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DEPARTMENT OF HUMAN SERVICES



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Account for Family Planning State Fiscal Year (SFY) 2025 Report

**Bureau of Child, Family and Community Wellness
Maternal, Child and Adolescent Health
Nevada Division of Public and Behavioral Health
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ACCOUNT FOR FAMILY PLANNING PROGRAM BACKGROUND

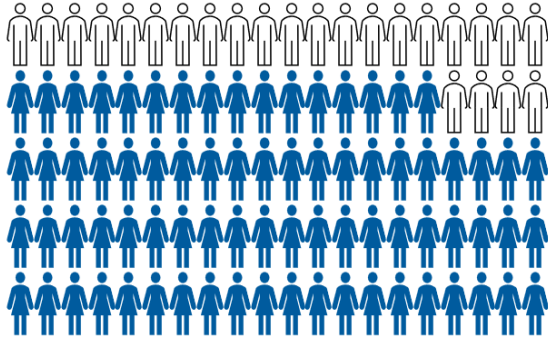
Since 2017, the State of Nevada has provided family planning services through the Account for Family Planning (AFP) program. The AFP provides comprehensive family planning and reproductive health services to Nevadans who otherwise would be unable to obtain them due to poverty, lack of insurance, transportation,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

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 25 DATA

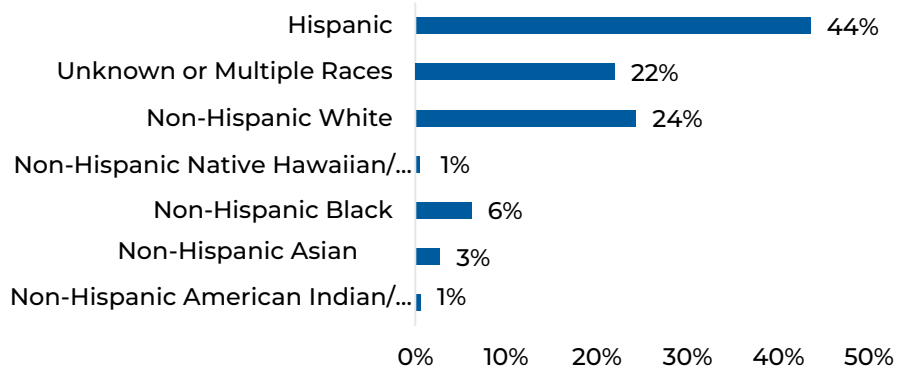
In State Fiscal Year (SFY) 2025, 15 AFP subrecipients continued to provide family planning services to patients around the state and collectively served **43,282 individuals**.



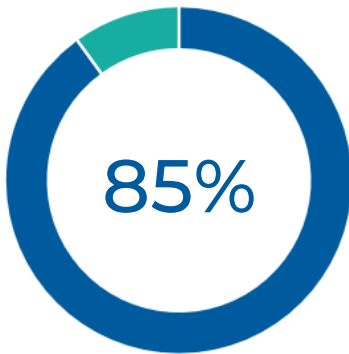
Source: AFP SFY 2025 Data

Of those served, **76%** identified as female (see [Appendix A](#) for complete breakdown),

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



Source: AFP SFY 2025 Data



Source: AFP SFY 2025 Data

and **85%** of patients were 44 years or younger (see [Appendix C](#) for complete breakdown).

“The facility was incredibly clean, modern, and secure. I felt very safe there. The staff was kind, compassionate and understanding. I really appreciated how helpful everyone was and their professionalism during what is often times a high stress situation for patients. Thank you for being accessible to our community and creating a safe space for many!” - AFP Subrecipient

A total of **80,805** unique services were provided (as seen in [Appendix D](#)), including:



46,069 STI tests



31,731 unique birth control services



2,511 vaccines and



494 unique services related to the provision of or referral of persons for preconception health services and assistance to achieve pregnancy and further family planning services

Source: AFP SFY 2025 Data

“One of our patients [...] was unexpectedly pregnant with their second child. I saw her throughout her prenatal care, during which she had extreme difficulty getting to appointments due to not having childcare nor reliable transportation. She expressed early and often in her prenatal care that she did not desire another pregnancy [...] Her options for birth control were limited due to personal factors making barrier methods inaccessible and medical conditions contraindicating combined oral contraception options, a long-acting reversible contraceptive (hormonal IUD) was the best option. Had we not had the funding for our program, she would not have been able to access any sort of birth control, and she would likely be pregnant again.”
—AFP Subrecipient

Of those who received birth control services,



16% received a highly effective birth control method (includes intrauterine devices (IUDs), voluntary sterilization, and implantable rods)



31% received a moderately effective birth control method (includes estrogen and progestin-based drugs, injections, patches, and vaginal rings)



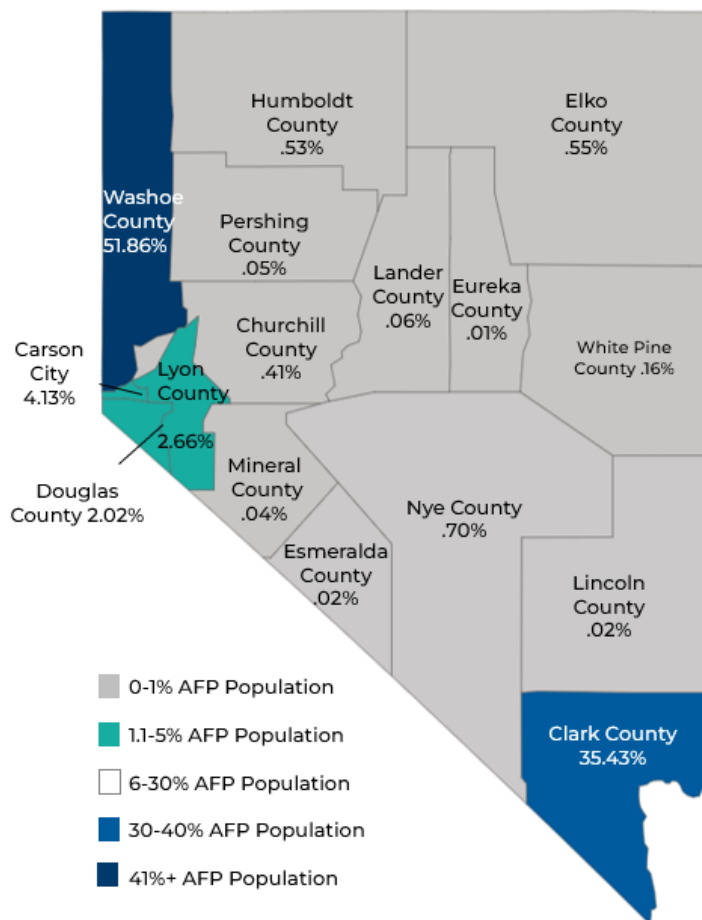
53% received low efficacy birth control methods (includes spermicide and condoms) (outlined in [Appendix E](#)).

Source: AFP SFY 2025 Data

Services were delivered across more than **40 facilities** in multiple counties, and zip code of residence was collected for all participants. When a patient zip code was missing, partners used the zip code of the service site.

Using zip code level data, it was determined that of the 43,282 individuals served, most AFP patients resided in Washoe County, Clark County, and Carson City. Map 1 illustrates AFP patients' county of residence, and Table 1 provides the corresponding percentage key. An additional detailed breakdown of county-level percentages, including rural-urban comparisons, is available in [Appendix F](#).

Map 1. AFP Utilization by County



Source: AFP SFY 2025 Data

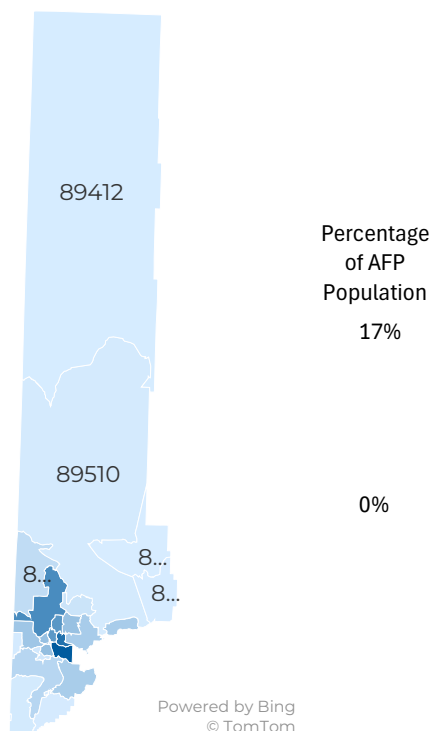
Table 1. SFY 25 AFP Population by County of Residence

Nevada County of Residence	Percentage of AFP Population
Washoe County	51.86%
Clark County	35.43%
Carson City	4.13%
Lyon County	2.66%
Douglas County	2.02%
Nye County	0.70%
Elko County	0.55%
Humboldt County	0.53%
Churchill County	0.41%
White Pine County	0.16%
Lander County	0.06%
Pershing County	0.05%
Mineral County	0.04%
Lincoln County	0.02%
Esmeralda County	0.02%
Storey County	0.02%
Eureka County	0.01%

Source: AFP SFY 2025 Data

Within Washoe County and Clark County, there were zip codes with a higher number of AFP patient home addresses, and these zip codes are referred to as “hot spots”. These “hot spots” can be seen in Map 2 and Map 3 below, in the darker blue color. The top 20 zip codes are found in table 2 below, and [Appendix G](#).

Map 2. Zip Codes in Washoe County



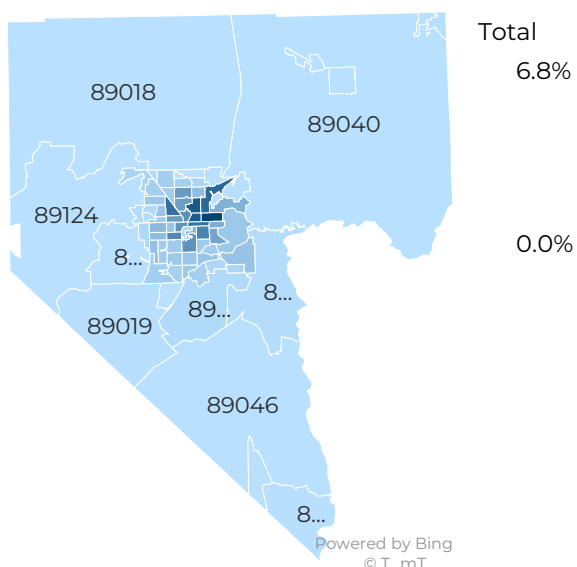
Source: AFP SFY 2025 Data

Table 2. Top 20 zip codes for AFP Participants, SFY 25

Zip Code	County	Percentage of AFP Participants
89502	Washoe County	9.0%
89431	Washoe County	7.6%
89506	Washoe County	5.9%
89433	Washoe County	5.3%
89512	Washoe County	5.1%
89509	Washoe County	2.8%
89503	Washoe County	2.7%
89436	Washoe County	2.7%
89110	Clark County	2.4%
89523	Washoe County	2.3%
89030	Clark County	2.1%
89101	Clark County	2.0%
89701	Carson City	2.0%
89434	Washoe County	2.0%
89521	Washoe County	1.9%
89115	Clark County	1.8%
89706	Carson City	1.7%
89108	Clark County	1.7%
89104	Clark County	1.7%
89121	Clark County	1.4%

Source: AFP SFY 2025 Data

Map 3. Zip Codes in Clark County



PROGRAM FUNDING

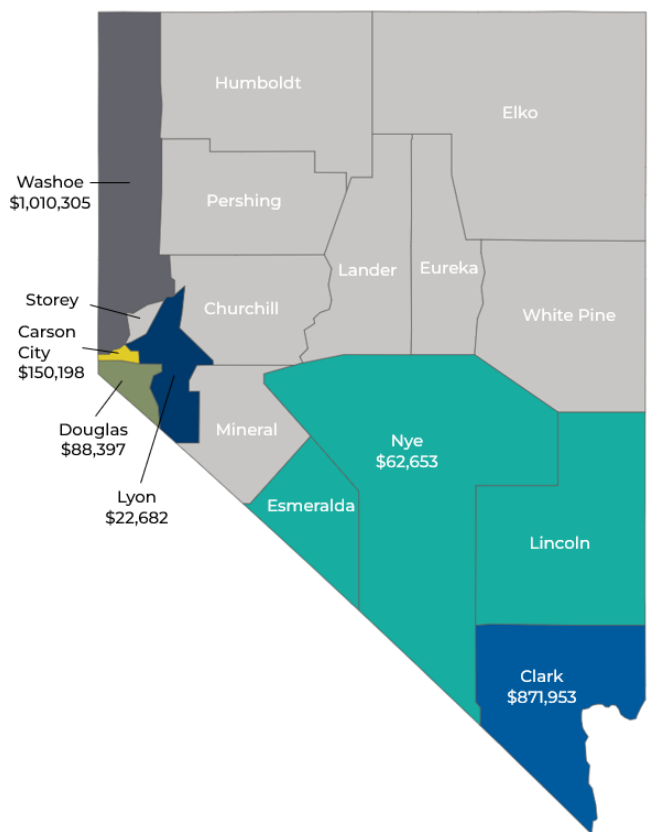
In SFY 2025, the AFP program received a total of **\$2,658,382** to be utilized for administrative costs and to fund reproductive health efforts. AFP funded **15 partners** across Nevada, including non-profits, local government agencies, and community health nurses. Throughout the year, one partner chose to end their subaward early due to their clinic closure, and one de-obligated funds. The funds were later redistributed to other partners. The final allocation of AFP funds is detailed in Table 3, with the distribution of AFP funding throughout Nevada pictured in Map 4 (a key is available in [Appendix H](#)). Partners received \$2,580,693 and the AFP Program spent a total of \$2,626,201.47 (99%) as seen in [Appendix I](#).

Table 3. Final Distribution of AFP Funding, SFY 25

AFP Funded Partners	Final Awarded Amount	Final Amount Spent
Administrative Costs	\$ 77,689.00	\$ 73,029.42
Carson City Health and Human Services	\$ 150,198.00	\$ 150,198.00
Community Health Alliance	\$ 358,867.00	\$ 358,867.00
Division of Public and Behavioral Health Community Health Nursing (CHNs)	\$ 109,673.00	\$ 93,097.70
Douglas County Community Health	\$ 88,397.00	\$88,397.00
Lyon County Human Services	\$ 22,682.00	\$16,628.22
Nevada Health Centers	\$ 264,832.00	\$264,832.00
Northern Nevada Public Health	\$ 278,938.00	\$278,937.48
Nye Communities Coalition	\$ 62,653.00	\$62,653.00
Planned Parenthood Mar Monte	\$ 255,961.00	\$255,961.00
Planned Parenthood Rocky Mountain	\$ 82,331.00	\$82,307.80
Renown Health Foundation	\$ 94,738.00	\$94,738.00
Southern Nevada Health District	\$400,500.00	\$400,499.95
University of Nevada, Las Vegas School of Medicine	\$ 319,222.00	\$314,261.03
University of Nevada, Reno School of Medicine Student Clinic	\$ 21,801.00	\$21,893.87
Volunteers in Medicine of Southern Nevada	\$ 69,900.00	\$69,900.00
Total	\$ 2,658,382	\$2,626,201.47

Source: AFP SFY 2025 Data

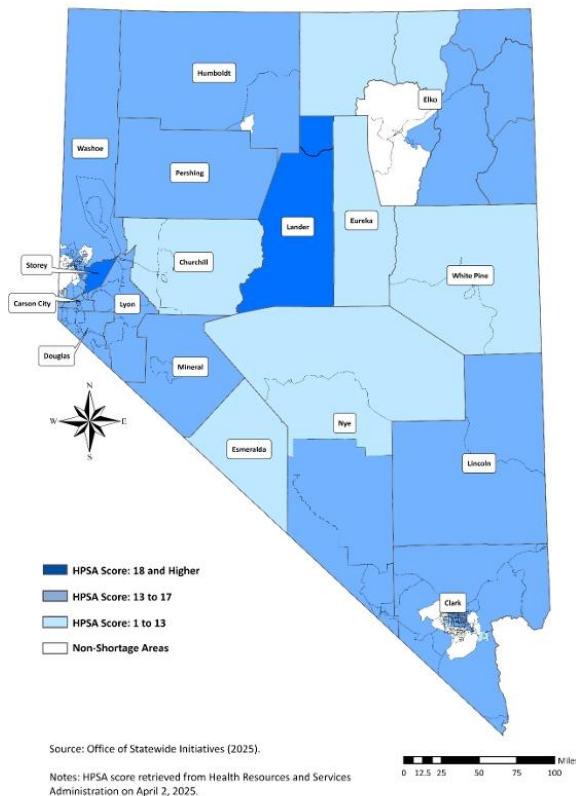
Map 4. SFY 25 AFP Partner Distribution of Funding



Source: AFP SFY 2025 Data

ACCESS TO HEALTH CARE IN NEVADA

Map 5. Primary Medical Care Health Professional Shortage Areas in Nevada



Nevada's unique geography can contribute to challenges in accessing health care. Nevada has 17 counties: three urban, three rural, and 11 are designated as rural/frontier. According to the Health Workforce in Nevada book, the majority of Nevada is experiencing Primary Medical Care Health Professional Shortages (Packham, J., et al, 2025). In Map 5, the higher the score, the higher the need for health professionals in the area, as seen in [Appendix J](#).

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). According to Packham, et al (2023), there were 338 Obstetrics/Gynecologists throughout the state, with the majority being in Clark County (243), Washoe County (68), Carson City (15), Churchill and Elko (5), and Douglas County and White Pine County (1). In the example of pregnant people living in Tonopah, located in Nye County, they would need to drive 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](#) data for 2024, 15.5% 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.

"Recently services were provided [...] as a possible contact for a positive [STI]. [...] During the appointment, safe sex practices, consent, and the importance of protecting her health was discussed, as well as various family planning options, [...]. After receiving treatment, she decided to make an appointment for the placement of a long-acting reversible contraceptive (LARC). [...] She later reached out to express her gratitude for the supportive and non-judgmental care she received, which empowered her to take charge of her health and access additional family planning services at one of our rural clinics."

- AFP Subrecipient

BARRIERS AND SUCCESSES OF THE AFP PROGRAM

Barriers

The majority of subrecipients indicated staffing issues, such as shortages and retention, were a major barrier to providing family planning care. This also includes the lack of providers in rural/frontier areas. Multiple partners expressed an interest in receiving additional reproductive health funds, which the AFP program did not have additional funds to provide. A few partners expressed that the AFP funds they were awarded were spent down before the end of the grant year, leading to creating a wait list for the following year. Additionally, concern was expressed over the uncertainty of federal funding that helps support additional reproductive health services in Nevada, as well as changes to Medicaid policies and challenges with reimbursements. Finally, Immigration and Customs Enforcement (ICE) presence in some communities has contributed to patient fear and reluctance to seek care, leading to “no show” or cancel scheduled appointments per AFP sub awardees.

“We had 3 people working in for 3.5 months and during the holiday season we had only 1-2 people working in the clinic at a time. Due to our extreme staff shortage, the three Nursing personnel did a fabulous job of trying to keep getting patients through our doors. “

- AFP Subrecipient

Successes

Since the AFP's establishment in 2019, there has been an increase in awareness of the program, leading to greater utilization among some partners, and for others their visits have remained steady. Many partners continue to complete outreach and educational efforts regarding family planning services/availability. Many partners expressed that some patients were only able to access the family planning method of their choice thanks to the AFP. A few subrecipients have also increased STI screening and screening efficiency thanks to the funding which allows treatment of symptomatic and asymptomatic patients and contact tracing among sexual partners.

ABOUT FAMILY PLANNING IN NEVADA

In 2024, Nevada had a population of 1,340,469 individuals of childbearing age (15–44 years old), with women making up 49.1% of this group. That year, the fertility rate was 50.1 births per 1,000 women in this age range (March of Dimes, 2026). 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](#) (n.d.), highly effective birth control methods are defined as contraceptive devices resulting in less than 1 pregnancy per 100 women.

Moderately effective birth control devices are those that result in 6-12 pregnancies per 100 women and low efficacy birth control methods result in 18 or more pregnancies per 100 women.

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. Also concerning is the increase in Congenital Syphilis (CS), with Nevada ranking as the 8th ([Centers for Disease Control and Prevention](#), 2024b). According to Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) data, 31% of respondents reported their health care provider talked to them about sexually transmitted infections before pregnancy (2023). For detailed information about STIs, please visit the Office of State Epidemiology data and statistics page found here: <https://nvose.org/data-statistics/>. According to Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) data, 31% of respondents reported that their health care provider talked to them about sexually transmitted infections before pregnancy (2023). For detailed information about STIs, please visit the Office of State Epidemiology data and statistics page found here: <https://nvose.org/data-statistics/>.

“Syphilis point of care testing was initiated in the clinic, giving clients the option of knowing their result and receiving treatment during their visit. This is a win /win for the clients and the clinic as it is less expensive and more convenient for the client as they do not need to return to the clinic again if they are positive.”

—AFP Subrecipient

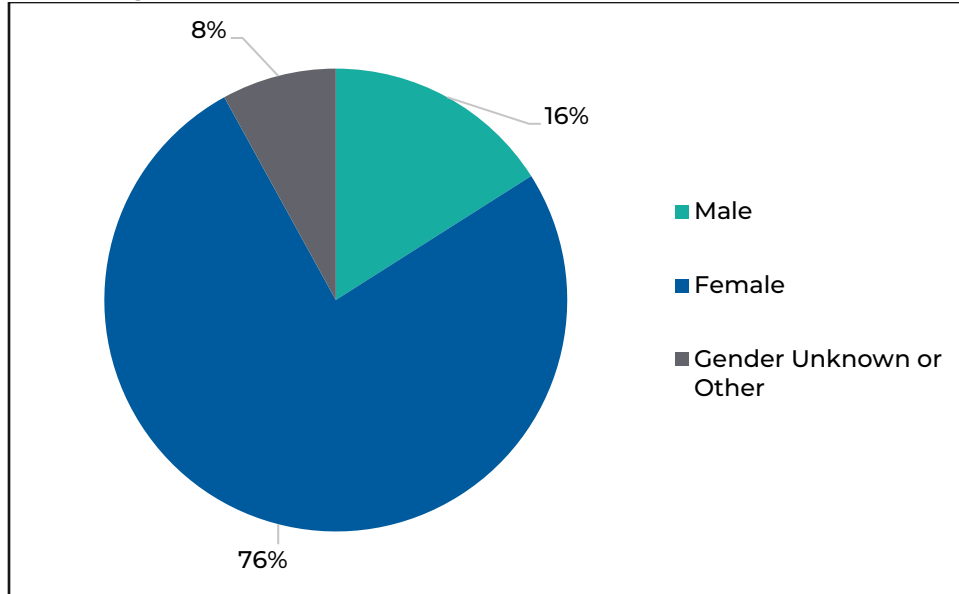
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- Nevada Pregnancy Risk Assessment Monitoring System (PRAMS). (2023).¹

¹ Disclosure: 2023 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

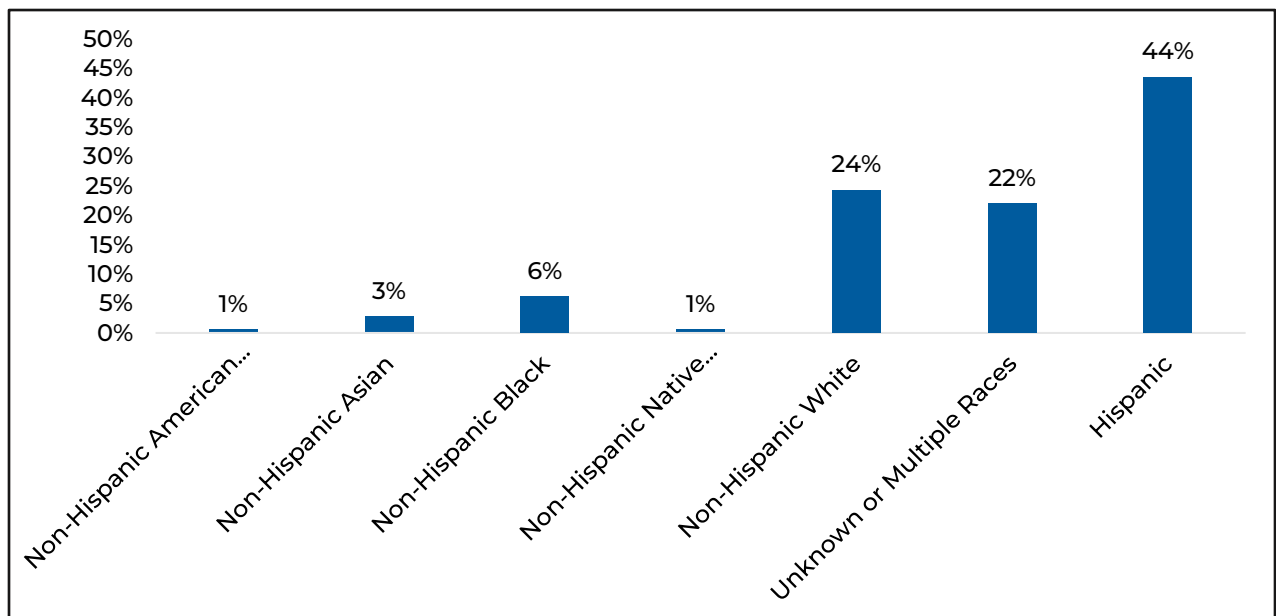
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY25 based on gender.



Source: AFP SFY 2025 Data

APPENDIX B

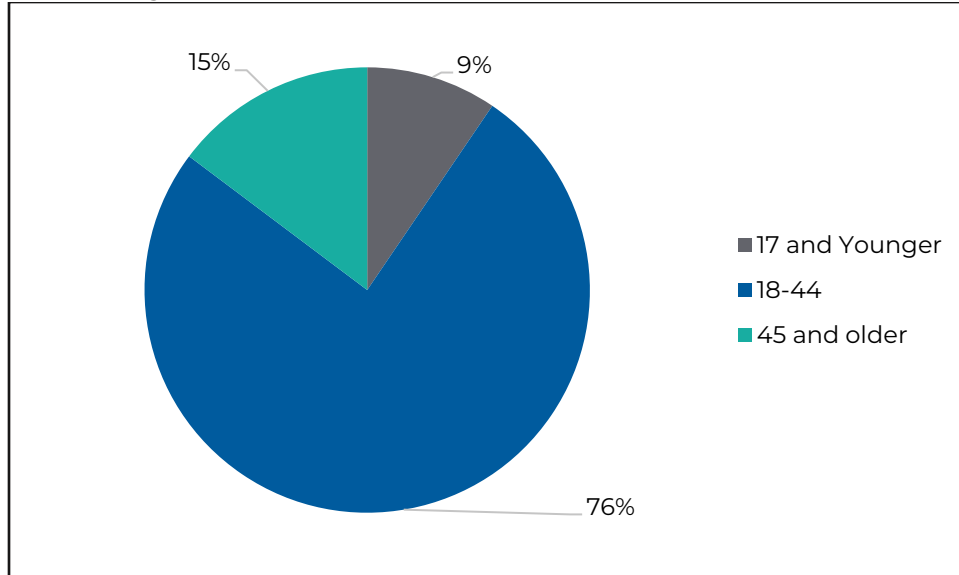
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY25 based on Racial Identity/ Ethnicity.



Source: AFP SFY 2025 Data

APPENDIX C

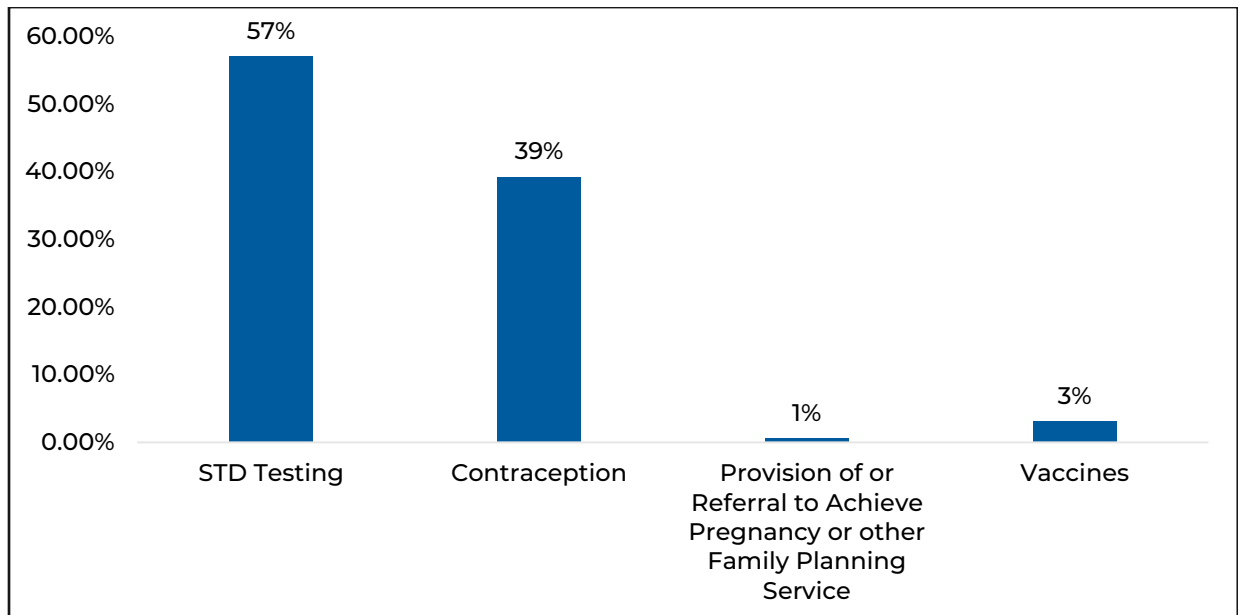
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY25 based on age.



Source: AFP SFY 2025 Data

APPENDIX D

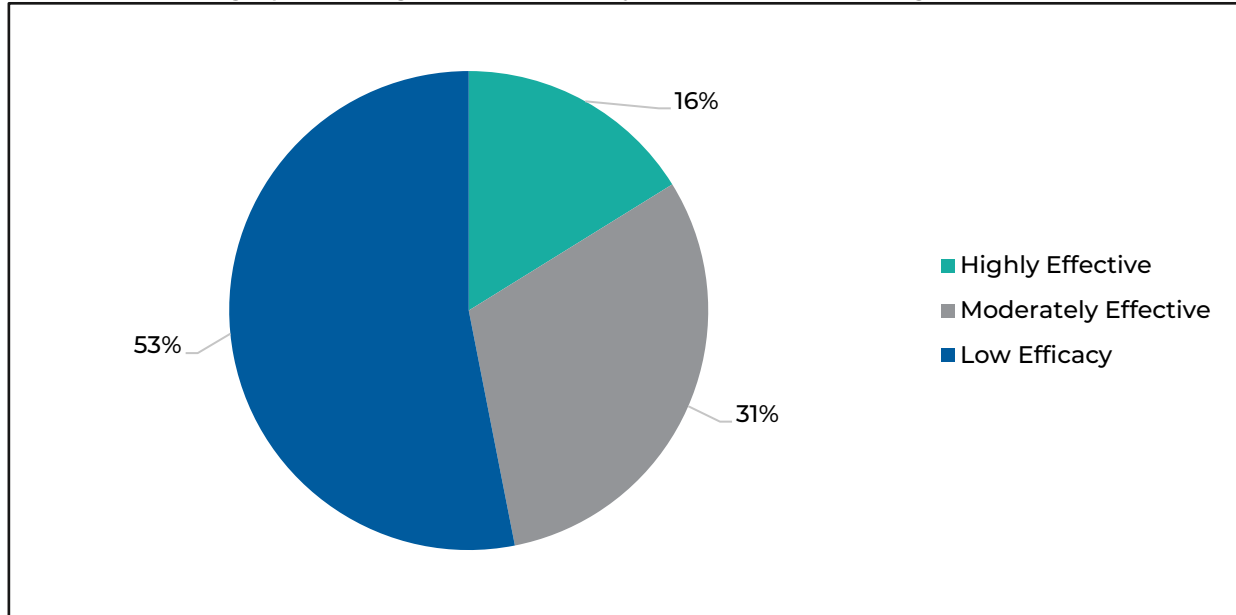
This appendix contains the breakdown of services rendered by partners for SFY 25.



Source: AFP SFY 2025 Data

APPENDIX E

This appendix contains the breakdown of Services rendered based on birth control method for SFY 25. The high percentage of “low efficacy” rate is a result of high condom distribution.



Source: AFP SFY 2025 Data

APPENDIX F

This appendix contains the breakdown of AFP services offered by county for SFY 25.

Region/County	Number	Percentage
Rural and Frontier		
Churchill County	178	0%
Douglas County	876	2%
Elko County	238	1%
Esmeralda County	8	0%
Eureka County	4	0%
Humboldt County	231	1%
Lander County	25	0%
Lincoln County	9	0%
Lyon County	1152	3%
Mineral County	18	0%
Nye County	304	1%
Pershing County	23	0%
Storey County	7	0%
White Pine County	69	0%
Region Subtotal	3142	7%
Urban		
Carson City	1788	4%
Clark County	15333	35%
Washoe County	22446	52%
Region Subtotal	39567	91%
Nevada - Total	42709	99%
Out of State	573	1%
Total	43282	

Source: AFP SFY 2025 Data

APPENDIX G

This appendix contains the zip codes that had a higher number of AFP patient population in Washoe County and Clark County.

Map 2. Zip Codes in Washoe County

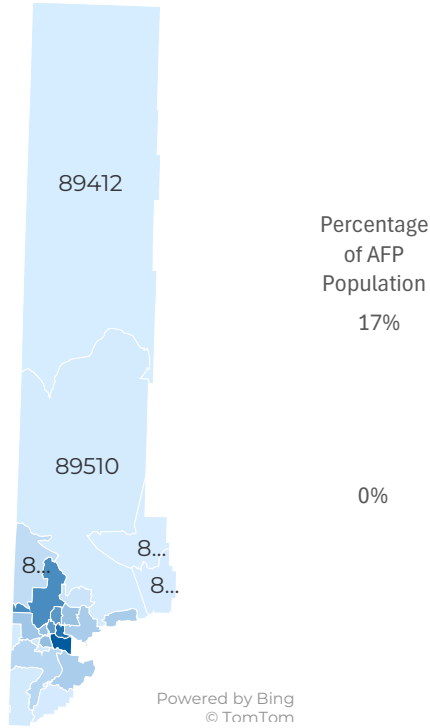
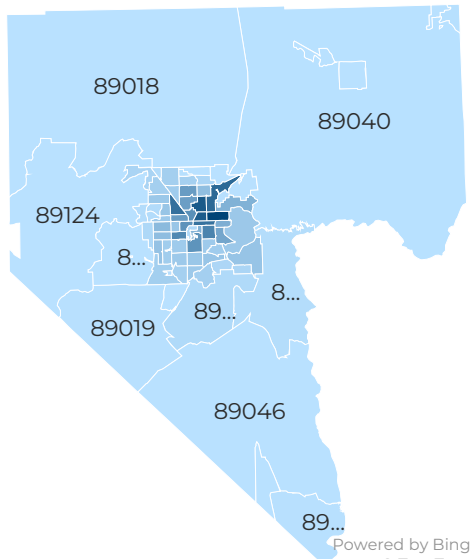


Table 2. Top 20 zip codes for AFP Participants, SFY 25

Zip Code	County	Percentage of AFP Participants
89502	Washoe County	9.0%
89431	Washoe County	7.6%
89506	Washoe County	5.9%
89433	Washoe County	5.3%
89512	Washoe County	5.1%
89509	Washoe County	2.8%
89503	Washoe County	2.7%
89436	Washoe County	2.7%
89110	Clark County	2.4%
89523	Washoe County	2.3%
89030	Clark County	2.1%
89101	Clark County	2.0%
89701	Carson City	2.0%
89434	Washoe County	2.0%
89521	Washoe County	1.9%
89115	Clark County	1.8%
89706	Carson City	1.7%
89108	Clark County	1.7%
89104	Clark County	1.7%
89121	Clark County	1.4%

Map 3. Zip Codes in Clark County



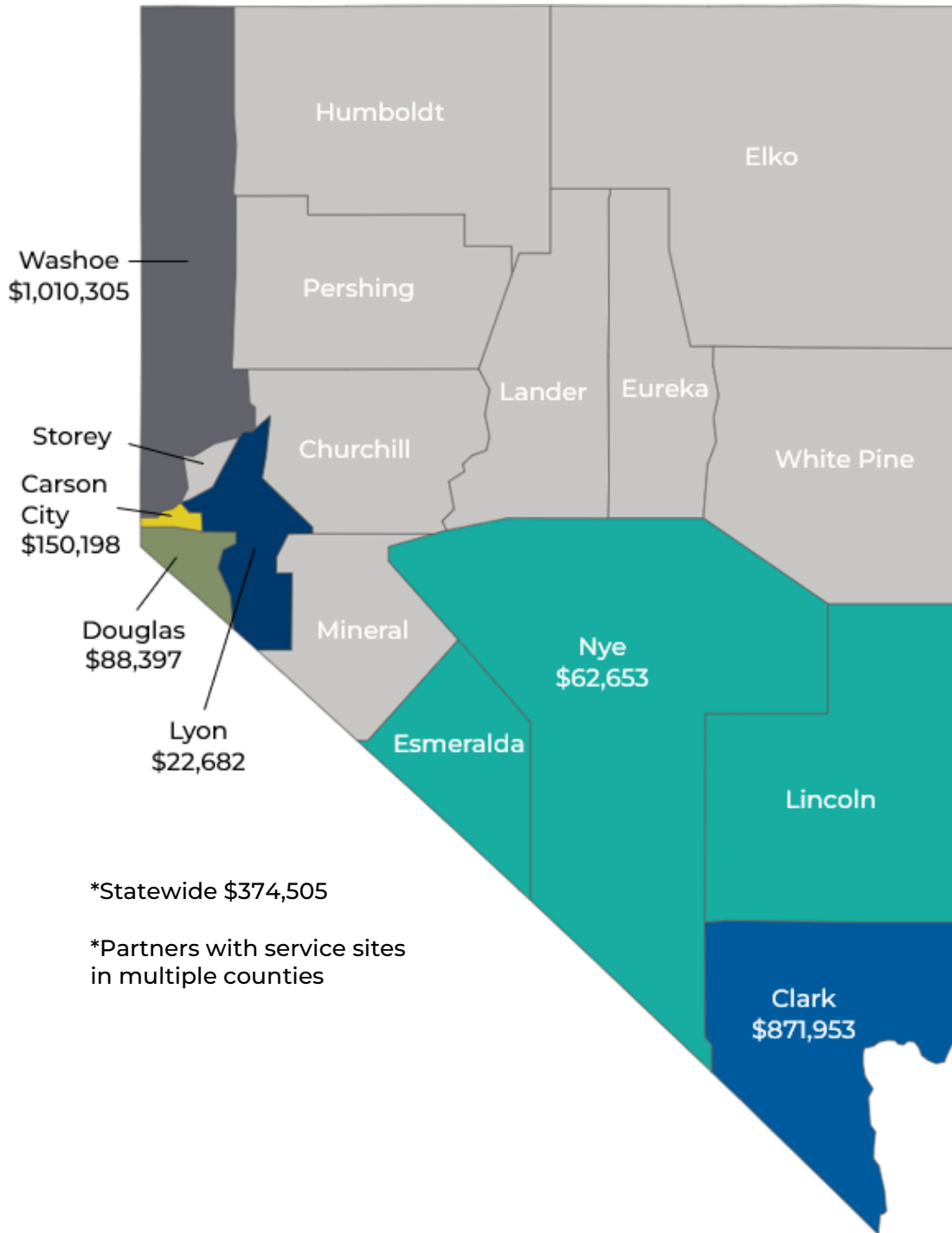
Source: AFP SFY 2025 Data



Source: AFP SFY 2025 Data

APPENDIX H

This appendix contains the breakdown of funding offered by county for SFY 25.



Source: AFP SFY 2025 Data

APPENDIX H CONT.

This appendix contains the key to the map above with the breakdown of funding offered by county for SFY 25.

Funding Offered by County, SFY 25	
Carson City	\$ 150,198.00
Carson City Health and Human Services	\$ 150,198.00
Clark County	\$ 871,953.00
Planned Parenthood Rocky Mountain	\$ 82,331.00
Southern Nevada Health District	\$ 400,500.00
University of Nevada, Las Vegas School of Medicine	\$ 319,222.00
Volunteers in Medicine of Southern Nevada	\$ 69,900.00
Douglas County	\$ 88,397.00
Douglas County Community Health	\$ 88,397.00
Lyon County	\$ 22,683.00
Lyon County Human Services	\$ 22,682.00
Nye, Esmeralda, Lincoln Counties	\$ 62,653.00
Nye Communities Coalition	\$ 62,653.00
Statewide**	\$ 374,505
Division of Public and Behavioral Health Community Health Nursing (CHNs)	\$ 109,673.00
Nevada Health Centers	\$ 264,832.00
Washoe County	\$ 1,010,305.00
Community Health Alliance	\$ 358,867.00
Northern Nevada Public Health	\$ 278,938.00
Planned Parenthood Mar Monte	\$ 255,961.00
Renown Health Foundation	\$ 94,738.00
University of Nevada, Reno School of Medicine Student Clinic	\$ 21,801.00

Source: AFP SFY 2025 Data

APPENDIX I

This appendix contains the final distribution of AFP Funding, SFY 25

AFP Funded Partners	Final Awarded Amount	Final Amount Spent
Administrative Costs	\$ 77,689.00	\$ 73,029.42
Carson City Health and Human Services	\$ 150,198.00	\$ 150,198.00
Community Health Alliance	\$ 358,867.00	\$ 358,867.00
Division of Public and Behavioral Health Community Health Nursing (CHNs)	\$ 109,673.00	\$ 93,097.70
Douglas County Community Health	\$ 88,397.00	\$88,397.00
Lyon County Human Services	\$ 22,682.00	\$16,628.22
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Northern Nevada Public Health	\$ 278,938.00	\$278,937.48
Nye Communities Coalition	\$ 62,653.00	\$62,653.00
Planned Parenthood Mar Monte	\$ 255,961.00	\$255,961.00
Planned Parenthood Rocky Mountain	\$ 82,331.00	\$82,307.80
Renown Health Foundation	\$ 94,738.00	\$94,738.00
Southern Nevada Health District	\$400,500.00	\$400,499.95
University of Nevada, Las Vegas School of Medicine	\$ 319,222.00	\$314,261.03
University of Nevada, Reno School of Medicine Student Clinic	\$ 21,801.00	\$21,893.87
Volunteers in Medicine of Southern Nevada	\$ 69,900.00	\$69,900.00
Total	\$ 2,658,382	\$2,626,201.47

Source: AFP SFY 2025 Data

APPENDIX J

This appendix contains Primary Medical Care Health Professional Shortage Areas in Nevada.

