CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH
Municipal Services Building
1401 JFK Boulevard, Room 600
Philadelphia, PA 19102
(215) 686-9009

JAMES W. BUEHLER, MD
Health Commissioner

Resolution from the Board of Health
Increasing Access to Long-acting Reversible Contraception
October 8, 2015

Whereas, the Philadelphia Board of Health hosted an informational hearing on July 9, 2015, on the public health benefits of increasing access to long-acting reversible contraception (LARC) for all Philadelphia women who would like to use highly effective forms of contraception to avoid an unplanned pregnancy;

Whereas, unintended pregnancy is associated with many health risks including delayed prenatal care, physical violence during pregnancy, low birth weight, perinatal depression, and decreased likelihood of breastfeeding;[1]

Whereas, adolescent mothers who experience a repeat pregnancy are at significant risk for lower academic and socioeconomic achievement for themselves and their children;[2]

Whereas, LARC refers to intrauterine devices (IUD) or implants that are approved methods of contraception by the Food and Drug Administration; and are considered safe and efficacious by the Centers for Disease Control and Prevention, American Academy of Pediatrics,[3] and American College of Obstetrics and Gynecology;[4]

Whereas, LARC is associated with pregnancy rates of less than 1% per year for typical use, which is notably lower than 9% per year for typical use of the contraceptive pill, patch or ring;[5]

Whereas, LARC can be used as a first-line contraceptive method for adolescents as recommended by the American Academy of Pediatrics[6] and the American College of Obstetrics and Gynecology;[7]

Whereas, post-delivery LARC insertion has been shown to reduce unplanned repeat pregnancies in adolescents; extend birth spacing; and be a safe form of contraception in the postpartum period;[8]

Whereas, LARC continuation rates are higher than other forms of contraception, especially for women who request and receive postpartum LARC;[9]

Whereas, LARC is a highly effective contraceptive that must be simultaneously used with a barrier method, such as a male or female condom, to prevent sexually transmitted infection (STI) and HIV transmission;

Whereas, LARC should be provided to women based on their individual preferences and medical eligibility criteria for contraceptive use;

Whereas, the barriers for outpatient LARC access are insurers' reimbursement policies including lack of device funding and inconsistent reimbursement for provider counseling and insertion time;[10] shortage of trained providers;[11] and limited familiarity with and misconceptions about the contraceptive method;

Whereas, the barriers for inpatient, particularly post-partum, LARC access are insurers' reimbursement policies, including those of Medicaid, that do not pay for device costs and provider time separate from bundled rates;[12]

Whereas, the Philadelphia Department of Public Health (PDPH) has developed strategies to increase access to LARC so that all women in Philadelphia who seek reproductive health care have access to effective, safe, long-acting and reversible contraceptive options;

Now, therefore, the Board of Health recommends the following actions to: (1) increase access to and the affordability of LARC, (2) improve awareness of LARC as a contraceptive choice for all women who seek effective contraception, and (3) enhance assessment of the impacts of improved access to LARC on the population health of women, infants and families in Philadelphia:

The Pennsylvania Department of Human Services (DHS), through its Medicaid program and Managed Care Organizations, should join 13 other states[13] in increasing access to LARC by:

- Providing reimbursement for LARC devices and insertion costs in outpatient settings;
- Providing reimbursement for LARC devices and insertion costs in inpatient settings separate from bundled inpatient or delivery fees; and
- Adopting innovative approaches to supplying devices in outpatient settings and combining same-day provider counseling and insertion reimbursement.

PDPH should continue to increase awareness of LARC as a safe and effective contraceptive choice for all women in Philadelphia by:

- Supporting further education of clinical providers, including:
    - Continuing education for providers caring for adolescents,
    - Encouraging medical and nursing schools, residency programs, professional organizations, and device manufacturers to support training for LARC counseling, insertion, post-insertion management;
    - Encouraging adolescent and women's health care providers to adopt best-practice models that increase timeliness of providing LARC in outpatient settings.

PDPH should monitor population health outcomes as LARC becomes increasingly accessible to Philadelphia women, including assessment of teen birth rates, birth spacing, higher order births, infant morbidity and mortality, and unintended outcomes and complications of LARC use.

References

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[12] American Congress of Obstetricians and Gynecologists Reimbursement Resources for Postpartum LARC Initiation.
http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Coding-and-Reimbursement-for-LARC/Reimbursement-Resources-for-Postpartum-LARC-Initiation

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