



Medicaid's Role in Preventing Unplanned Pregnancies: LARCs and Filling Care Gaps

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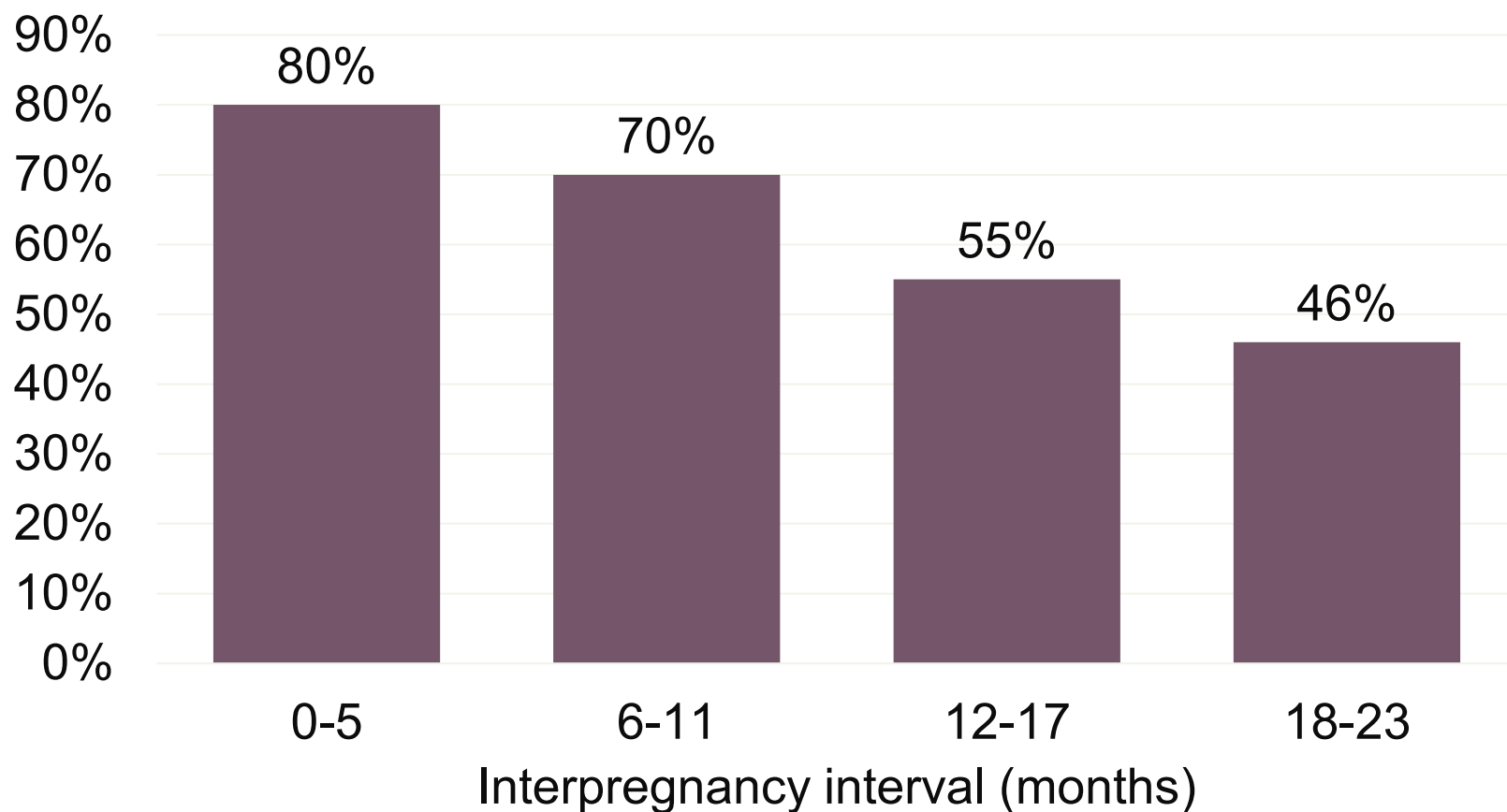


Pregnancy Timing and Intention

- High rate of unintended pregnancy in the U.S. (~45%)
 - Highest among adolescents, racial-ethnic minorities, and lower income populations
- Unintended pregnancies associated with adverse maternal and newborn health outcomes (e.g. preterm birth), and also with educational attainment and earnings



Most Postpartum Pregnancies are Unintended



Ahrens, K.A et al., 2018. Unintended pregnancy and interpregnancy interval by maternal age, National Survey of Family Growth. *Contraception*, 98(1), pp.52-55.



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The Critical Postpartum Window

- “Short-interval pregnancies” associated with a range of adverse maternal and newborn outcomes
 - ACOG guidelines recommend avoiding interpregnancy intervals shorter than 6 months (WHO recommends 2 years)
- Ensuring postpartum people have access to freely choose among the full range of contraceptive methods is key to preventing unintended, short-interval pregnancy

Ahrens KA, Nelson H, Stidd RL, Moskosky S, Hutcheon JA. Short interpregnancy intervals and adverse perinatal outcomes in high-resource settings: An updated systematic review. *Paediatr Perinat Epidemiol.* 2019;33(1):O25-o47.



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Postpartum Cliffs

Viewpoint

Postpartum Cliffs—Missed Opportunities to Promote Maternal Health in the United States

Jessica L. Cohen, PhD; Jamie R. Daw, PhD

JAMA Health Forum™

JAMA Health Forum. 2021;2(12):e214164. doi:10.1001/jamahealthforum.2021.4164



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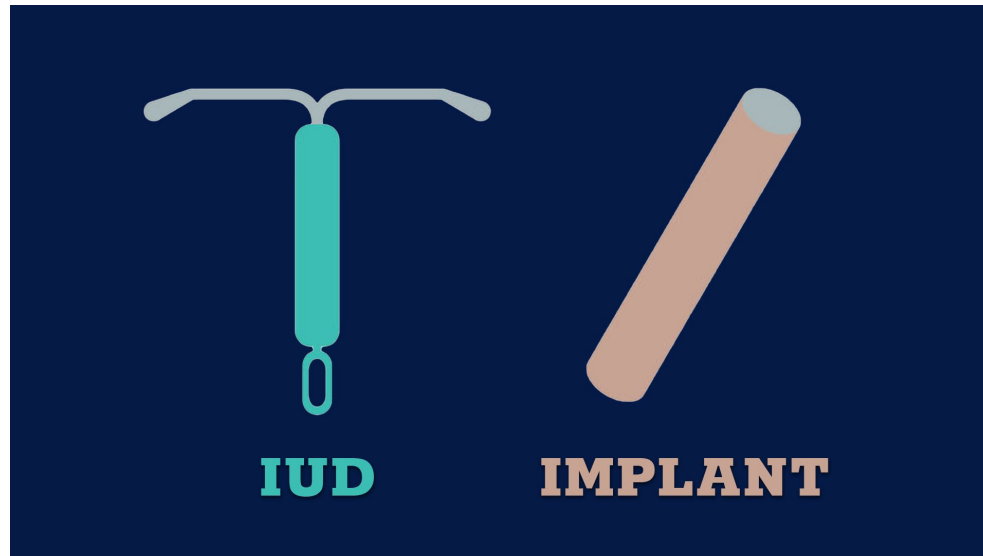
Potential Opportunity of Immediate Postpartum Contraception

- Strong connection to health care provider/system that develops in pregnancy and delivery often fades (or plummets) postpartum
- Many receive no postpartum visit at all
- Contraceptive options available during delivery admission (“**immediate postpartum contraception**”) offer tremendous opportunity for unintended pregnancy prevention for those who may lose access to affordable, high-quality care



Few Options for Immediate Postpartum Contraception

- Until ~ 10 years ago, only options for immediate postpartum contraception were tubal ligation, progestin-only pills, or injectables
 - Permanent method or short-acting only
- Not IUD + implants (“long-acting reversible contraception”)—most effective forms of reversible contraception (lasting 3-10 years)



Medicaid Unbundling of Immediate Postpartum LARC Payment

- Until ~10 years ago, immediate postpartum LARCs not offered:
 - The device and procedure are costly BUT
 - Would only be covered as part of the “global” fee for childbirth
- Momentum from clinicians, policy experts, and women’s health advocates grew to “**unbundle**” the reimbursement for **immediate postpartum LARC** from this global payment



LARC Reimbursement as a Policy Strategy

- South Carolina Medicaid was the first to adopt this policy (2012)
- Majority of states have adopted some form of the policy since

South Carolina Birth Outcomes Initiative

South Carolina Birth Outcomes Initiative is an effort by the South Carolina Department of Health and Human Services (SCDHHS) and its partners to improve the health of newborns in the Medicaid program. Launched in July 2011



[Read More](#)

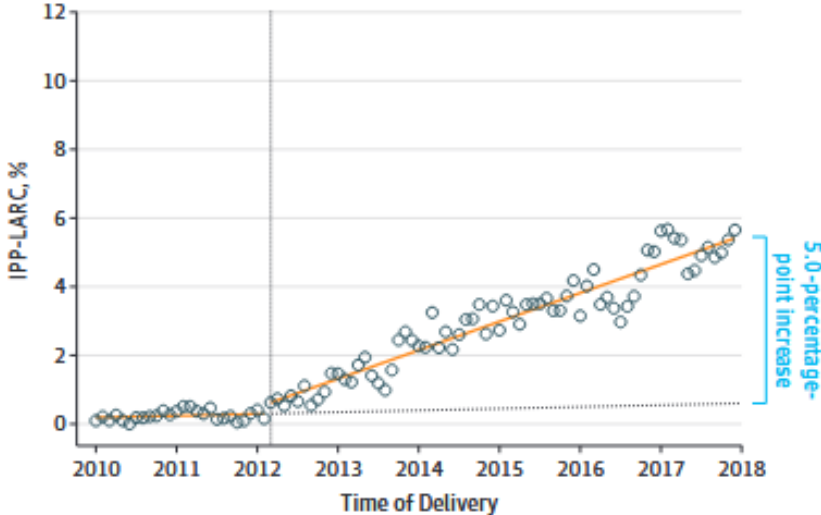


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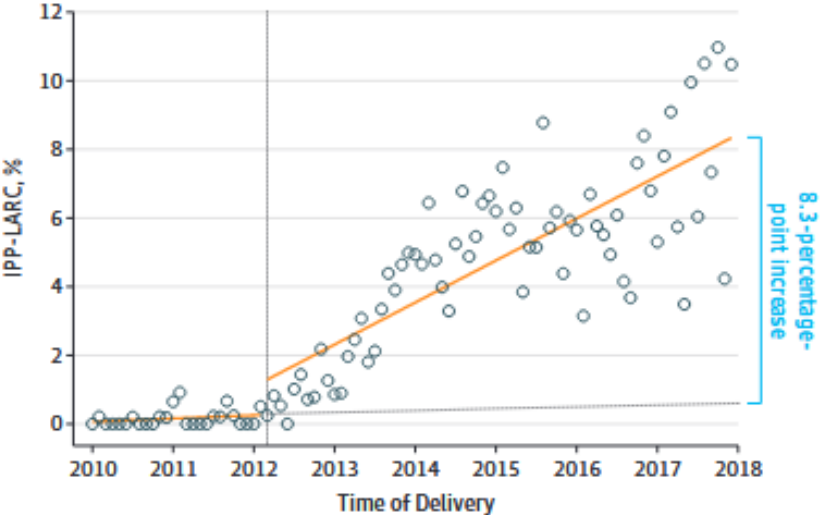
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Payment for IPP-LARC Increases Use: South Carolina

A IPP-LARC in adults



B IPP-LARC in adolescents

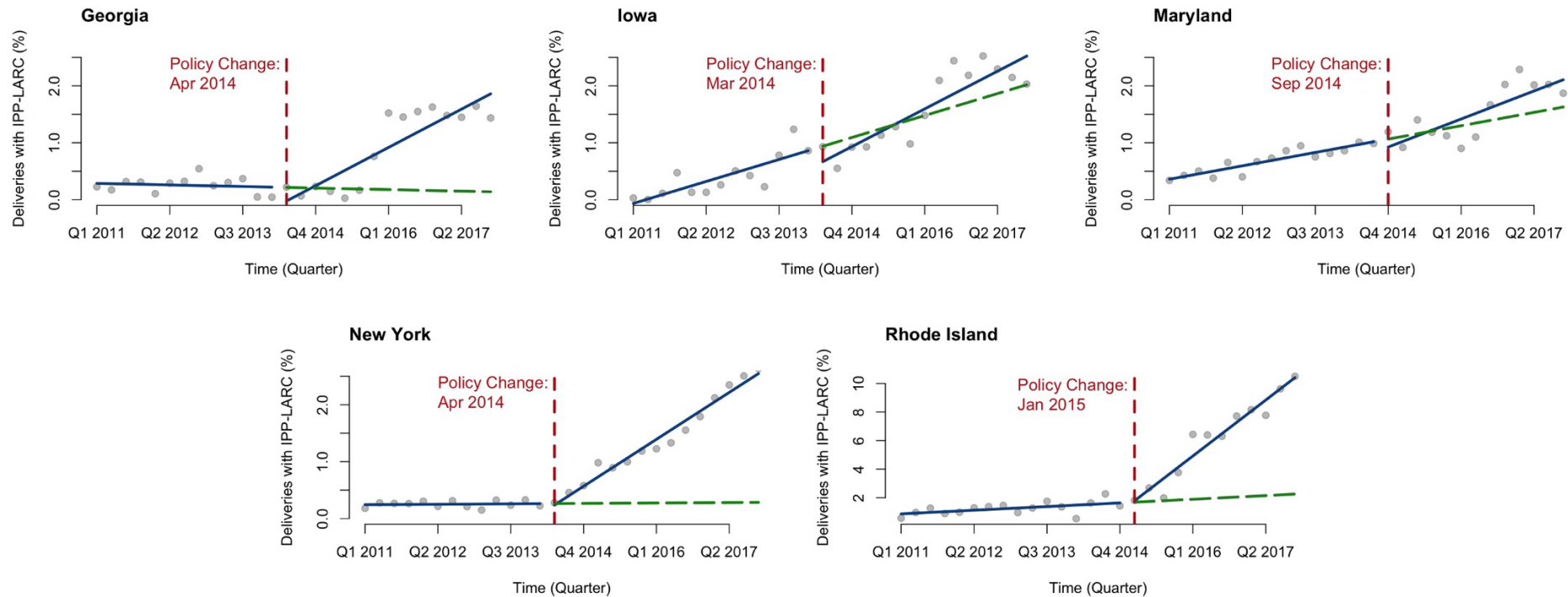


Association Between South Carolina Medicaid's Change in Payment for Immediate Postpartum Long-Acting Reversible Contraception and Birth Intervals

Maria W. Steenland, SD, MPH¹; Lydia E. Pace, MD, MPH²; Anna D. Sinaiko, PhD³; Jessica L. Cohen, PhD⁴

JAMA. 2019;322(1):76-78. doi:10.1001/jama.2019.6854

Payment for IPP-LARC Increases Use in Five Other Early-Adopting States



Immediate Postpartum Long-Acting Reversible Contraceptive Use Following State-Specific Changes in Hospital Medicaid Reimbursement

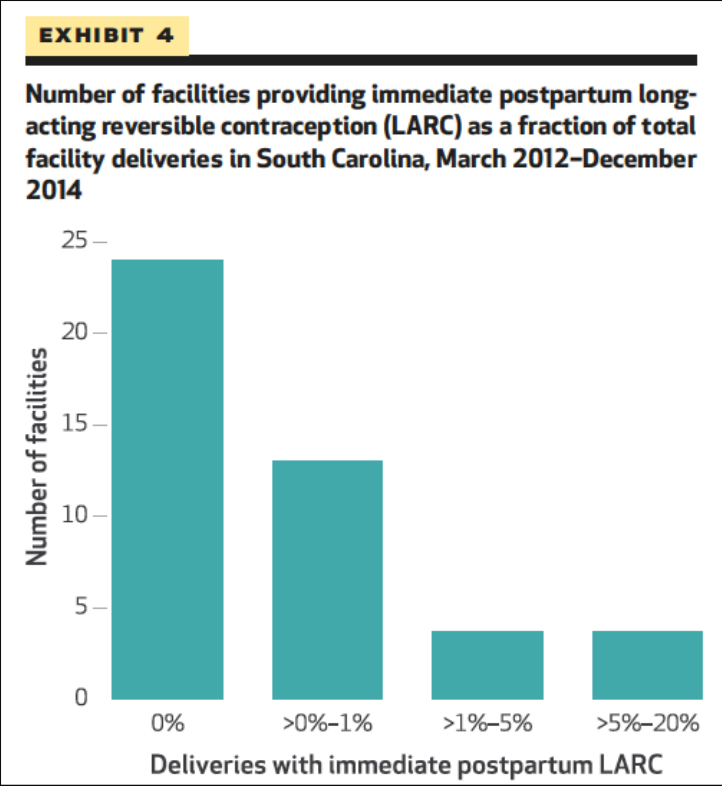
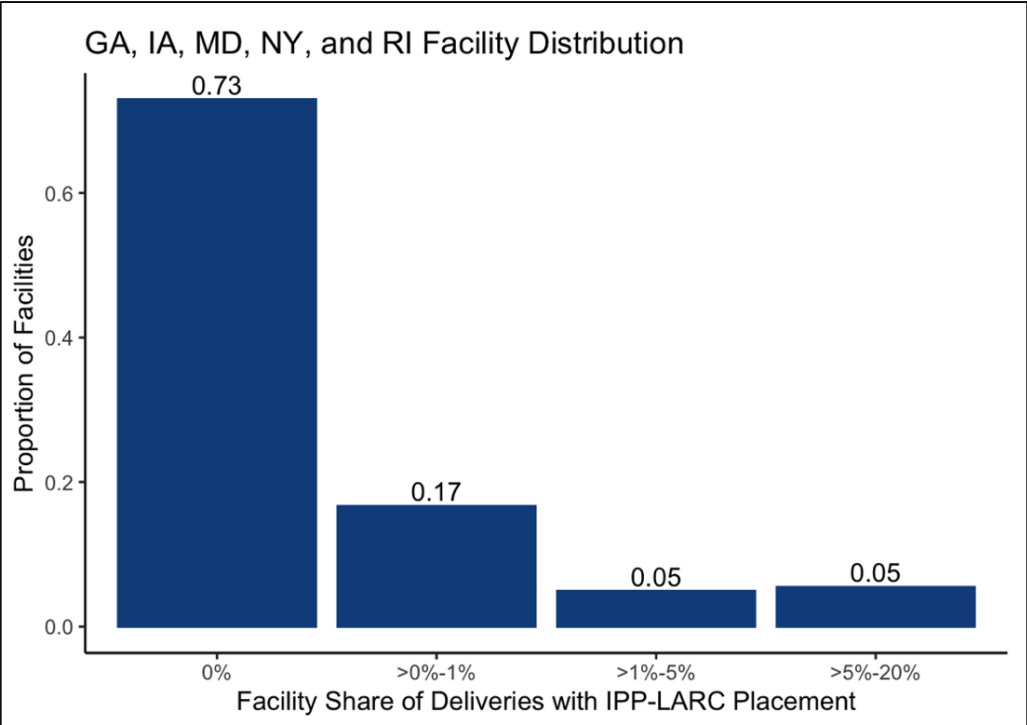
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JAMA Network Open. 2022;5(10):e2237918. doi:10.1001/jamanetworkopen.2022.37918

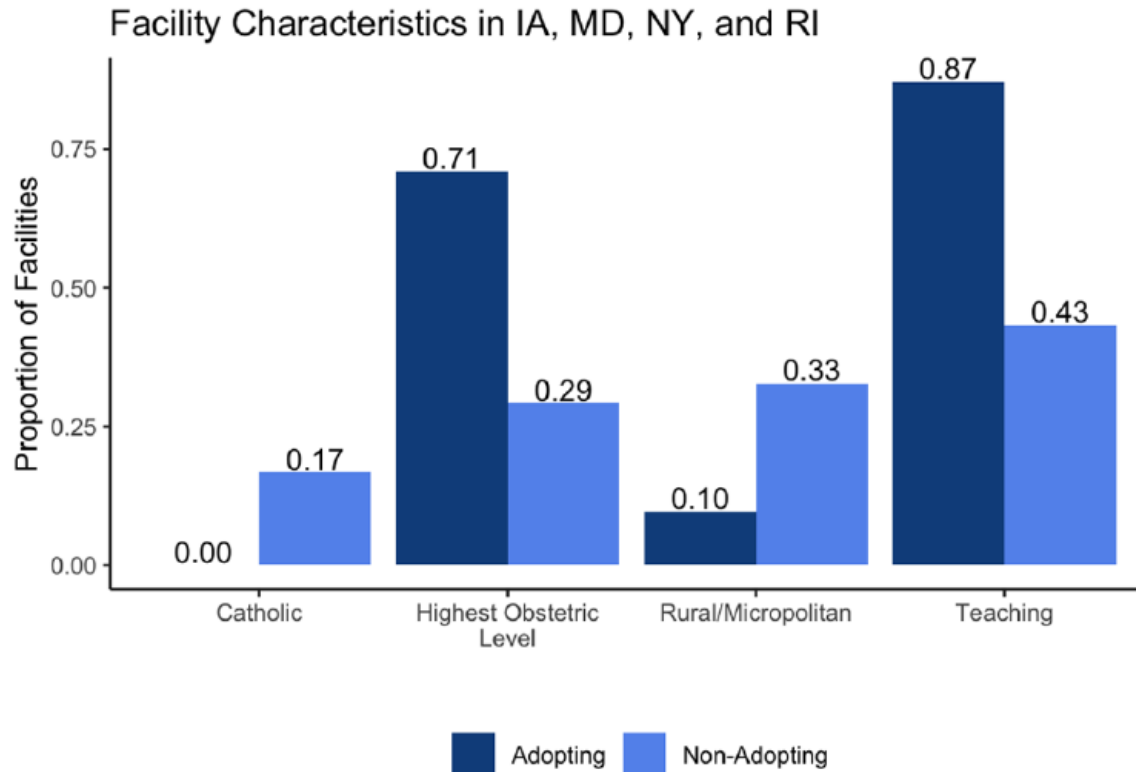


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Across All States, Only a Handful of Facilities Offer IPP-LARC



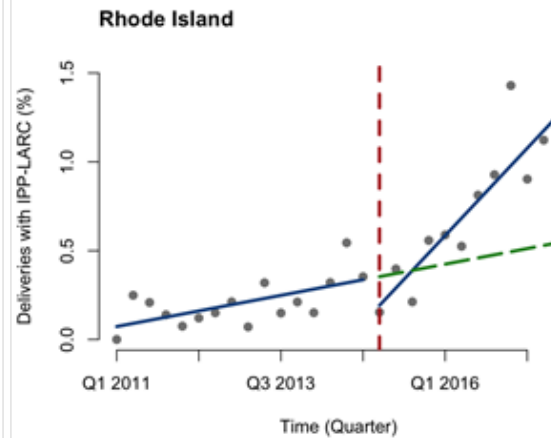
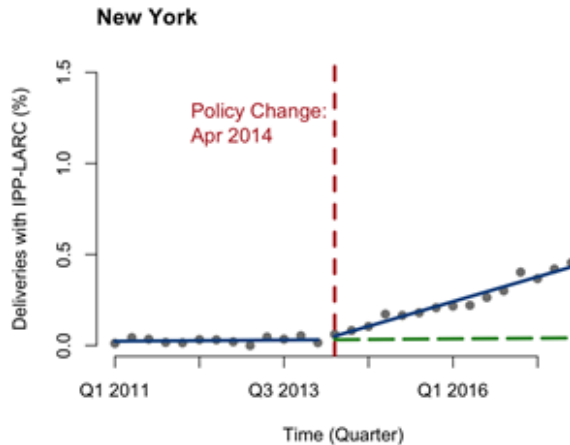
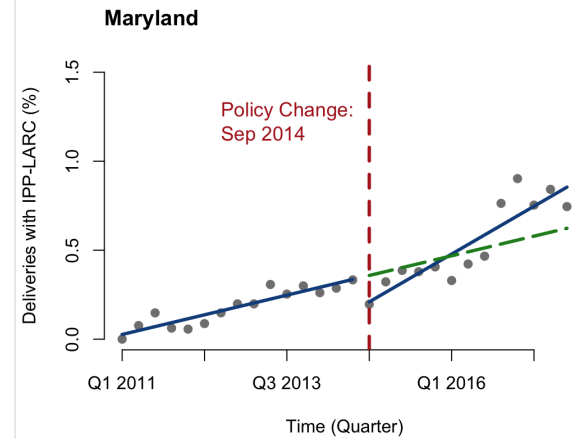
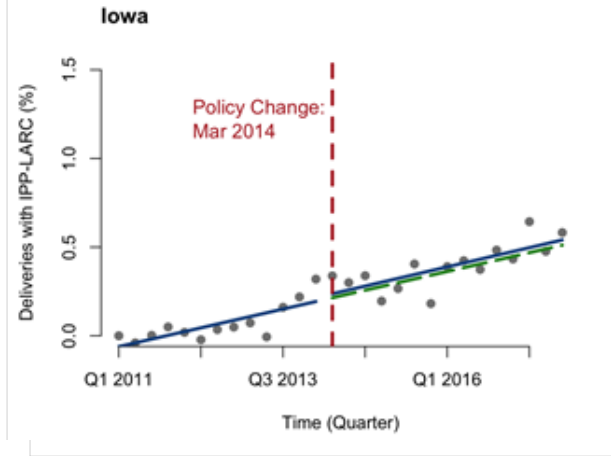
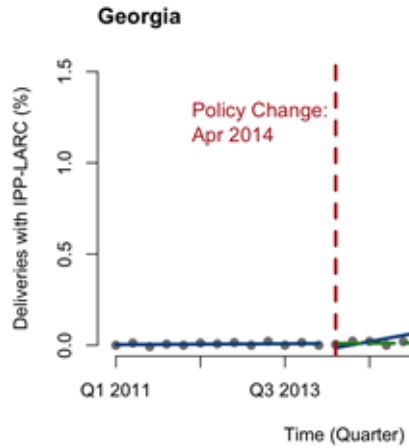
Characteristics of Facilities Adopting IPP-LARC



- Adopting facilities overwhelmingly likely to be **urban, non-Catholic, high-level teaching hospitals**



Some Evidence of “Spillovers” to Commercially-Paid Births



Payment for IPP-LARC in South Carolina: Contraception, Birth Spacing and Birth Outcomes

1. Method switching: Sizable decline in tubal ligation for adult women. Use of any form of effective contraception only increased significantly for adolescents.
2. Reductions in “Short-Interval Births” among adolescents
 - Among adults: No change overall, but significant increase in birth spacing for non-Hispanic Black adults
3. Reductions in Preterm births and Low Birthweight Births

Steenland, Pace, Cohen. Association of Medicaid Reimbursement for Immediate Postpartum Long-acting Reversible Contraception with Infant Birth Outcomes. *JAMA Pediatrics*. 2022. 176(3): 296-303.

Steenland, Pace, Sinaiko, Cohen. Medicaid Payments for Immediate Postpartum Long-Acting Reversible Contraception: Evidence from South Carolina. *Health Affairs*, 2021. 40(2): 334-342.

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Payment for IPP-LARC in South Carolina: Contraception, Birth Spacing and Birth Outcomes

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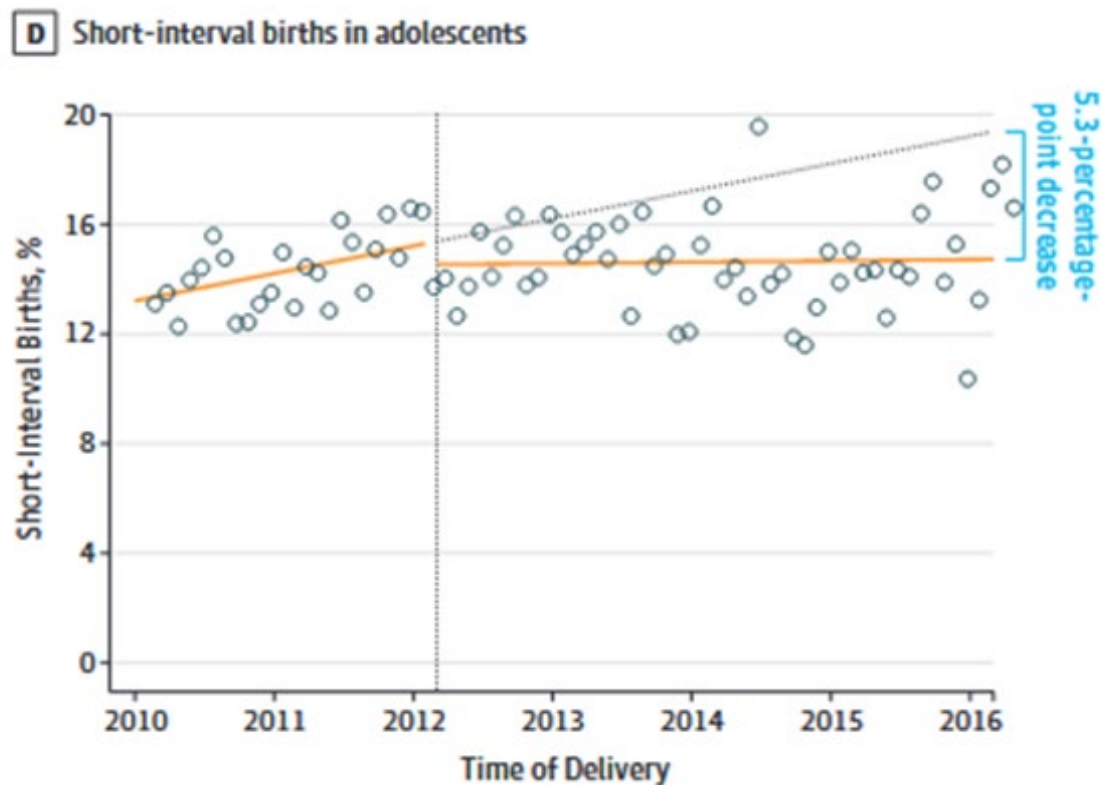
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Policy Led to a Reduction in Short-Interval Births among Adolescents in South Carolina



JAMA. 2019;322(1):76-78. doi:10.1001/jama.2019.6854



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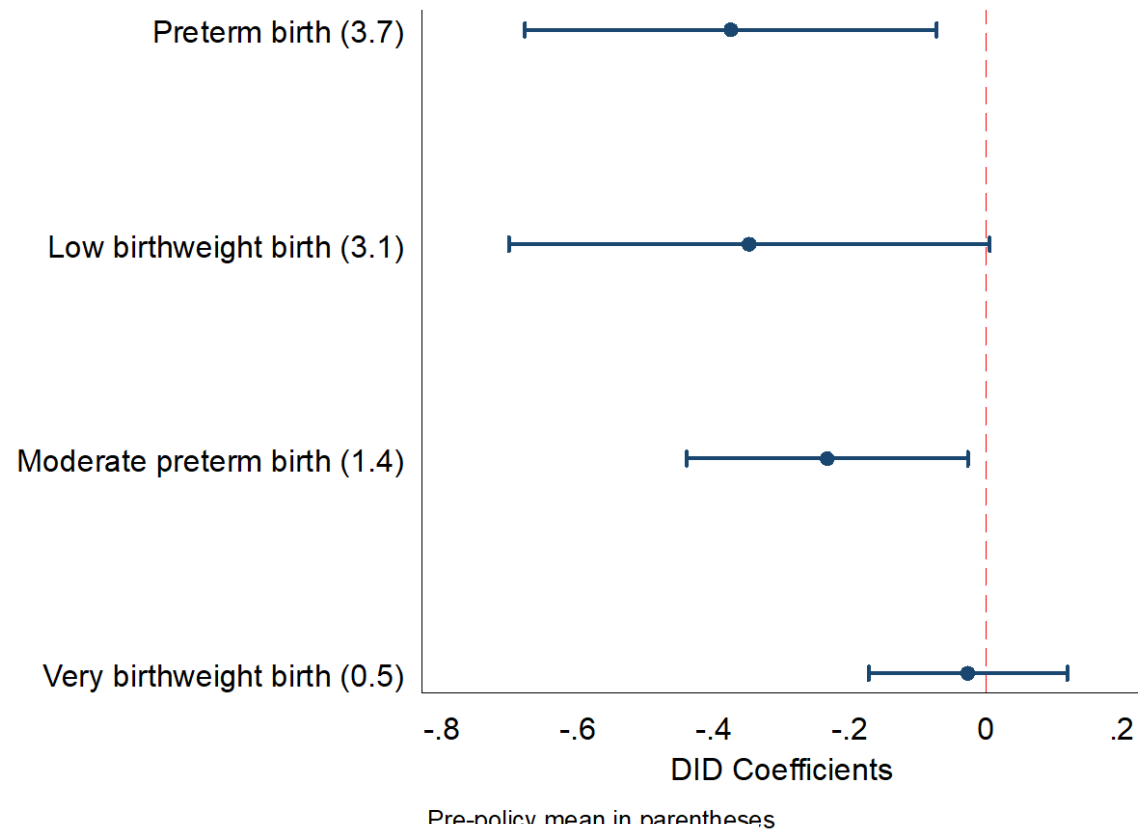
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Policy Led to Reductions in Adverse Birth Outcomes in South Carolina



JAMA Pediatrics | [Original Investigation](#)

Association of Medicaid Reimbursement for Immediate Postpartum Long-acting Reversible Contraception With Infant Birth Outcomes

Maria W. Steenland, SD; Lydia E. Pace, MD, MPH; Jessica L. Cohen, PhD

JAMA Pediatr. 2022;176(3):296-303. doi:10.1001/jamapediatrics.2021.5688

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Summary

- State Medicaid policies to unbundle immediate postpartum LARC reimbursement from global fee have increased use of this method across a range of states
- Adoption across facilities very uneven, meaning that access to this method is not uniform for birthing people
- Some evidence of declines in short-interval births and adverse birth outcomes, but not for all groups
- Policy is meant to increase patient choice: Evidence is needed whether patients are receiving patient-centered, complete, unbiased counseling regarding IPP-LARC
- More information needed on modifiable factors influencing adoption of IPP-LARC provision at facilities



Thank you!

Please reach out with your feedback and suggestions!

Email: cohenj@hsph.harvard.edu



All views my own, but collaborators on this work:
Maria Steenland, Lydia Pace, Anna Sinaiko, Raj Vatsa



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Appendix Slides



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Interrupted Time Series Estimates: Medicaid-Paid Deliveries

	Georgia	Iowa	Maryland	New York	Rhode Island
Pre-policy trend	-0.01 (-0.03, 0.01)	0.08 (0.05, 0.11) ***	0.06 (0.05, 0.07) ***	0.00 (0.00, 0.01)	0.03 (-0.01, 0.07)
Level change upon policy onset	-0.14 (-0.47, 0.19)	-0.28 (-0.62, 0.07)	-0.17 (-0.48, 0.14)	-0.06 (-0.19, 0.08)	0.13 (-0.79, 1.04)
Post-policy trend change	0.14 (0.11, 0.18) ***	0.05 (0.00, 0.11) *	0.05 (0.01, 0.08) **	0.17 (0.15, 0.18) ***	0.82 (0.73, 0.91) ***
Net policy impact	1.88 (1.36, 2.39) ***	0.48 (-0.39, 1.34)	0.38 (0.09, 0.67) *	2.27 (2.09, 2.44) ***	9.15 (8.36, 9.94) ***

* $p < 0.05$

** $p < 0.01$

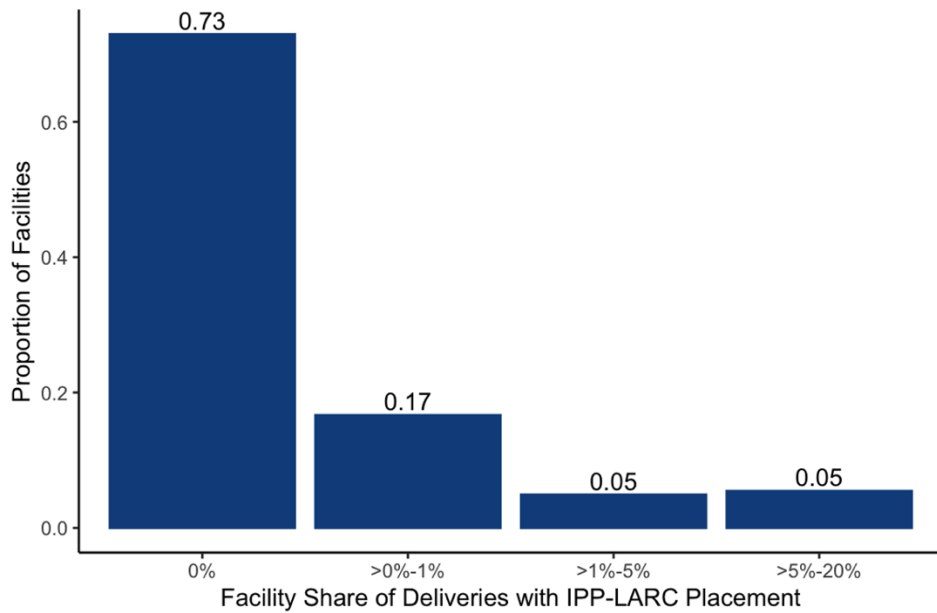
*** $p < 0.001$



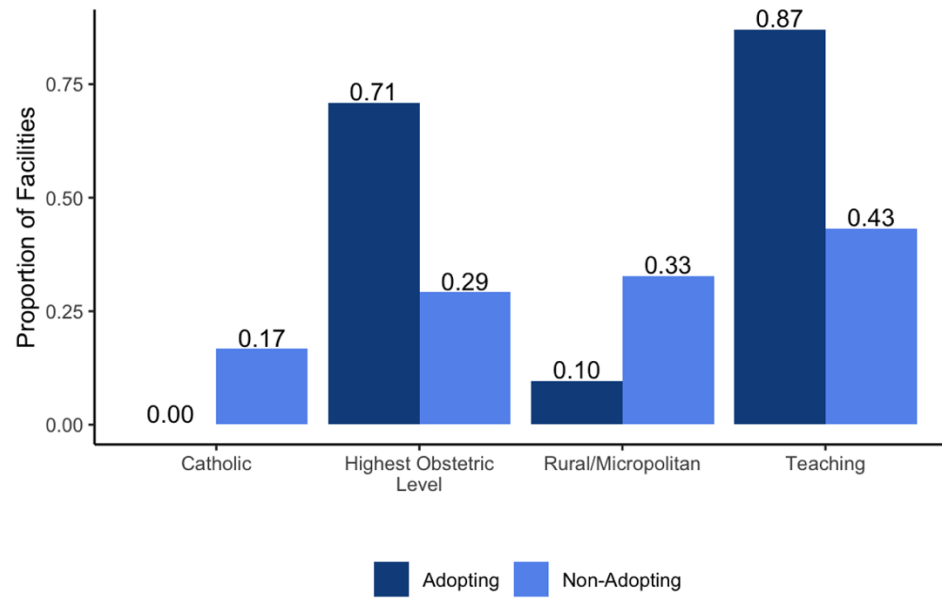
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GA, IA, MD, NY, and RI Facility Distribution



Facility Characteristics in IA, MD, NY, and RI



Interrupted Time Series Estimates: Commercially-Paid Deliveries

	Georgia	Iowa	Maryland	New York	Rhode Island
Pre-policy trend	0.00 (0.00, 0.00) *	0.02 (0.01, 0.03) ***	0.02 (0.02, 0.03) ***	0.00 (0.00, 0.00) **	0.02 (0.00, 0.03) **
Level change upon policy onset	-0.02 (-0.04, 0.01)	0.03 (-0.09, 0.15)	-0.15 (-0.24, -0.06) ***	0.01 (-0.01, 0.03)	-0.19 (-0.35, -0.02) *
Post-policy trend change	0.02 (0.01, 0.02) ***	0.00 (-0.02, 0.01)	0.03 (0.02, 0.04) ***	0.03 (0.02, 0.03) ***	0.09 (0.07, 0.11) ***
Net policy impact	0.20 (0.17, 0.23) ***	-0.01 (-0.30, 0.28)	0.19 (0.06, 0.33) **	0.38 (0.34, 0.42) ***	0.82 (0.54, 1.10) ***

* $p < 0.05$

** $p < 0.01$

*** $p < 0.001$



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