

# Preventing Adolescent Pregnancy in Pennsylvania through Long-Acting Reversible Contraception

## Statement of Problem

Unintended pregnancy and abortion rates are higher in the United States than in most other developed countries. The problem of unintended pregnancy disproportionately affects adolescent women. Almost half (49 percent) of all pregnancies in the United States, and 80-90 percent among adolescent and young women ages 15–24, are unintended. Compared to the national average, Pennsylvania teens experience greater disparity in birth rates based on race and ethnicity.

Unintended pregnancy can have a negative impact not only on the lives of teens and young women, but also on their parents, their children and society. The national public costs of births resulting from unintended pregnancy among adolescents have totaled U.S. taxpayers at least \$9.4 billion each year. Teen pregnancies and births cost Pennsylvania taxpayers an estimated \$409 million in 2010, the most recent year for which data is available.

The direct cause of teen pregnancy is the lack of consistent and correct use of effective contraception. Adolescents most commonly use methods with relatively high discontinuation and typical use failure rates, such as withdrawal, condoms and oral contraceptive pills. They rarely select the most effective methods, such as long-acting reversible contraception (LARC). LARCs are small devices that are placed inside a woman's uterus or under the skin on the inner arm that work for three to 10 years to provide excellent birth control. An overwhelming amount of evidence demonstrates the safety and efficacy of LARC methods, yet they are rarely a provider's or patient's first choice contraceptive.

## Description

This portfolio focuses on improving access to LARC methods for adolescents in Pennsylvania. Currently, key institutional and systemic barriers exist that prevent the widespread use of LARCs. For example, many providers who routinely care for adolescents feel they lack sufficient knowledge about LARC methods. For those who provide LARC services, many feel inadequately trained to deliver developmentally-appropriate contraceptive counseling services. Additionally, financial barriers exist on many levels, such as the large upfront costs of LARC devices and poor reimbursement methods between insurers and providers.

Although LARCs have a higher upfront cost than other contraceptive methods, the return on investment in preventing unwanted pregnancy mitigates the price of investment, as evidenced by several initiatives and studies done across the country that demonstrate LARC cost-effectiveness.

## Next Steps

To address the public health problem of adolescent pregnancy in Pennsylvania, PolicyLab is working with the Philadelphia Department of Public Health, the Pennsylvania Department of Human Services and other experts to develop policy recommendations for improving access to LARCs. From our research thus far, we recommend the following:

1. **Expand education for clinicians, parents and adolescents about the safety and efficacy of LARCs:** Device manufacturers and major medical institutions, such as medical and nursing schools and residency programs, can expand access to LARCs by providing training opportunities for health care providers and including questions about LARCs in licensing exams for health professionals.
2. **Clarify the scope of reimbursement for LARC methods in the Pennsylvania Medicaid Program:** The

program should reaffirm that Pennsylvania's Medicaid program covers all forms of contraception, including LARC methods, and does not require prior authorizations or copayments.

3. **All hospitals that care for reproductive-age women, whether adult or pediatric, should negotiate for broad coverage of LARC services in their contracts with public and private payers:** If the Pennsylvania Medicaid program acts pursuant to the above recommendation, this may be unnecessary. However, in the interim, providers should ensure that their Medicaid Managed Care Organization (MCO) contracts allow access to LARCs without barriers. Coverage should also not be restricted based on a provider's credentials or medical specialty, as a broad range of clinicians can deliver LARC services.

This research can inform programs and policy changes at the health system, local, state and federal levels that ensure all adolescents can receive care to meet their unique needs and, ultimately, transition to healthy, productive adults.

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## Suggested Citation

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## Related Tools & Publications

- [Racial and Ethnic Differences in Young Men's Sex and Contraceptive Education Article](#)  
Apr 2015
- [If You Do Not Ask, They Will Not Tell: Evaluating Pregnancy Risk in Young Women in Pediatric Hospitals Article](#)  
Mar 2016
- [Preventing Adolescent Pregnancy in Pennsylvania through Long-Acting Reversible Contraceptives Tools and Memos](#)  
Mar 2016
- [Exploring the Relationship Among Weight, Race, and Sexual Behaviors Among Girls Article](#)

Nov 2009

- [Low Acceptability of Certain Contraceptive Methods Among Young Women](#)  
[Article](#)  
Dec 2017
- [Satisfaction With the Intrauterine Device Insertion Procedure Among Adolescent and Young Adult Women](#)  
[Article](#)  
Jun 2018
- [Intrauterine Device Insertion Procedure Duration in Adolescent and Young Adult Women](#)  
[Article](#)  
Jan 2019
- [Insurance Plan Adherence to Mandate for Long-acting Reversible Contraceptives in a Large Pediatric Hospital Network](#)  
[Article](#)  
Aug 2019
- [Follow-up Care and 6-month Continuation Rates for Long-acting Reversible Contraceptives in Adolescents and Young Adults: A Retrospective Chart Review](#)  
[Article](#)  
Sep 2019
- [Anticipated Pain During Intrauterine Device Insertion](#)  
[Article](#)  
Sep 2019
- [Feasibility Study of a Health Coaching Intervention to Improve Contraceptive Continuation in Adolescent and Young Adult Women in Philadelphia, Pennsylvania](#)  
[Article](#)  
Sep 2021

Related Projects

[Barriers to Emergency Contraception Use among Adolescents](#)  
[Adolescent Health & Well-Being](#)