

February 8, 2023

Sen. Kelly Morrison
95 University Avenue W.
Minnesota Senate Bldg., Room 3205
St. Paul, MN 55155



Dear Sen. Morrison:

The Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG) is writing to thank you for authoring SF164 that would allow women to receive long-acting reversible contraception (LARC) in an inpatient setting immediate postpartum. Minnesota is one of roughly ten states that haven't used guidance released by CMS in 2016 that outlined numerous payment approaches several state Medicaid agencies used to optimize access and use of LARC. **The guidance from CMS in 2016 states that payment challenges related to LARC utilization exist in both fee-for-service (FFS) and managed care environments however, most of the states that have worked to provide this coverage generally reimburses hospitals and practitioners the cost of the LARC device outside of the global (DRG bundled labor and delivery) fee.**

In 2014, CMS launched the Maternal and Infant Health Initiative with two primary goals: 1) increasing the rate and improving the content of postpartum visits; and 2) increasing access and use of effective methods of contraception. ACOG supported this initiative because of lower health outcomes that occur with unplanned pregnancies and shortened birth spacing. Research suggests that beginning a pregnancy within six months of a live birth is associated with an increased risk of premature birth, placental abruption, low birth weight, congenital disorders, schizophrenia and maternal anemia. Also, closely spaced pregnancies often do not give a woman enough time to recover from pregnancy before moving on to the next. An example of this is breastfeeding can deplete your stores of nutrients, particularly folate. If you become pregnant before replacing those stores, it could affect your health or your baby's health. Having effective contraception options, including immediate postpartum LARC is essential for family planning.

Why Immediate Postpartum

The immediate postpartum period is particularly favorable for IUD or implant insertion. The hospital setting offers convenience for the patient and the health care provider and after birth many women are motivated for contraception they don't have to worry about managing on a daily basis. In addition, women are at risk of an unintended pregnancy in the period immediately after delivery as resumption of ovulation may occur shortly after delivery. Studies show between 40% and 57% of women report having unprotected intercourse before the routine 6-week postpartum visit.

Maternal Health Disparities

Significant public health disparities exist surrounding teen and unplanned pregnancy in the United States. Women of color and those with lower education and socioeconomic status are at much greater risk of unplanned pregnancy and the resulting adverse outcomes. Unplanned pregnancies reduce educational and career opportunities and may contribute to socioeconomic deprivation and widening income disparities. LARC offer the opportunity to change the default from drifting into parenthood to planned conception. LARC methods are forgettable; once placed, they offer highly effective, long-term pregnancy prevention. Increasing evidence in the medical literature demonstrates the population benefits of use of these methods. However, barriers to more widespread use of LARC methods persist and include educational, access, and cost barriers. With increasing

insurance coverage under the Affordable Care Act (ACA) and more widespread, no-cost coverage of methods, more and more women are choosing intrauterine devices and the contraceptive implant.

Family Planning and Education

Pregnancy spacing is an essential part of family planning and women should understand all options that are available to them: short term, long-acting reversible and permanent. Optimally, women should be counseled prenatally about all of their contraception options. Counseling should include discussion of the advantages and disadvantages to allow for informed decision making. Also, ACOG supports comprehensive, objective information early and often during antepartum contraceptive counseling. All women should have autonomy in their contraceptive decision-making based on their life goals and individual priorities. Many women who choose LARC immediately postpartum praise the convenience and the ease of immediate postpartum placement.

Reversible and removal

Rules under the ACA require LARC removal to be free of charge, even absent a medical reason for doing so. Additionally, there may be medical reasons or side effects that require removal of LARC methods. Federal law reflects these standards of care. All commercial plans and Medicaid subject to the ACA's contraceptive coverage requirements must also cover LARC method removal without cost-sharing. Additionally, federal Medicaid law requires coverage of medically necessary services and provides that each individual be free from coercion or mental pressure and free to choose her method of family planning.

The American College of Obstetricians and Gynecologists supports immediate postpartum LARC insertion as a best practice and a great option for a woman who may want to become pregnant in the future but also desires long-term, highly effective pregnancy prevention. Birth control is not one-size-fits-all, but a LARC may be the right option for some women.

We fully support SF164 and thank you again for prioritizing women's health and access to all contraception that women choose. If you have any questions, please reach out to our contract lobbyist, Tara Erickson, at Tara@tgeconsultingmn.com.

Sincerely,

Siri Fiebiger, MD
Minnesota ACOG