Ring, Ring—Got My Implant?
Real World Access to the Etongestrel Implant Among Family Pact Providers: A Secret Shopper Study

Avery Lahodny OMS-III, Anita Nelson M.D.
Western University of Health Sciences College of Osteopathic Medicine of The Pacific Pomona, CA

INTRODUCTION

- California's Family Planning, Access, Care, and Treatment (Family PACT) program provides all forms of contraception free of charge to all uninsured California residents who fall below 200% of the federal poverty line[1].
- Even with funding, patients may not be able to find a participating provider in an accessible location, obtain accurate information, or receive their desired contraceptive method without additional visits or referrals[2,5].
- These barriers may be particularly consequential for adolescents and patients in geographically dispersed, medically underserved areas.
- San Bernardino and Riverside Counties span more than 27,000 square miles and 52% of the population are eligible reproductive age females[2,5].
- Although the etongestrel implant is a highly effective, user independent contraceptive method, it does require a face to face meeting with a provider for insertion[4].
- Little is known about whether Family Pact-listed sites in this region actually offer the implant on-site or facilitate timely placement.

METHODOLOGY

- We gathered all of the Family Pact enrolled sites in the zip codes of San Bernardino and Riverside Counties
- The 131 sites were called, and given 3 chances to answer the call
- A single caller used a standardized, IRB approved script to simulate a 17-year old Family Pact patient seeking the etongestrel contraceptive implant
- We recorded outcomes such as Family Pact acceptance, on-site implant availability, informal referral practices, preliminary visit requirements (2 visit), and telephone access barriers (hold times, transfers, etc).

RESULTS

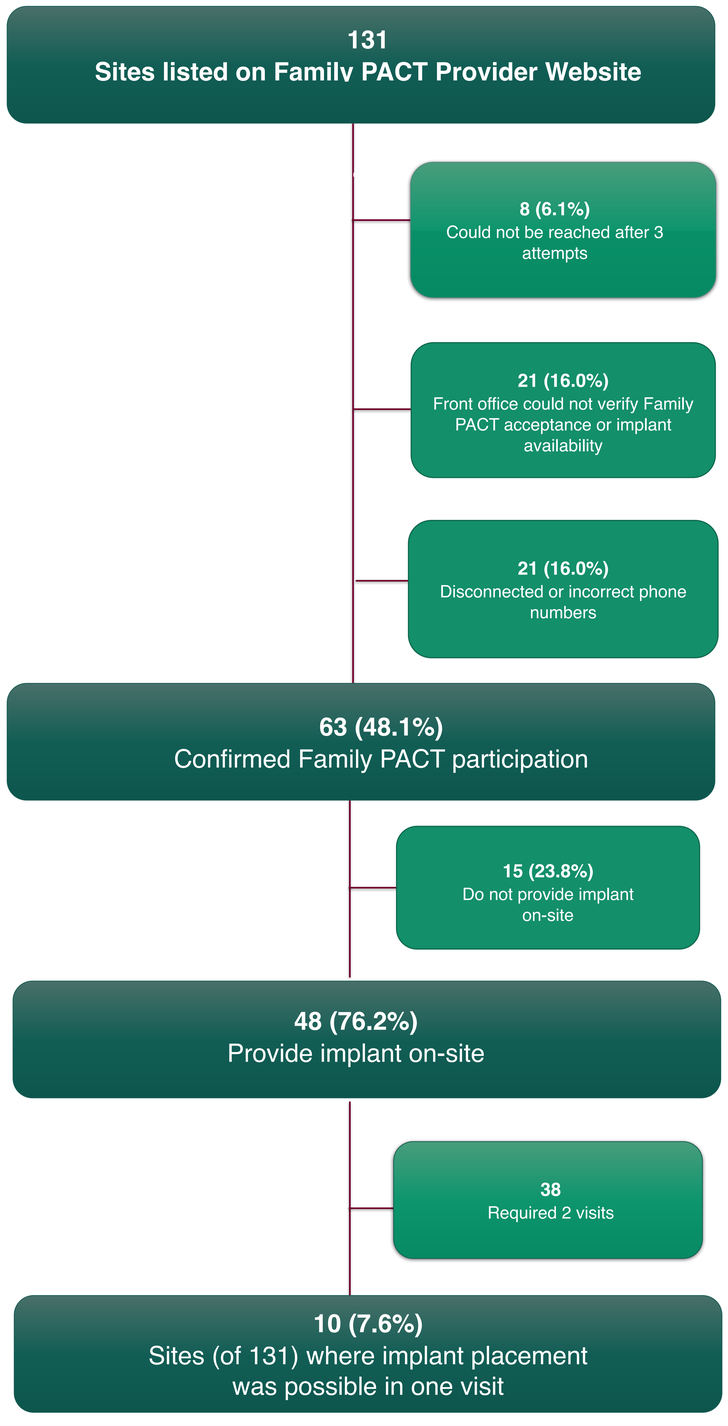

Figure 1. Family PACT acceptance, etonogestrel implant availability, referral pathways, and telephone access barriers among listed clinical sites.

- Among 131 sites listed on the Family Pact website, 8 did not answer after 3 attempts, 21 had incorrect or disconnected phone numbers, and 21 were reached but front desk staff were unable to provide definitive information on Family Pact participation or implant availability.
- 63 sites confirmed Family Pact participation (48.1%). Of these sites, 48 of them provided the etongestrel implant on site.
- Only 10 of the 131 sites reported that the implant could be placed on site in one visit (See Figure 1).

DISCUSSION

- Although Family PACT is designed to reduce financial barriers to contraception, our findings demonstrate that coverage alone does not ensure meaningful access to the etonogestrel implant.
- Fewer than 8% of listed sites reported the ability to provide implant placement in a single visit, highlighting a substantial gap between program participation and timely contraceptive care.
- Barriers occurred at multiple levels, including inaccurate directory information, uncertainty among clinic staff, referral-dependent care, and requirements for preliminary visits.
- Improving access will require more than expanding contraceptive coverage. Maintaining accurate provider directories, improving staff knowledge of Family PACT services, and increasing same-day implant availability may help translate contraceptive coverage into actual, timely access.

REFERENCES
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