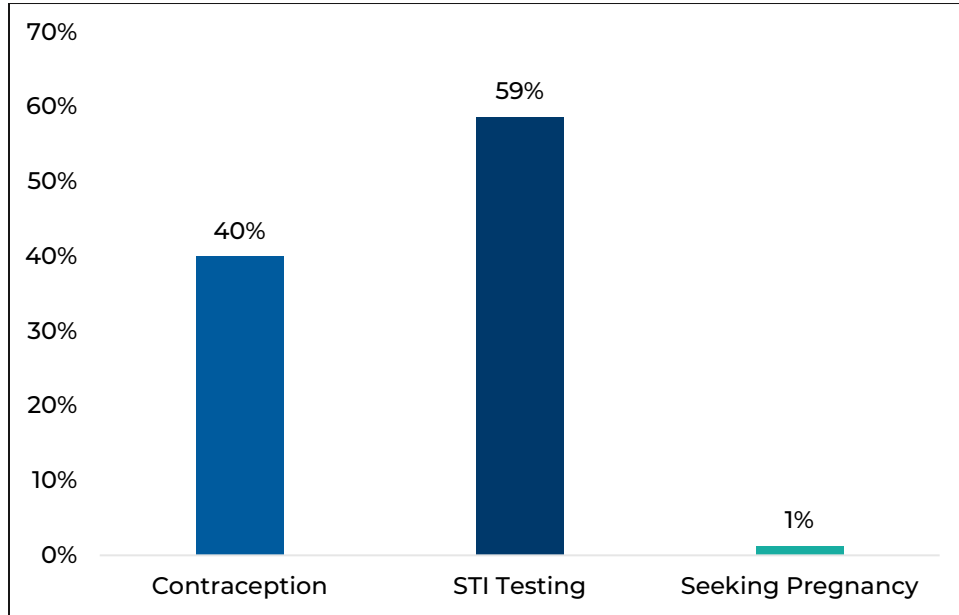
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY23 based on age.



Source: AFP SFY 2023 Data

APPENDIX E

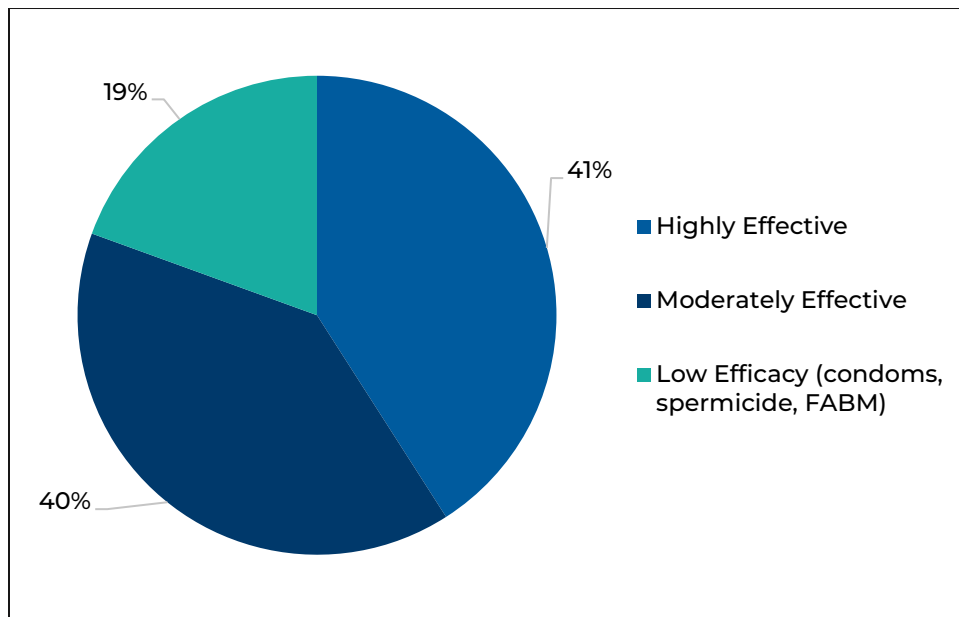
This appendix contains the breakdown of services rendered by partners for SFY 23.



Source: AFP SFY 2023 Data

APPENDIX F

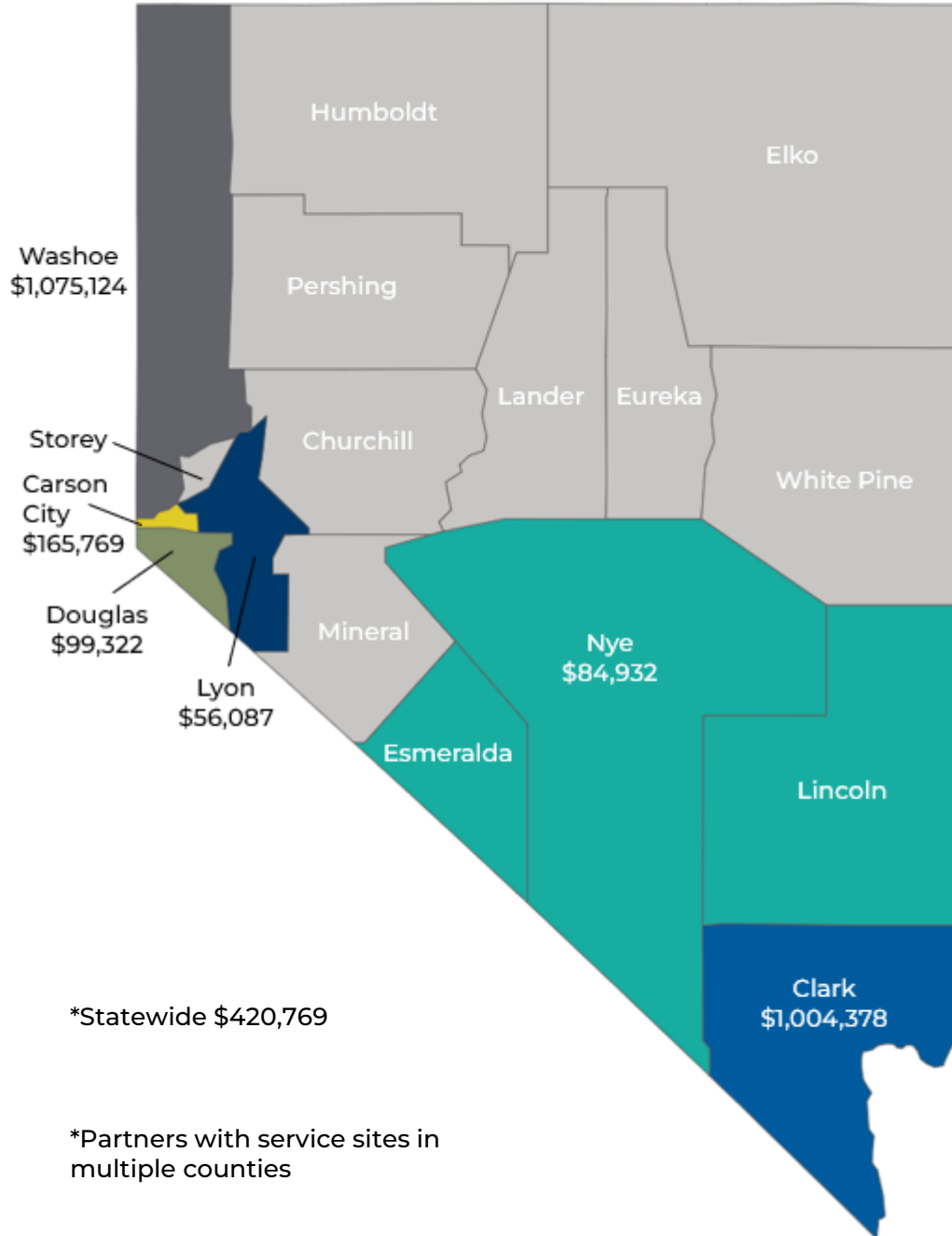
This appendix contains the breakdown of Services rendered based on birth control method.



Source: AFP SFY 2023 Data

APPENDIX G

This appendix contains the breakdown of funding offered by county for SFY 2023.



Source: AFP SFY 2023 Data

APPENDIX G CONT.

This appendix contains the breakdown of funding offered by county for SFY 23.

Funding Offered by County, SFY 23	
Carson City	\$165,769
Carson City Health and Human Services	\$165,769
Clark County	\$1,004,378
Planned Parenthood Rocky Mountain	\$150,410
Southern Nevada Health District	\$450,000
University of Nevada Las Vegas School of Medicine	\$325,428
Volunteers in Medicine of Southern Nevada	\$78,540
Douglas County	\$99,322
Douglas County Community Health	\$99,322
Lyon County	\$56,087
Lyon County Human Services	\$56,087
Nye, Esmeralda, Lincoln Counties	\$84,932
NyE Community Coalition	\$84,932
Statewide	\$420,769
Division of Public and Behavioral Health Community Health Nursing	\$123,228
Nevada Health Centers	\$297,541
Washoe County	\$1,075,124
Community Health Alliance	\$412,907
Northern Nevada Public Health	\$313,411
Planned Parenthood Mar Monte	\$225,904
Renown Health Foundation	\$100,222
University of Nevada School of Medicine Student Center	\$22,680

Source: AFP SFY 2023 Data

APPENDIX H

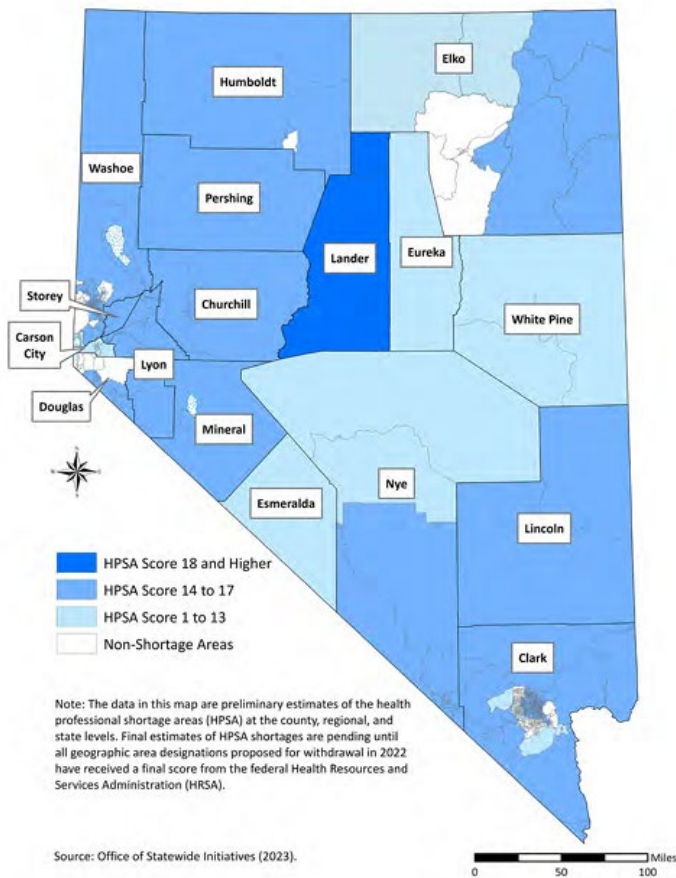
This appendix contains the final distribution of AFP Funding, SFY 23

Partner	Amount Awarded	Amount Spent
Administrative Costs	\$96,056.00	\$58,559.88
Carson City Health and Human Services	\$165,769.00	\$152,352.39
Community Health Alliance	\$412,907.00	\$403,285.59
Division of Public and Behavioral Health Community Health Nursing (CHNs)	\$123,228.00	\$110,199.39
Douglas County Community Health	\$99,322.00	\$99,272.00
Lyon County Human Services	\$56,087.00	\$28,447.48
Nevada Health Centers	\$297,541.00	\$297,541.00
Northern Nevada Public Health	\$313,411.00	\$313,410.51
Nye Communities Coalition	\$84,932.00	\$75,579.89
Planned Parenthood Mar Monte	\$225,904.00	\$225,904.00
Planned Parenthood Rocky Mountain	\$150,410.00	\$150,406.65
Renown Health Foundation	\$100,222.00	\$100,186.86
Southern Nevada Health District	\$450,000.00	\$447,975.42
University of Nevada, Las Vegas School of Medicine	\$325,428.00	\$325,428.00
University of Nevada, Reno School of Medicine Student Clinic	\$22,680.00	\$18,556.65
Volunteers in Medicine of Southern Nevada	\$78,540.00	\$78,540.00
Total	\$3,002,437	\$2,885,645.71

APPENDIX I

This appendix contains maps related to access to healthcare in Nevada.

Primary Medical Care Health Professional Shortage Areas in Nevada



Doctors Practicing Obstetrics and Gynecology in 2022

