RESOLUTION NO. 301 (Co-Sponsored G) SUBSTITUTE ADOPTED – See Below

Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period

Introduced by the California and Texas Chapters

Referred to the Reference Committee on Practice Enhancement

WHEREAS, Providing women with early postpartum access to Long-Acting Reversible Contraceptives (LARC) methods significantly reduces the risk of unplanned pregnancies and improves the health of newborns and mothers by facilitating healthy spacing between pregnancies,¹ and

WHEREAS, birth intervals less than 18 months are associated with poor perinatal outcomes including preterm birth and low birth weight,²,³ and

WHEREAS, women who used LARC methods have many-fold increased likelihood of achieving optimal birth interval compared to women using other methods,² and

WHEREAS, contraceptive initiation within 90 days of delivery helps achieve optimal birth spacing; for example, only 41 percent of postpartum women covered by California Medicaid had contraceptive claims within this period and four in 10 were pregnant within 18 months,²,⁴ and

WHEREAS, the ability to control the timing of her pregnancies is crucial to a woman's socioeconomic advancement as it affects her education, employment, mental health and ability to care for existing children,⁵ and

WHEREAS, ensuring prompt access to LARC would result in fewer unintended pregnancies, better health outcomes and considerable cost savings for the healthcare system,⁶ and

WHEREAS, immediate postpartum placement of LARC is safe for women with minimal effect on breastfeeding, good continuation rates and decreased pregnancy rates,²,⁴,⁷ and

WHEREAS, currently the most significant barriers to providing postpartum LARC prior to hospital discharge are related to billing and payment from Medicaid and private insurance, with few states assuring coverage separate from the global fee,⁸,⁹ and

WHEREAS, pregnancy is among the most common conditions and is often the first involving young families with the health care system in a meaningful way, and

WHEREAS, most family physicians care for women of reproductive age and their offspring and more than half¹⁰ of U.S. pregnancies are unintended (unplanned or mistimed), so all family physicians caring for women of reproductive age are familiar with the impact of this issue on healthy birth spacing, and

WHEREAS, approximately one in five family physicians practices obstetrics, although this proportion has declined over recent decades,¹¹ and
WHEREAS, the American Academy of Family Physicians has supported resolutions to reduce barriers to LARC access for women in the past, now, therefore, be it

RESOLVED, That American Academy of Family Physicians support a policy that long-acting reversible contraceptive methods be a recommended option for postpartum women prior to hospital discharge, and be it further

RESOLVED, That the American Academy of Family Physicians support a policy assuring coverage of long-acting reversible contraceptive device and placement separate from the global fee, prior to hospital discharge for all women who select these methods.

(Received 5/06/15)

**Fiscal Impact:** None

**Background**

Under §1001 of the Patient Protection and Affordable Care Act (ACA), which amends §2713 of the Public Health Services Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of, and not impose cost sharing for, certain preventive services for women. The list of women’s preventive services, which must be covered in plan years starting after August 1, 2012, includes “all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity” ([http://www.hrsa.gov/womensguidelines](http://www.hrsa.gov/womensguidelines)). These methods are listed in the Food and Drug Administration’s “Birth Control Guide” ([http://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM356451.pdf](http://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM356451.pdf)).

In addition, on May 11, 2015, the Obama administration implemented regulations for health insurance issuers to cover, without cost sharing, at least one form of contraception in each of the methods that the FDA has identified for women in its current Birth Control Guide. Long-acting reversible contraception (LARC), such as intrauterine devices (IUDs) and implants are included in the list and almost all women are eligible for IUDs and implants. Therefore, the ACA requires health insurance issuers to provide coverage, without cost sharing, of LARC to prescribed patients. The only exception to coverage is for insurance provided by closely held for-profit corporations and non-profit organizations, if they object on religious grounds.

While there is no question IUDs and implants are covered by health insurance issuers, the resolution brings into light a question of whether issuers can carve-out coverage for LARC in the hospital after a woman has given birth or prior to discharge. The AAFP does not have knowledge of whether issuers have denied such coverage of LARC. The AAFP would need to engage issuers to know whether they offer that type of coverage.

As for Medicaid, the ACA expands coverage eligibility, by voluntary state action, and requires Medicaid enrollees to have access to the preventive health services, including the full range of contraceptive coverage, without cost sharing. In addition, while states are not required to provide this coverage to individuals who qualify for the traditional Medicaid program, the ACA provides a financial incentive for states to do so. Various state Medicaid programs, regardless if they have expanded, are improving service options for providers and patients to have increased access to LARC. Providers in some states are now able to receive Medicaid reimbursement for inserting an IUD or contraceptive implant in the
hospital after a woman has given birth or prior to discharge. The following 11 states have published final or proposed guidance regarding Medicaid reimbursement for postpartum (in-hospital) LARC:

- Alabama (has not expanded Medicaid)
- Colorado (expanded Medicaid)
- Georgia (has not expanded Medicaid)
- Iowa (expanded Medicaid)
- Louisiana (has not expanded Medicaid)
- Maryland (expanded Medicaid)
- Montana (expanded Medicaid)
- New Mexico (expanded Medicaid)
- New York (expanded Medicaid)
- Oklahoma (has not expanded Medicaid)
- South Carolina (has not expanded Medicaid)

Regarding the remaining 39 states and the District of Columbia, the AAFP and its constituent chapters would have to engage in state policy advocacy to increase access and coverage of LARC for Medicaid enrollees.

1. FAQs About Affordable Care Act Implementation (Part XXVI) (05/11/15).

Current Policy

Reversible Contraception Methods
http://www.aafp.org/about/policies/all/contraception-reversible.html

Contraceptive Advice
http://www.aafp.org/about/policies/all/contraceptive.html

Prior Congress Actions

Resolution No. 502 to the 2008 COD (Substitute Adopted):

RESOLVED, The AAFP supports the provision of insurance coverage for the full array of available contraceptive methods; this includes payment for IUDs and contraceptive implants and their insertion, and be it further

RESOLVED, The AAFP encourages all payers, including Medicaid, to allow for yearly single dispensing of a minimum of a one year supply of contraceptives unless there are medical contraindications to doing so, in which case the decision should be made by the physician, using clinical judgment, considering a patient’s situation and needs.

Please see Pages 361-362 in the 2008 Transactions for details.
Please see Page 208 in the 2009 Transactions for follow-up information.
Resolution No. 501 to the 2011 COD (Substitute Adopted):
RESOLVED, That the American Academy of Family Physicians (AAFP) support the provision of comprehensive family planning services at every Community Health Center (CHC) within the context of the mission and the available resources of the CHC system.
Please see Pages 256-257 in the 2011 Transactions for details.
Please see Page 174 in the 2012 Transactions for follow-up information.

Resolution No. 305 to the 2013 COD (Adopted):
RESOLVED, That the American Academy of Family Physicians advocate to end all requirements for health insurer prior approval of FDA-approved contraceptive devices.
Please see Pages 326-327 in the 2013 Transactions for details.
Please see Resolution No. 305 on the website for follow-up information.

Resolution No. 602 to the 2013 COD (Substitute Adopted):
RESOLVED, That the American Academy of Family Physicians support that intrauterine device and other long-acting reversible contraception be offered as a first-line contraceptive method and encouraged as options for most women, and be it further RESOLVED, That the American Academy of Family Physicians encourage every U.S. family medicine residency program to include core curriculum evidence-based intrauterine device and other long-acting reversible contraception indications and hands-on insertion training to competency, and be it further RESOLVED, That the American Academy of Family Physicians increase continuing professional development opportunities regarding intrauterine device and other long-acting reversible contraception eligibility, insertion, and removal.
Please see Pages 353-356 in the 2013 Transactions for details.
Please see Resolution No. 602 on the website for follow-up information.

Prior Board Actions
Approval of a recommendation from the Commission on Governmental Advocacy that the AAFP write a letter to the National Association of Community Health Centers encouraging their member Community Health Centers to provide family planning while acknowledging the reality of limited resources and their core mission of local control.
B2012, May 1-3, p. 11.

Approval of a recommendation from the Commission on Education that the Board of Directors approve that it previously has implemented the 2nd resolved clause of 2013 Congress of Delegates Resolution No. 602- Increase in IUD Education in Family Medicine.
B2014, April 29-May 1, p. 6.
Approval of a recommendation from the Commission on Continuing Professional Development that the American Academy of Family Physicians increase continuing professional development opportunities regarding intrauterine device and other long acting reversible contraception eligibility, insertion, and removal in response to 2013 Congress of Delegates (COD) Adopted Resolution No. 602, third resolved clause, “Increase IUD Education in Family Medicine.”

B2014, April 29-May 1, p. 10.

References:
12. AAFP Resolution 305, End of prior approval for contraceptive devices, 2013.

SUBSTITUTE ADOPTED

RESOLVED, That American Academy of Family Physicians support a policy that long-acting reversible contraceptive methods be a recommended option for postpartum women prior to hospital discharge, and be it further
RESOLVED, That the American Academy of Family Physicians support a policy assuring coverage and appropriate payment of long-acting reversible contraceptive devices and placement separate from the global fee, prior to hospital discharge for all women who select these methods.