

Leadership and Immediate Postpartum Long-Acting Reversible Contraception

Overview

Many states are expanding access to immediate postpartum long-acting reversible contraception (LARC) thanks to engaged state health leadership leading the charge in one or more sectors and spearheading change. This factsheet profiles how leaders in state public health, Medicaid, and the healthcare provider community, can help move immediate postpartum LARC forward.

State Health Leadership

State health leadership, such as health commissioners and secretaries of health are well-positioned to lead policy and other changes related to immediate postpartum LARC. State health leadership can resolve issues by working with others in the state to remove policy and remove barriers. Depending on a state's structure, states may need to work with officials in other agencies to address Medicaid and private insurance barriers to reimburse for immediate postpartum LARC since these may not be under their direct jurisdiction.

Larry Wolk, executive director and chief medical officer at the Colorado Department of Public Health and Environment, is a vocal leader for LARC access in his state and nationally. Wolk, a pediatrician with specialty training in adolescent medicine, has presented to the state legislature, the press, and other health commissioners, and has held various trainings across the state.

In Colorado, Government and Community Leaders are Critical Partners

From 2008-2014, the Colorado Family Planning Initiative (CFPI), which is funded by a private donor who has an extensive partnership with the Colorado Department of Public Health and the Environment (CDPHE) and Title X family planning providers, increased access to family planning by focusing on LARCs and provider education and training in Colorado. The program provided over 36,000 low or no-cost LARCs to low-income women at 68 family planning health centers in the state. Overall, LARC use rose from 4.5% of family planning clients before the project to 26.9% at the project's conclusion.¹ The results showed a 48% decrease in the teen birth rate for young women aged 15-19 between 2009 and 2014. Colorado's teen birth rate declined more rapidly than in any other state. The birth rate for Medicaid-eligible women aged 20-24 also dropped significantly between 2010 and 2012, leading to state savings of \$79 million in Medicaid birth-related costs.

Unfortunately, despite bipartisan support for CFPI, CDPHE and the state Legislature have faced political opposition developing a state-funded program that will focus on expanding access to a broad range of family planning methods. The program is currently operating as a public-private hybrid, with the state providing some funding and foundations providing the rest.¹ However, many public officials, including Governor John Hickenlooper, CDPHE's Executive Director and Chief Medical Officer Larry Wolk, local public health officers, and elected officials continue to support the program and the opportunities it provides to expanded access to family planning, including LARCs. Colorado's program has been successful and highlights the benefits of why widespread access to LARC methods is important. A concise overview of CFPI, as well as an example of how state health leadership can support these efforts, is available in this December 2015 GovInnovator [podcast](#) interview with Wolk.

Medicaid

Although Medicaid officials may be less visible than state health leadership, particularly if Medicaid is part of the larger health department or medical assistance agency, they are a key partner for making on-the-ground policy and reimbursement changes that will allow immediate postpartum LARC to be successful for hospitals and providers.

In South Carolina, Medicaid employees were instrumental in making the reimbursement changes necessary to pay for immediate postpartum LARC as an add-on benefit to the labor and delivery Diagnostic Related Group (DRG); South Carolina was the first state in the country to do this in 2012. This has been a game changer for both South Carolina and others looking to emulate their success. After learning that hospitals were not receiving the additional payments in the first year of the program, Medicaid staff worked to ensure that Medicaid providers in the state received more specific billing and coding instructions to make the reimbursement process clearer, and even included retrospective payments.^{1,2}

Provider Champions

While state leadership is needed, especially for policy change and coverage of LARCs, champions in the healthcare provider community are also critical for implementing immediate postpartum LARC payment policies, particularly through speaking to their peers about the benefits of immediate postpartum LARC, dispelling concerns, and helping to train and recruit other providers so that access can become a reality.

The Georgia Department of Public Health is working with a leader who is focused on expanding efforts around immediate postpartum LARC. She is a “champion” ob-gyn expert with a fellowship in family planning who trains other providers around the state, as well as partners with the Georgia Obstetrical and Gynecological Society on training. In addition, the health department has worked with the state’s birthing hospitals, managed Medicaid organizations, and the regional perinatal centers to reach a variety of providers throughout Georgia. Additionally, the health department has started to incorporate immediate postpartum LARC into their Georgia Perinatal Quality Collaborative, which brings together a variety of stakeholders concerned with maternal health.^{3,4,5}

Delaware Champions State Partnerships

Delaware is championing a statewide public-private partnership called Delaware CAN (Contraceptive Access NOW). With strong support from Governor Jack Markell, the state’s division of public health is partnering with the nonprofit group [Upstream USA](#) to increase same-day access to the full range of contraceptive methods, including LARCs. Upstream USA is providing training, technical assistance, and quality improvement to both public and private healthcare providers in the state, while state agencies are working to ensure there are no policy barriers to Delaware residents receiving contraception. The Delaware Division of Medicaid and Medical Assistance revised its Medicaid reimbursement policy so that hospitals can be reimbursed for providing immediate postpartum LARC, and state officials are working to revise commercial insurance policies as well. Christiana Care Health Care System, one of the largest healthcare providers in the mid-Atlantic region, also expanded immediate postpartum LARC to the hospital’s family practices. Governor Markell continues to be a vocal supporter for expanded contraception and LARC access and published an [op-ed](#) on the subject in *The New York Times* in April 2016.

Massachusetts is another state that is working to incorporate immediate postpartum LARC. Two physician champions in the state wrote a formal letter to Medicaid in favor of changing the reimbursement structure for immediate postpartum LARC and 200 other providers in the state signed on to the letter.⁶ This started the momentum needed for policy change.

Other Leaders

Other government and community leaders can also play a key role in expanding access to immediate postpartum LARC. In some states, the governor or other high-ranking government official spearheaded efforts to increase access to LARCs.⁷ Hospital associations, OB/GYN societies and other provider associations, Medicaid managed care organizations, and commercial insurance providers can also be important sources of support for immediate postpartum LARC, as all of them reach different constituencies that have a role in making immediate postpartum LARC provision and implementation a success. Many states have [State Perinatal Quality Collaboratives](#) where many individuals come together to collaborate on maternal and perinatal healthcare issues. In Georgia, New Mexico, and South Carolina, these statewide collaboratives have made immediate postpartum LARC one of their priorities.

¹ South Carolina Department of Health and Human Services. "Medicaid Bulletin." Available at <https://www.scdhhs.gov/sites/default/files/BirthControlDevices.pdf>. Accessed 6-21-2016.

² Center for Medicaid and CHIP Services. "State Medicaid Payment Approaches to Improve Access to Long-Acting Reversible Contraception." Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB040816.pdf>. Accessed 6-21-2016.

³ Association of State and Territorial Health Officials. "Postpartum LARC." Available at <http://astho.org/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception/Georgia-ASTHO-LARC-Presentation/>. Accessed 6-24-2016.

⁴ Association of State and Territorial Health Officials. "ASTHO LARC Immediately Postpartum Learning Community Year 2: In Person Kickoff Meeting, Georgia Presentation." Available at <http://astho.org/MCH/LARC-In-Person-Meeting/>. Accessed 6-24-2016.

⁵ Georgia Department of Public Health. "GaPCQ." Available at <https://dph.georgia.gov/gapqc>. Accessed 6-24-2016.

⁶ Association of Maternal and Child Health Programs. "Success Story: States Work to Improve Postpartum LARC Implementation." Available at <http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/MayJune2015/Pages/SuccessStory.aspx>. Accessed 6-24-2016.

⁷ Virginia.gov. "Lt. Gov. Northam Announces Program to Increase Education and Access to Reproductive Health Services." Available at <http://www.lt.gov.virginia.gov/news/article.aspx?articleID=1412&articleType=P>. Accessed 6-21-2016.