



## REQUEST FOR PROPOSALS

October 1, 2018

### **Funding Opportunity for State-level Initiatives to Expand Access to Long-Acting Reversible Contraception**

The National Institute for Reproductive Health (NIRH) is now accepting proposals from 501(c)(3) organizations to support state-level initiatives to expand access to long-acting reversible contraception (LARC).

#### *About the National Institute for Reproductive Health*

The National Institute for Reproductive Health (NIRH) builds power at the state and local level to change public policy, galvanize public support, and normalize women's decisions about abortion and contraception. Using a partnership model, we provide state and local advocates with strategic guidance, hands-on support, and funding to create national change from the ground up. We are a force multiplier – we form strategic partnerships with a wide range of organizations to directly impact the reproductive health and lives of women across the country. Since 2008, the National Institute has provided more than \$3.4 million in direct grants, and millions more in hands-on support, to more than 150 organizations in 39 states, including in 56 localities, across the country.

At the national level, NIRH engages in groundbreaking public opinion research, proactive policy initiatives, and innovative advocacy campaigns to shape a new national conversation about reproductive freedom.

#### *NIRH's Approach to the LARC Access Project*

NIRH firmly believes that all people should have access to the full range of contraceptive options, be empowered to choose the method that is right for them, and have the ability to stop or change that method at any time. This vision is an important step towards ensuring that all people have the ability to choose if, when, and how to start and grow a family.

Many challenges must be addressed before this vision can be fully realized. Among the available birth control methods, long-acting reversible contraceptives (LARCs) such as IUDs and implants are very effective, yet may be difficult for many patients and providers to access for a variety of reasons. These barriers, as well as barriers to LARC removal, present a significant challenge to ensuring full access to all methods for all people.

At the same time, great strides have been made in recent years by a range of local, state, and national stakeholders to address those barriers, and since 2016, NIRH has partnered with organizations in a number of states to advance initiatives to do so. NIRH now seeks additional partners to do the same in 2019, even as the federal administration may impact how and where progress can be made.

#### *About NIRH's Partnership Model*

NIRH is a national advocacy organization, not a foundation; we work in close partnership with organizations on their funded initiatives to learn from those working directly on the ground, offer our expertise and resources, and share emerging best practices with the field. To that end, and to further public conversation in the media and policy worlds in a time of retrenchment, NIRH may ask partners to speak about their work

and lessons learned via webinars, press opportunities, or conferences. NIRH may also convene partners on calls with each other to facilitate collaboration and learning across cities and states.

### **Supporting State-level Initiatives to Expand Access to LARC**

NIRH is now accepting proposals for state-level initiatives to expand access to LARCs in the areas of work described below. **Funding awarded for each initiative will be within the range of \$30,000 – \$50,000, with a maximum of \$50,000 per organization. NIRH will also consider collaborative projects involving multiple organizations, with a total possible funding award of \$90,000. This level of funding is available thanks to a special opportunity supported by an anonymous funder. The funding cycle is January 1, 2019 to December 31, 2019.**

Proposals should address one or more systems-level, administrative, or regulatory barrier to LARC access in a state. Policies or initiatives should be achievable within the funding cycle period. **Funds cannot be used primarily to cover the cost of training, and cannot be used to purchase LARC devices. Proposals also cannot include legislative advocacy (lobbying).** Examples of policy initiatives could include, but are not limited, to:

- Expanding the scope of practice or piloting innovative LARC service delivery models to advance access to LARC in new clinical settings.
- Debundling of Medicaid or private payer reimbursement for immediate postpartum LARC to increase access for all patients.
- Addressing barriers to implementation of LARC provision in health care systems, including in school-based health centers (SBHCs).
- Addressing barriers to post-abortion LARC, including by participating in a cohort of health care providers.

### *Advancing Access to LARC in Clinical Settings*

NIRH is interested in proposals to advance access to LARC in new clinical settings or with new provider groups. For example, in states where scope of practice for LARC insertion and removal is limited to physicians, partners could work towards expansion to include mid-level providers. Partners could work to expand access to LARC in a range of clinical settings, such as school-based health centers, including by using one of two toolkits co-created by NIRH and past LARC Access Project partners. **Proposals focused on innovative models other than those described in the two linked toolkits will also be accepted.**

- **Provision of contraceptive implants in the same visit during medication abortion.** In 2017, NIRH supported Planned Parenthood League of Massachusetts in a pilot to offer peri-abortion implants to patients at their clinic in Boston, and created a case study based on the success of the project. Applicants should contact Lauren Coy at [lcoy@nirhealth.org](mailto:lcoy@nirhealth.org) to receive a copy of the case study as a reference.
- **Addressing barriers to LARC in federally qualified health centers (FQHCs).** Some FQHCs face financial barriers to offering LARC as a result of policies that may not support comprehensive outpatient reimbursement for all of the costs associated with LARC. NIRH supported a policy change to remove such barriers in New York State and developed a toolkit based on the experience that potential applicants may use, [\*Enhancing Long-Acting Reversible Contraception \(LARC\) Uptake and Reimbursement at Federally Qualified Health Centers: A Toolkit for States\*](#).

### *Increasing Access to Immediate Postpartum LARC for All Populations*

Immediate postpartum LARC is a good option for many women who want to begin using an IUD or implant soon after they give birth, yet this service is often difficult to access in hospitals across the country.

“Debundling” reimbursement for the LARC device and insertion procedure is an important step towards making this service available in hospitals. Even in states where Medicaid has already debundled reimbursement for immediate postpartum LARC, most private payers have not, leading to inequitable access for all people. NIRH is seeking partnerships that will increase access to this service for all women who may want it, regardless of where their insurance comes from, through insurance policy change.

### *Addressing Barriers to Post-Abortion LARC*

Research indicates that many women are interested in receiving contraception at the time of abortion, but providing access to the full range of contraception is challenging for many clinics, due to administrative, regulatory, and systems issues, including stocking, billing, and other implementation barriers. NIRH is seeking to partner with organizations interested in addressing the barriers to offering post-abortion LARC, and/or to support a cohort of abortion providers interested in addressing these barriers from the clinic level up. If you are an individual provider who may be interested, please reach out to Lauren Coy at [lcoy@nirhealth.org](mailto:lcoy@nirhealth.org) for more information.

### *Implementation of LARC Provision*

While policy change is important, it requires thoughtful and thorough implementation in order to be impactful. NIRH is seeking partnerships that will address barriers to LARC access on an administrative, regulatory, and/or systems level. Proposals could focus on work within large hospital networks, federally qualified health centers, or other health systems to educate and engage stakeholders, identify and address barriers, and ultimately lead to greater availability of LARC services across the state.

### **Writing a Successful Proposal**

Potential applicants are strongly encouraged to discuss their proposals with NIRH staff in advance of submission. Calls can be scheduled [here](#).

NIRH strongly encourages individual proposals from reproductive justice organizations, as well as collaborative proposals that include a reproductive justice organization, or an organization with experience addressing reproductive coercion, as an equal partner.

While NIRH understands and anticipates that unexpected challenges may cause delays or hinder success, all proposed initiatives should have the possibility of being successfully implemented or completed by the end of 2019.

As mentioned above, NIRH cannot fund training initiatives as part of this project. However, a limited numbers of trainings can be included as a component of a larger implementation change project. Please indicate that this will be an aspect of your strategy in the proposal.

Because NIRH is seeking to support projects that will provide a sustainable solution to LARC access, funding cannot be used to purchase LARC devices. A limited exception may be made for providers participating in the post-abortion LARC cohort. Please do not include devices in your budget without advance approval from NIRH staff.



NIRH cannot fund legislative advocacy as part of this project. However, if your proposal includes or would benefit from a legislative component, this may be implemented alongside the initiatives included in the proposal. Please indicate that this will be an aspect of your strategy in the proposal and note the separate source of legislative lobbying funds in the total project budget.

## PROPOSAL GUIDELINES

Please submit a coversheet and upload your proposal (maximum seven pages, not including budget) [here](#). Proposal should include the following:

- Completed Coversheet (available [here](#))
- Executive Summary (no more than half of one page)
  - A brief summary of the initiative, including a description of the policy or initiative being pursued and the need or problem it addresses, and its key goals
- Public-Facing Description (no more than half of one page)
  - A short paragraph that reflects how you would like the initiative to be described to a public audience
    - If funded, NIRH will use this description as the basis for a public announcement of 2019 partners, including a national press release and publication on NIRH's website. If you believe it is important to keep this initiative confidential, submit a generic description stating collaboration with NIRH.
- Organizational Background (no more than one page)
  - A brief summary of the organization, its mission and activities, and constituencies served
    - Please include information on how your thinking about racial equity and reproductive coercion informs how you develop and implement programs.
  - A description of key staff, indicating their role with funding management and/or implementation of the initiative
  - A short summary of how this initiative fits into organizational priorities and mission
- Description and Goals of Initiative (no more than three pages)
  - A description of the proposed initiative's goals and interim objectives, including benchmarks for progress and likelihood of success by the end of 2019
  - A description of the barrier the initiative seeks to address and its current impact on LARC access in the state, and anticipated impact of overcoming this barrier on access to LARCs, as well as access to the full spectrum of contraceptive access
  - An explanation of how strategies in the initiative will guard against coercion, incorporate LARC removal into training and policy work, and/or advance efforts to increase access to the full spectrum of contraception
  - Additionally, information addressing the following:
    - Who has the power to help the organization achieve the initiative's goal(s)?
    - Who are your organization's closest allies in achieving the initiative goals, if any? Please describe the nature of these relationships and existing buy-in from these and other partners for this initiative.
    - Who are the key stakeholders you will need to build relationships with to achieve your goals? What steps do you foresee as necessary to build those relationships? What challenges do you anticipate?
    - Demonstrated support of elected officials and/or administrative agencies for work on this initiative, if appropriate, or plans for developing that support. *Letters of support are welcome, but not required.*

- Initiative Timeline (no more than one page)
  - An outline of the anticipated timeline for the initiative that includes the key goals during this funding period
- Anticipated Strategic Guidance and Technical Support Needs and Timeline (no more than one page)
  - A brief summary of all anticipated technical assistance needs and at what steps of the funding cycle they will be needed (see Strategic Guidance and Technical Support Menu at the end of this document)
- Proposed Budget
  - A budget narrative detailing how funds would be used. If more than one organization is submitting a proposal, explain how the total funding amount will be allocated between organizations. The maximum amount awarded will be \$50,000 for single organization led projects and \$90,000 for collaborative state projects; determination of the final award will be based on the resources needed to complete the proposed activities. Possible budget lines could include staff time, support for meetings, materials creation, or technical costs (e.g. website).
    - *Please note that indirect costs should not exceed 15% of your initiative's budget and that the funding awarded should not be the exclusive source of funding for any staff person.*

#### **SELECTION PROCESS AND DEADLINES**

- 1. Distribution of Request for Proposal:** The Request for Proposal will be distributed on October 1, 2018.
- 2. Proposal Feedback:** Organizations with individual questions about their proposals or proposal ideas, and particularly those organizations who have not partnered with NIRH previously, are strongly encouraged to set up a time to review their ideas with NIRH staff by setting up a call [here](#).
- 3. Final Proposal Submitted:** Final proposals should be submitted online via the form at [www.surveymonkey.com/r/nirhrfp2019](http://www.surveymonkey.com/r/nirhrfp2019). They are due no later than 8:00 pm EST on November 12, 2018. Contact Winnie Ye at [wye@nirhealth.org](mailto:wye@nirhealth.org) with questions about proposal submission.
- 4. Proposal Review and Follow-Up:** Proposals will be reviewed by NIRH staff. Additional information or clarification of the proposal may be requested of applicants following the initial review.
- 5. Announcement of Funding Decisions:** Applicants will be informed of funding decisions on a rolling basis; all applicants will be notified of final decisions by December 21, 2018.
- 6. MOU Signed:** NIRH will outline goals and expectations with partners in a Memorandum of Understanding (MOU). All MOUs should be signed by January 16, 2019. Funding will be disbursed to partners upon receipt of the signed MOU.

## **Strategic Guidance and Technical Support Menu**

NIRH can provide the following technical assistance. This list is not exhaustive, and NIRH is also able to connect partners with organizations or individuals that can provide support not available in-house.

### **Strategy Support & Campaign Planning**

- Development and implementation of strategies to achieve initiative's objectives
- Guidance in responding to obstacles or opportunities as they arise
- Development and implementation of campaign strategy
- Development and implementation of strategies that engage grassroots and grassroots power
- Development of government relations strategy, including power-mapping and lobby training
- Identification of other movement resources and opportunities to advance objectives

### **Policy Support**

- Legal research and analysis of existing and proposed legislation or administrative action
- Development and drafting of proactive legislation, regulations, amendments, and policy briefs
- Development of talking points and testimony
- Preparation of lawmaker-friendly resources and talking points
- Connections with national policy resources
- Connections with other state and local groups working to develop similar proactive policies
- Technical assistance on financial, logistical, and policy barriers to LARC, access to up-to-date LARC research and resources, and connections with state and national experts on contraception-related policy

### **Communications**

- Development and implementation of communications/media plans
- Creation of messaging strategy, including message development and research
- Communications and messaging training for advocates and activists
- Support with media relations, including press strategy, media pitches, and access to a national database of reporters
- Assistance with social media, including development of social media campaigns, drafting of sample posts, and support for graphics creation
- Development and writing of issue briefs
- Development of websites and microsites

### **Field Operations**

- Development and implementation of field operations, including supporter identification and data analytics
- Engagement in volunteer management and leadership development
- Support with understanding and use of voter file systems

### **Coalition Building**

- Support with coalition formation/planning and governance, including sample coalition documents (e.g. commitment letters, MOUs, membership roles)
- Engaging non-traditional partners and managing coalition dynamics
- Planning and facilitation of coalition meetings