

Joe Lombardo
Governor

Laura Rich
Director



DEPARTMENT OF HUMAN SERVICES



Andrea R. Rivers,
MS
Administrator

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

Account for Family Planning State Fiscal Year (SFY) 2024 Report

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



Table of Contents

Account for Family Planning Program Background	3
Account for Family Planning SFY 24 Data	4
Program Funding	6
.....	6
Access to Health Care in Nevada	7
Barriers and Successes of the AFP Program	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 H	15

ACCOUNT FOR FAMILY PLANNING PROGRAM BACKGROUND

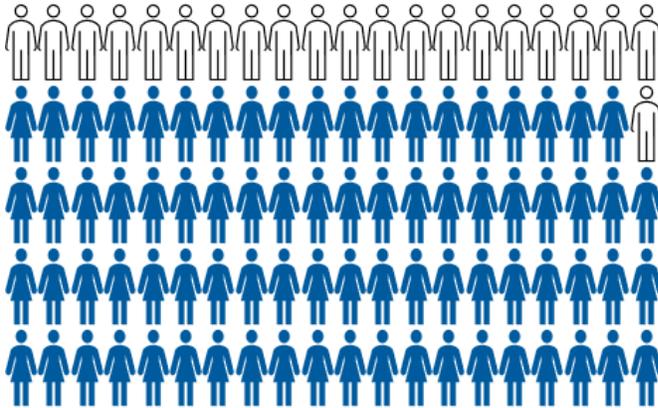
Since 2017, the State of Nevada has provided family planning services through the Account for Family Planning (AFP) program. The AFP provides comprehensive family planning and reproductive health services to Nevadans who otherwise would be unable to obtain them due to poverty, lack of insurance, transportation, or other reasons (*NRS: CHAPTER 442 - MATERNAL AND CHILD HEALTH; ABORTION, 2024*).

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
- 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 24 DATA

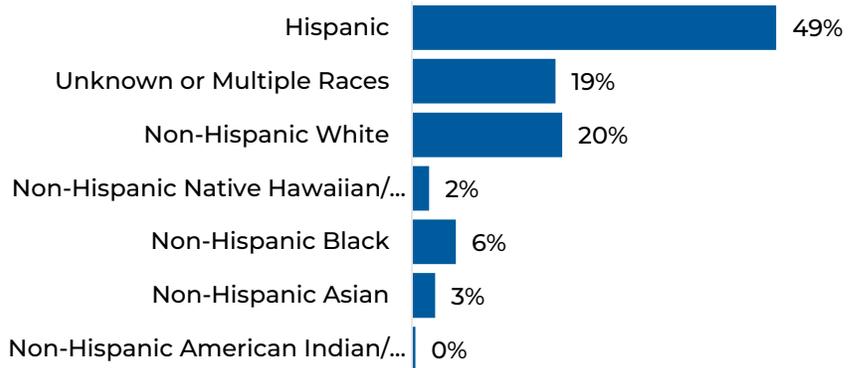
In State Fiscal Year (SFY) 2024, 15 AFP subrecipients continued to provide family planning services to patients around the state and collectively served **51,929 individuals**.



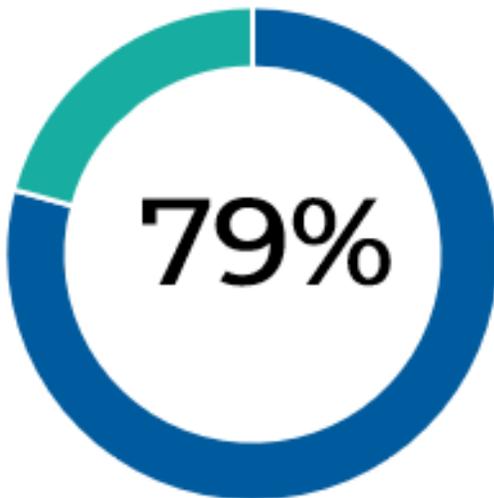
Of those served, **79%** identified as female (see [Appendix A](#) for complete breakdown),

Source: AFP SFY 2024 Data

49% identified as Hispanic or Latino (see [Appendix B](#) for complete breakdown),



Source: AFP SFY 2024 Data



and **79%** of patients were **44 years or younger** (see [Appendix C](#) for complete breakdown).

Source: AFP SFY 2024 Data

A total of **78,761** unique services were provided (as seen in [Appendix D](#)), including:



47,278 STI tests



28,433 unique birth control services



2,661 vaccines and



389 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 2024 Data

“The FPMA [Family Planning Medical Assistant] was able to overcome the language barrier by providing informational pamphlets on birth control, prenatal and obstetrics care for our patients in their own language. [An AFP partner] was able to help 38 patients with prenatal care who may not have [received care] otherwise this quarter.”
–AFP Subrecipient

Of those who received birth control services,



19% received a highly effective birth control method (includes intrauterine device (IUDs), voluntary sterilization, and implantable rods)



62% 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 E](#)).

Source: AFP SFY 2024 Data

Lastly, services were provided in multiple counties throughout the state. Of the 51,929 individuals served, 51% were seen in Clark County, 37% were seen in Washoe County, 8% were seen in service sites throughout the state, 2% were seen in Carson City and Douglas

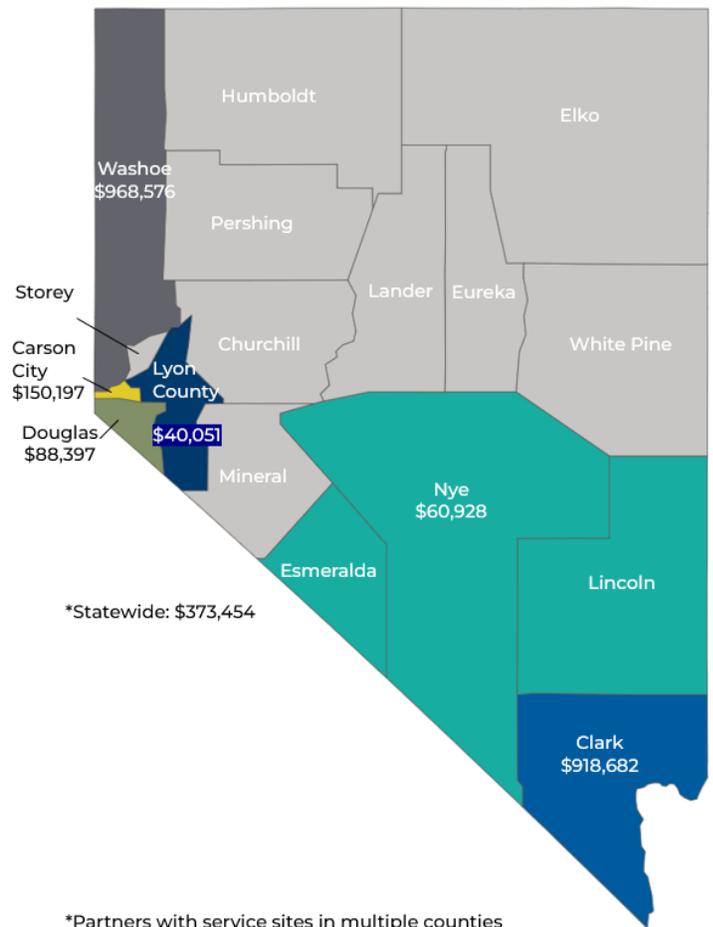
County, and less than 1 % were seen in Nye, Lincoln, Esmeralda, and Lyon County (as outlined in [Appendix F](#)).

PROGRAM FUNDING

A total of 15 subrecipients initially received a total of \$2,435,956, with an additional \$49,014 being set aside for administrative costs. Throughout the SFY, an additional \$55,686 was awarded to Renown Health Foundation and University of Nevada, Las Vegas School of Medicine. Finally, an additional partner unofficially de-obligated \$11,800 due to an inability to spend their 2024 award in its entirety. 12 out of the 15 partners spent 90% or more of their awarded amount. The final awarded amount was a total of **\$2,649,299**. The allocation of AFP funds are detailed in Table 1, with the final distribution of AFP funding throughout Nevada pictured in Map 1 (a key is available in [Appendix G](#)).

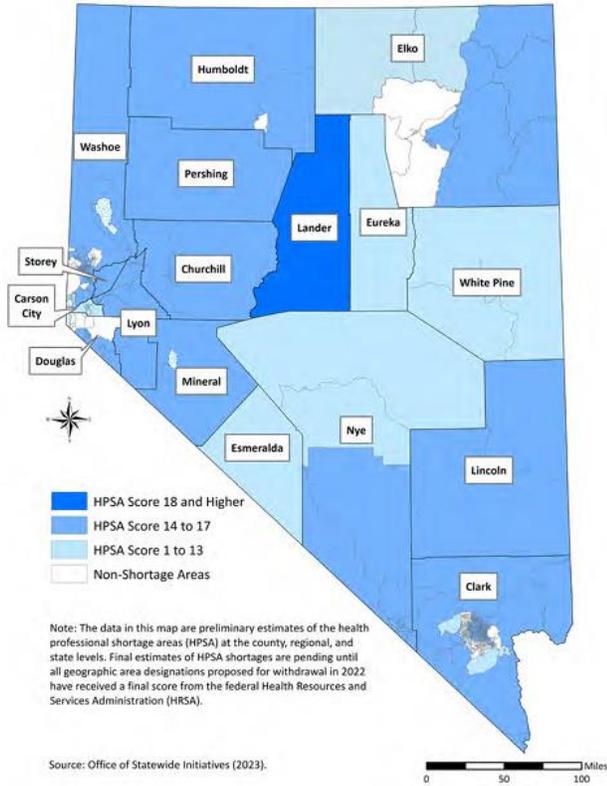
Map 1. SFY 24 AFP Partner Distribution of Funding

AFP Funded Partners	Final Awarded Amount	Final Amount Spent
Administrative Costs	\$ 49,014	\$7,920.03
Carson City Health and Human Services	\$150,197	\$150,196.45
Community Health Alliance	\$358,865	\$358,865.00
Division of Public and Behavioral Health Community Health Nursing (CHNs)	\$108,643	\$98,807.31
Douglas County Community Health	\$88,397	\$88,209.18
Lyon County Human Services	\$40,051	\$19,579.27
Nevada Health Centers	\$264,811	\$264,811.00
Northern Nevada Public Health	\$278,936	\$278,936.00
NyE Communities Coalition	\$60,928	\$60,928.00
Planned Parenthood Mar Monte	\$204,479	\$204,479.00
Planned Parenthood Rocky Mountain	\$133,865	\$133,860.75
Renown Health Foundation	\$104,496	\$87,449.00
Southern Nevada Health District	\$400,500	\$382,471.41
University of Nevada, Las Vegas, (UNLV) School of Medicine	\$314,417	\$307,216.03
University of Nevada, Reno, (UNR) School of Medicine Student Clinic	\$21,800	\$511.43
Volunteers in Medicine of Southern Nevada	\$69,900	\$69,900.00
Total	\$2,649,299	\$2,514,139.86



Source: AFP SFY 2024 Data

ACCESS TO HEALTH CARE IN NEVADA



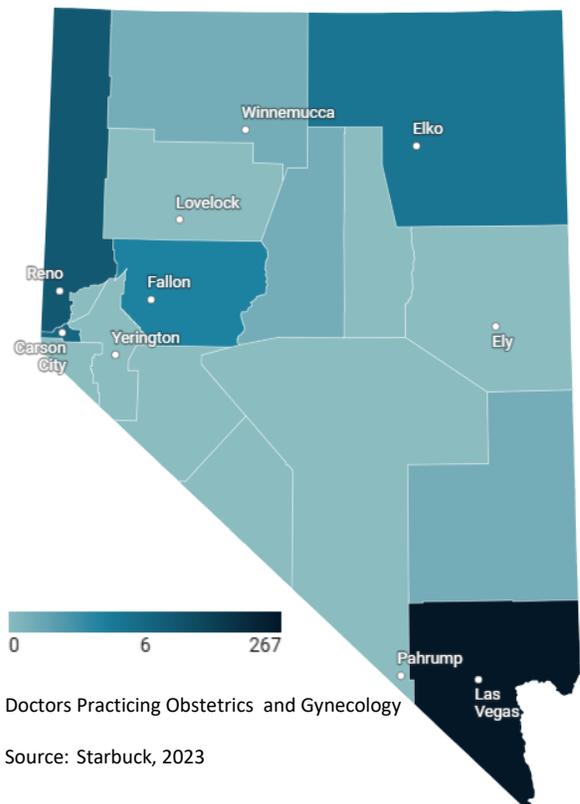
Map 2. Primary Medical Care Health Professional Shortage Areas in Nevada

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 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 (Griswold et al, 2023).

“After seeing a growing need for specific services last grant year, [a partner] is contracting with a provider who can insert IUDs and another who will perform vasectomies (two services we could not provide in recent years).”
- AFP Subrecipient

Map 3. Doctors Practicing Obstetrics and Gynecology in 2022

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 highlights the counties with practicing OB/GYNs (Starbuck, 2023). 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.



Map 2 and 3 can be found in [Appendix H](#).

2 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.

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. Finally, a few partners noted maintaining contact or interest from patients as a barrier. In some cases, this referred to having slower interest or demand from patients during the winter months or patients who missed scheduled appointments or procedures.

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. 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 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 50.8 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](#) (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 baby. 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, 2024a).

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 (Centers for Disease Control and Prevention, 2024b). Receiving these vaccinations during pregnancy can lead to better outcomes for the infants 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, 2024c).

Another factor that leads to healthy infants and parents is preventing and treating STIs during pregnancy (Centers for Disease Control and Prevention, 2024a). STIs can lead to serious health consequences if left untreated in the birthing parent and babies. 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 8th highest state for CS rates in the country (Centers for Disease Control and Prevention, 2024d). 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 (2022). For detailed information about STIs, please visit the Office of State Epidemiology data and statistics page found here: <https://nvose.org/data-statistics/>.

“Follow up regarding a client [...] . He was treated for Trich & we gave him Partner Delivery Therapy for his wife. Both took antibiotic as prescribed [...] As he was leaving, he thanked me profusely for helping him & his wife.”
–AFP Subrecipient

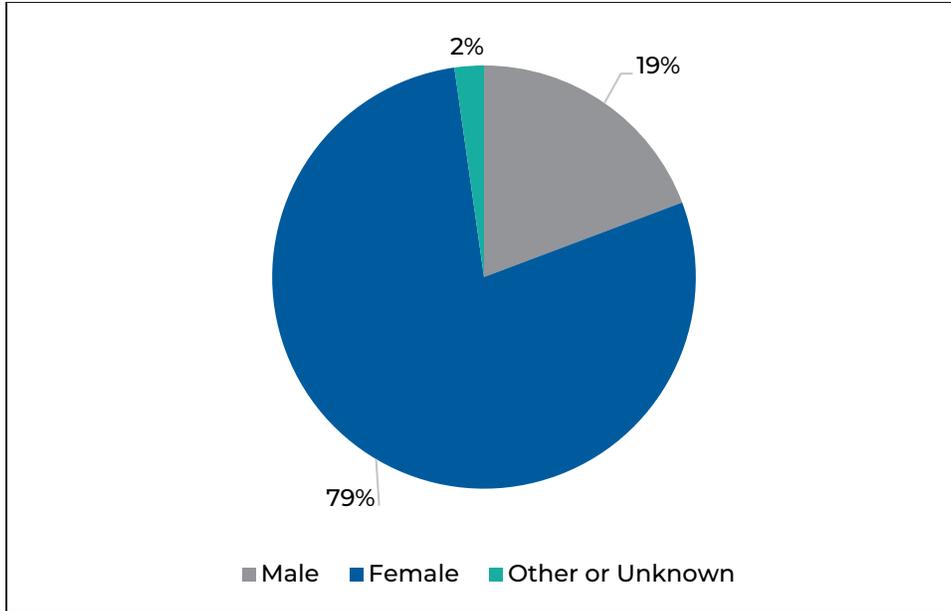
REFERENCES

- 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. (2023). 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. (2024a). Preparing for Pregnancy. <https://www.cdc.gov/pregnancy/about/index.html>
- Centers for Disease Control and Prevention. (2024b). About Vaccines and Pregnancy. <https://www.cdc.gov/vaccines-pregnancy/about/index.html>
- Centers for Disease Control and Prevention. (2024c). Why Maternal Vaccines are Important. <https://www.cdc.gov/vaccines-pregnancy/hcp/maternal-vaccines/index.html>
- Centers for Disease Control and Prevention. (2024d). 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

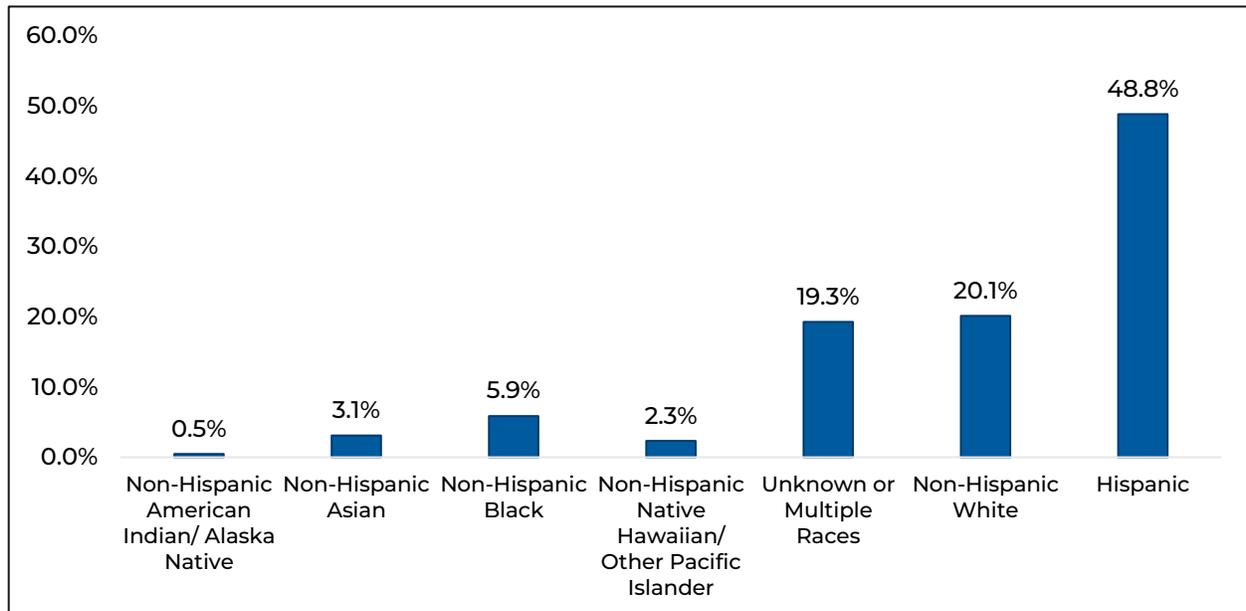
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY24 based on sex.



Source: AFP SFY 2024 Data

APPENDIX B

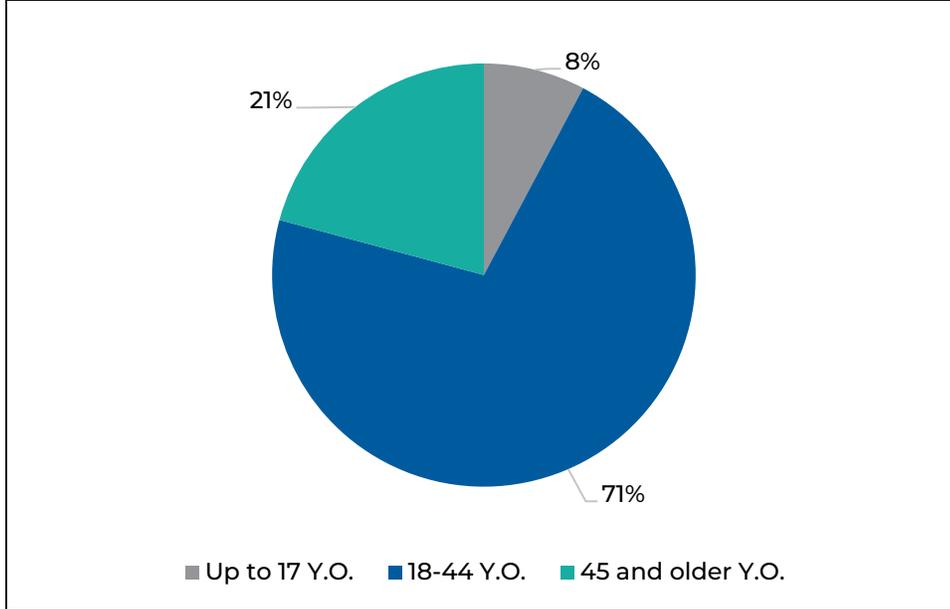
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY24 based on Racial Identity/ Ethnicity.



Source: AFP SFY 2024 Data

APPENDIX C

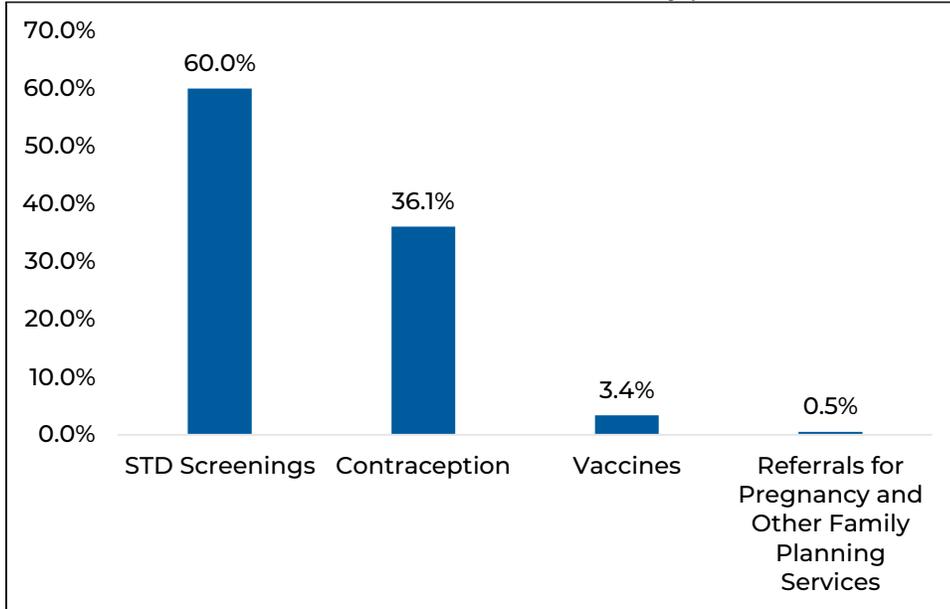
This appendix contains the demographic breakdown of clients seen by AFP subrecipients for SFY24 based on age.



Source: AFP SFY 2024 Data

APPENDIX D

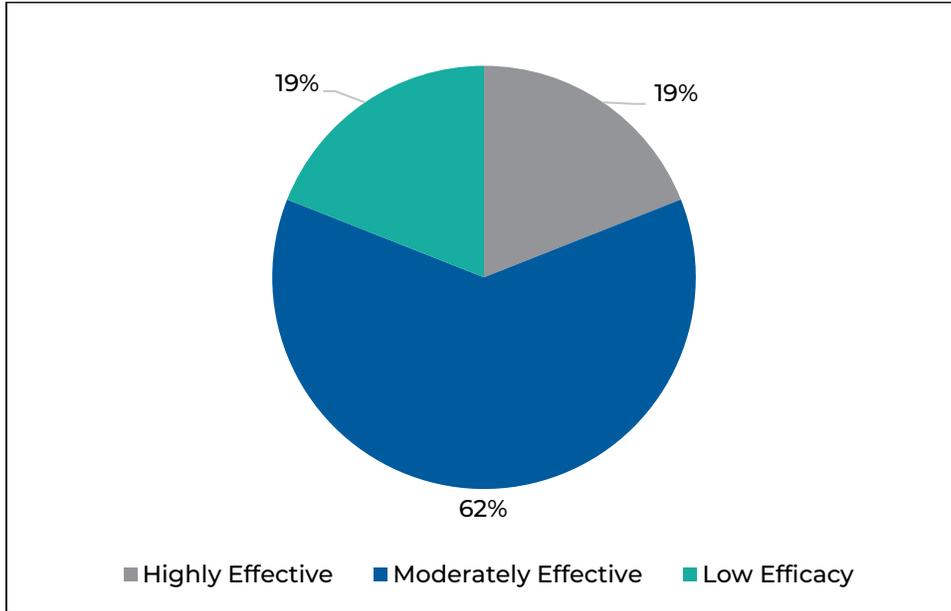
This appendix contains the breakdown of services rendered by partners for SFY 24.



Source: AFP SFY 2024 Data

APPENDIX E

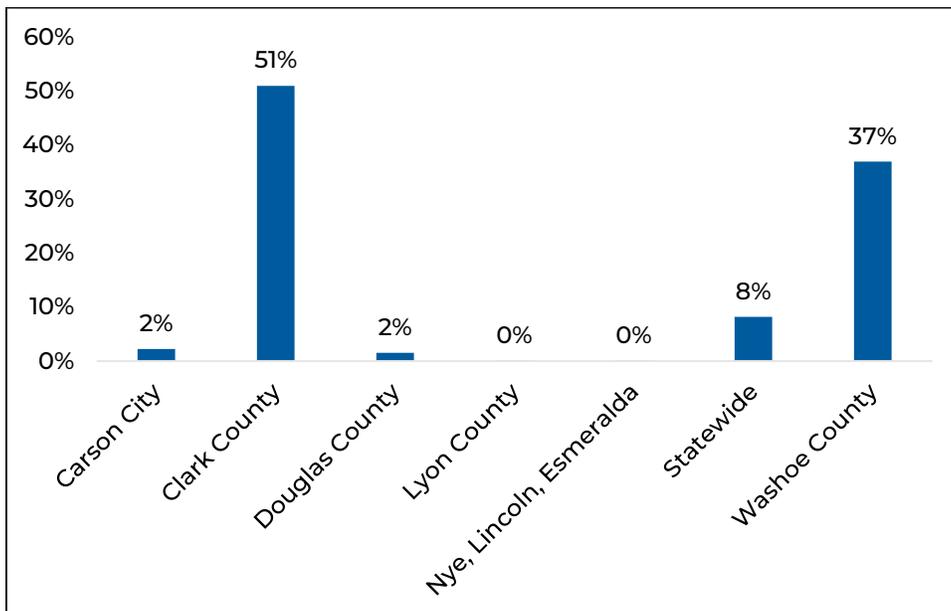
This appendix contains the breakdown of Services rendered based on birth control method for SFY 24.



Source: AFP SFY 2024 Data

APPENDIX F

This appendix contains the breakdown of services offered by county. “Statewide” refers to partners who have multiple service sites throughout the state, including mobile medical vans.



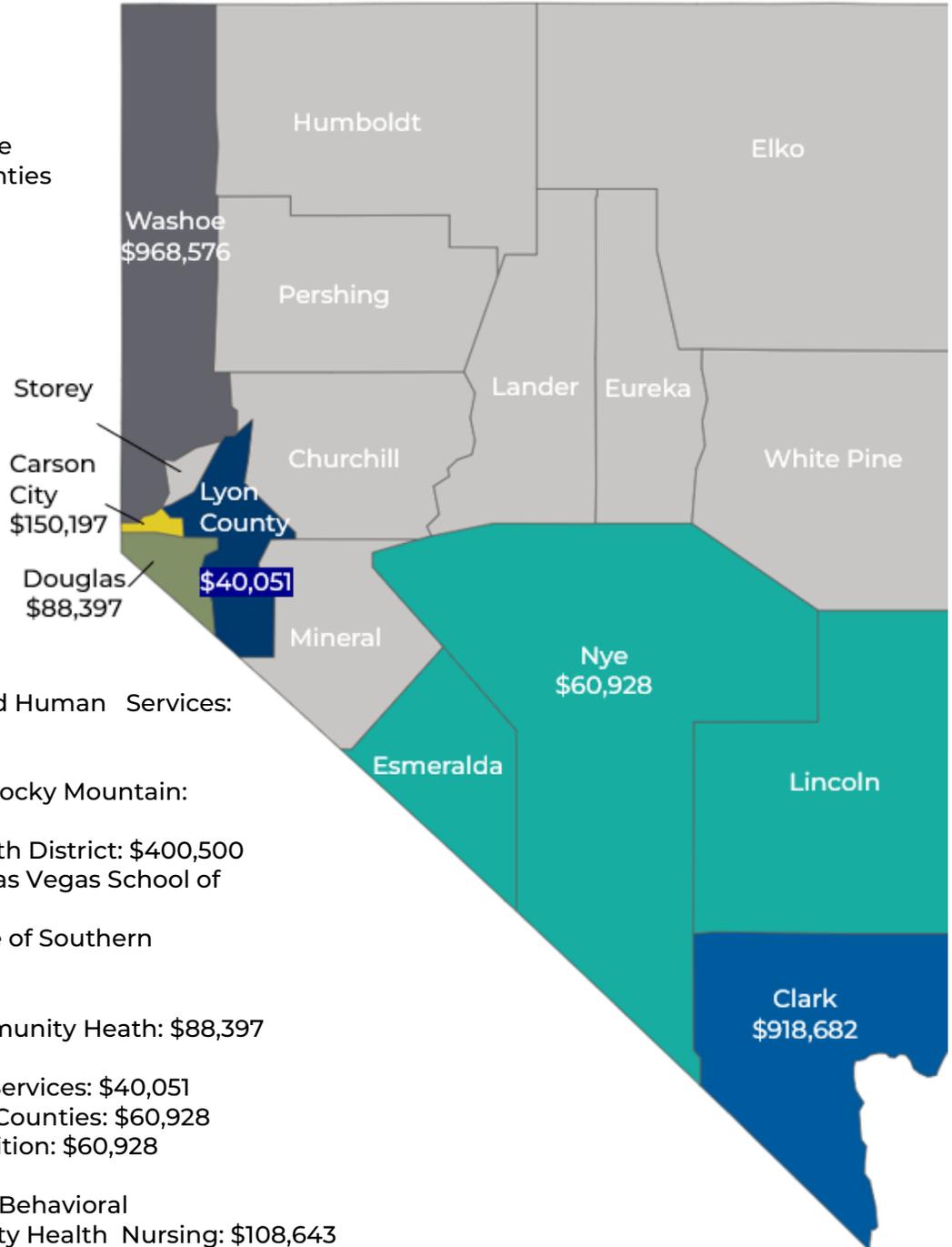
Source: AFP SFY 2024 Data

APPENDIX G

This appendix gives the breakdown of the final awarded amounts for SFY 24.

*Statewide: \$373,454

*Partners with service sites in multiple counties



Carson City: \$150,197

Carson City Health and Human Services: \$150,197

Clark County: \$918,682

Planned Parenthood Rocky Mountain: \$133,865

Southern Nevada Health District: \$400,500

University of Nevada Las Vegas School of Medicine: \$314,417

Volunteers in Medicine of Southern Nevada: \$69,900

Douglas County: \$88,397

Douglas County Community Health: \$88,397

Lyon County: \$40,051

Lyon County Human Services: \$40,051

Nye, Esmeralda, Lincoln Counties: \$60,928

NyE Community Coalition: \$60,928

Statewide: \$373,454

Division of Public and Behavioral Health Community Health Nursing: \$108,643

Nevada Health Centers: \$264,811

Washoe County: \$968,576

Community Health Alliance: \$358,865

Northern Nevada Public Health: \$278,936

Planned Parenthood Mar Monte: \$204,479

Renown Health Foundation: \$104,496

University of Nevada School of Medicine Student Center: \$21,800

Source: AFP SFY 2024 Data

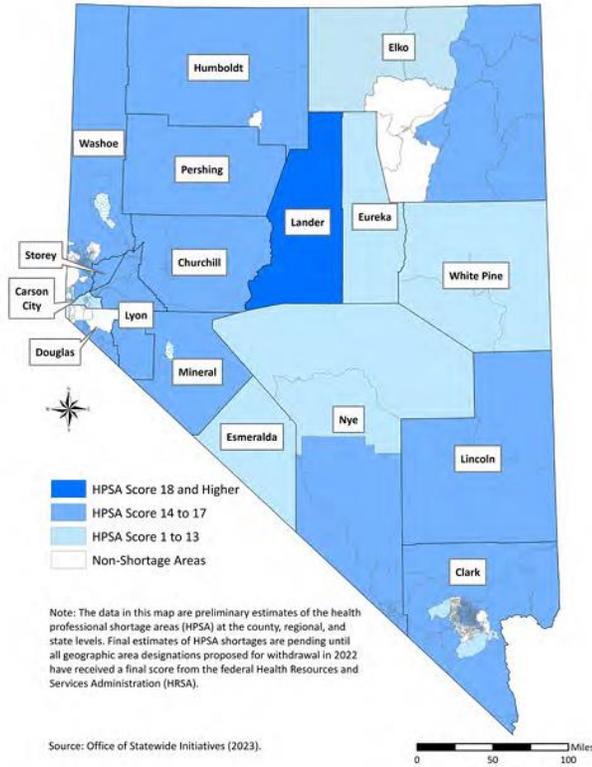
Table 1: AFP Funding Awarded to Partners for SFY 24

AFP Funded Partners	Final Awarded Amount	Final Amount Spent
Administrative Costs	\$ 49,014	\$7,920.03
Carson City Health and Human Services	\$150,197	\$150,196.45
Community Health Alliance	\$358,865	\$358,865.00
Division of Public and Behavioral Health Community Health Nursing (CHNs)	\$108,643	\$98,807.31
Douglas County Community Health	\$88,397	\$88,209.18
Lyon County Human Services	\$40,051	\$19,579.27
Nevada Health Centers	\$264,811	\$264,811.00
Northern Nevada Public Health	\$278,936	\$278,936.00
NyE Communities Coalition	\$60,928	\$60,928.00
Planned Parenthood Mar Monte	\$204,479	\$204,479.00
Planned Parenthood Rocky Mountain	\$133,865	\$133,860.75
Renown Health Foundation	\$104,496	\$87,449.00
Southern Nevada Health District	\$400,500	\$382,471.41
University of Nevada, Las Vegas, (UNLV) School of Medicine	\$314,417	\$307,216.03
University of Nevada, Reno, (UNR) School of Medicine Student Clinic	\$21,800	\$511.43
Volunteers in Medicine of Southern Nevada	\$69,900	\$69,900.00
Total	\$2,649,299	\$2,514,139.86

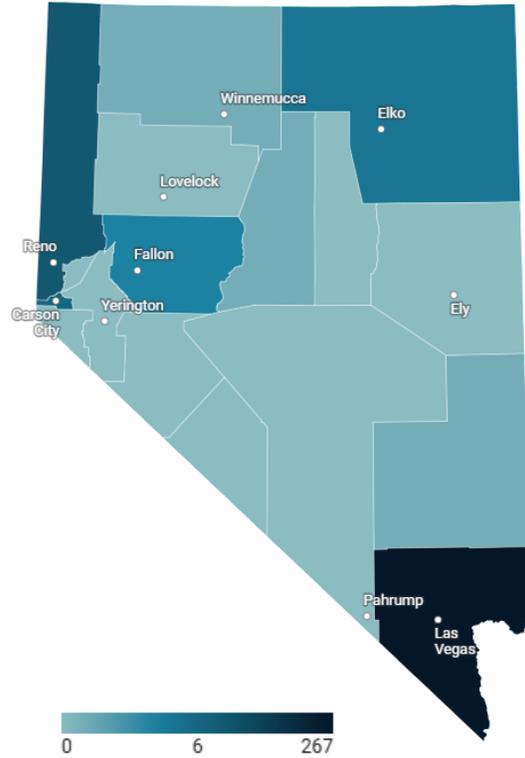
APPENDIX H

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

Primary Medical Care Health Professional Shortage Areas in Nevada Doctors



Doctors Practicing Obstetrics and Gynecology in 2022



Doctors Practicing Obstetrics and Gynecology

Source: Starbuck, 2023