Fact Sheet

Service Location Considerations for Immediate Postpartum Long-Acting Reversible Contraception

Overview

As part of ASTHO's Learning Community focused on immediate postpartum provision of long-acting reversible contraception (LARC), participants identified eight domains to explore and develop further resources. One of these domains is service location, including developing and maintaining comprehensive sites to ensure access to immediate postpartum LARC and looking at the unique considerations required for different types of settings. This fact sheet looks in more depth at providing immediate postpartum LARC in the four most common settings in which state teams have expressed interest: urban and rural settings, different hospital types, Federally Qualified Health Centers (FQHCs), and Indian Health Service (IHS) facilities.

Why Service Location Matters

States need to ensure access to immediate postpartum LARC for women delivering in a wide variety of locations and settings. These settings include different hospital types, such as urban and rural hospitals, academic and university hospitals, disproportionate share hospitals, and religiously-affiliated hospitals. They can also include birthing centers, as well as IHS facilities. State officials expressed interest in how to include FQHCs in immediate postpartum LARC efforts.

LARC devices cost between $500 and $1,000, creating a significant barrier to immediate postpartum LARC provision. However, certain service locations can benefit from the federal government's 340B drug pricing program, which brings down the cost of a LARC significantly. State officials should consider thinking strategically about which service locations are eligible for the 340B program.

Hospital Type Considerations

The following hospital types have access to the 340B drug pricing program if they meet the requirements:

- Children's hospitals
- Critical access hospitals
- Disproportionate share hospitals
- Freestanding cancer hospitals
- Rural referral centers
- Sole community hospitals[1]

Children's hospitals and cancer hospitals are less likely to provide delivery services and therefore inappropriate sites for immediate postpartum LARC. However, the four other types of safety net hospitals are equipped to offer delivery services. State officials can work with these hospitals to ensure they know how to use the 340B program to procure LARC devices, and provide guidance on how to bill appropriately for 340B-priced devices under state Medicaid rules. For hospitals who are not eligible for the 340B drug pricing program, LARC devices will have to be procured at full price.

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Many states find that academic and university hospitals are enthusiastic first adopters of immediate postpartum LARC. For states trying to initiate a new program, these hospitals can be a good place to start. Academic hospitals are eligible to apply for the Ryan Program, which helps obstetrics and gynecology departments establish formal, opt-out rotation in family planning by providing technical assistance and resources,[2] including immediate postpartum LARC insertion.

Urban and rural hospitals experience different challenges, particularly related to volume and provider training. For example, one issue might be how to manage stock when there is a relatively low volume of immediate postpartum LARC placement. Informal partnerships among similar hospitals may help them work through these issues and create common solutions.

Many religiously-affiliated hospitals have formal or informal prohibitions on providing immediate postpartum LARC. With one in six hospital beds located in Catholic facilities,[3] women's access to LARC immediately postpartum is limited. Many states and providers are struggling to develop creative solutions to implement LARC in these facilities.

Other Facility Considerations

Medicaid covers services provided at freestanding birthing centers. In states where they are licensed, state officials should consider these centers a potential location for immediate postpartum LARC. Many states are also interested in how immediate postpartum LARC can be provided at IHS facilities. While IHS hospitals are not eligible for the 340B program, Tribal Contract, Compact Health Centers, and Urban Indian Health Centers are eligible, and there may be ways to partner with these health centers to make use of the 340B discount.[4]

Likewise, since FQHCs, FQHC Look-Alikes, and Title X family planning health centers are also eligible for the 340B program, states may want to partner with these health centers on immediate postpartum LARC and other efforts to support the LARC provision. While these outpatient settings may not be the best location for immediate postpartum LARC, they can be invaluable resources if a woman needs a referral for postpartum LARC insertion, follow-up care, replacement after expulsion or expiration, or removal. Many states working on immediate postpartum LARC and LARC provision have developed payment policies for these locations.[5]

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[1] HRSA. "340B Drug Pricing Program Eligibility & Registration." Available at http://www.hrsa.gov/opa/eligibilityandregistration/index.html. Accessed 5-29-2016.
[2] Ryan Residency Training Program. http://www.ryanprogram.org/. Accessed 6-6-2016
[3] Washington Post. Report: 1 in 6 hospital beds in U.S. is in a Catholic institution, restricting reproductive care. https://www.washingtonpost.com/news/acts-of-faith/wp/2016/05/05/report-1-in-6-hospital-beds-in-u-s-is-in-a-catholic-hospital-restricting-reproductive-care/. Accessed 6-6-2016.
[4] HRSA *Ibid.*
[5] 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 5-27-2016.

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