Greater Access to Birth Control for PA Women Starts Today

Adolescent Health & Well-Being

Date Posted:

Dec 01, 2016

Today marks the start of a new Pennsylvania Department of Human Services (DHS) policy that significantly expands access to the most effective forms of birth control – long-acting reversible contraceptives (LARCs) – for Pennsylvania women. By removing several long-standing barriers to access, Pennsylvania joins at least 17 other states that have taken similar steps to help women successfully avoid unintended pregnancies until they choose to have a child. These changes will support Pennsylvania's efforts to reduce its unintended pregnancy rate, which is currently 20 percent higher than the national average.

PolicyLab has long been an advocate for removing barriers to access of LARCs for adolescents. Our experts have contributed significant research around adolescent reproductive health and reducing the rate of teen pregnancy. I have presented numerous times on the need and value of LARCs, including at the Philadelphia Department of Public Health Grand Rounds, and through testimony before the Physician General for Pennsylvania, the PA Department of Human Services, PA Secretary of Policy and Planning, PA Secretary of Health and others.

Additionally, I am proud that PolicyLab is part of a broad-based Philadelphia advocacy coalition, which has worked with state leaders over the past two years to develop these policy changes.

Current Limits to LARC Access

LARCs are small, removable devices that are placed inside a woman's uterus (intrauterine device or IUD) or under the skin on the arm (subdermal implant or "the matchstick") and are highly effective at preventing pregnancy. Although federal law under the Affordable Care Act (ACA) includes provisions to increase access to contraception – requiring insurers to cover at least one birth control method in each of 18 categories – implementation has been less than ideal. Additionally, the ACA does not address key administrative issues such as billing codes or reimbursement rates that also affect access. So, even women who have insurance can experience difficulty in accessing LARCs.

How does this new PA policy help?

The new policy targets the disconnect between policy intentions and implementation, specifically addressing LARC coverage for two populations: 1) women who deliver a baby in a hospital and wish to start contraception before going home, and 2) women seeking LARC devices in outpatient settings. I remain optimistic that the state will take this first step – increasing LARC access to the small percentage (28 percent) of Medicaid enrollees who receive health care through the fee-for-service system – and ensure that it is expanded in short order to the majority of women in Pennsylvania who are on Medicaid and are covered via the Health Choices program.

Postpartum LARCs
Pennsylvania's Medicaid fee-for-service program will now reimburse providers separately for the cost of the device when inserting an IUD or implant at the time of delivery. Until now, new moms were often unable to receive a LARC before going home from the hospital because providers did not receive adequate reimburse for the cost (ranging from $600-$900 depending on the device), which was lumped into a bundled labor and delivery payment. As a provider who has worked in health care settings where LARCs were not available to women before leaving the hospital with their newborn, I have had to advise moms to receive the LARC at their postpartum visit weeks later. However, we know that more than one-third of new moms don't attend these visits, and therefore may never actually receive the contraception they need. More than half of unplanned pregnancies occur within two years of a prior birth, so the small change in this new policy addresses a significant previously missed opportunity to support family planning efforts for new moms.

While a major step in the right direction, this policy change does not alleviate all barriers. For instance, the policy does not provide reimbursement to the provider for the service of inserting LARC devices, even though inserting a LARC postpartum requires special training and is often done by providers other than those who deliver the baby. For the moment, hospitals will still have to eat this cost. In addition, the policy only applies to postpartum LARC insertions and not to LARC placements in other inpatient settings, such as after miscarriages or ectopic pregnancies.

Outpatient LARCs
Also starting today, DHS has increased the reimbursement rate for LARC insertions and removals in outpatient settings, along with a number of other family planning services. The goal here is to reduce unplanned pregnancies and improve maternal and child health more broadly throughout the state, not just among women who have recently had a baby. Given the time, staff and supplies needed for these procedures, adequate reimbursement for these services is necessary to incentivize providers to make these devices available. Knowing that they will be reimbursed not only for stocking the device but also for the cost of placing and removing the device will incentivize more clinics to provide LARC insertion and removal services.

More Work to be Done

We applaud the state's leadership and dedication to improving access to quality care and services that all Pennsylvania women need and deserve, while recognizing that there is still more to be done. We look forward to continuing our partnership with the state to keep eliminating barriers to access to LARCs and improving the ability of women to manage their own health and choose when the time is right to grow their families.

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