

6-Step Advocacy Checklist: Medicaid Coverage for Immediate Postpartum LARC

The intrauterine device (IUD) and contraceptive implant, known as long-acting reversible contraception (LARC), are highly-effective contraceptive methods that are safe for most women, including adolescents. LARC can be offered immediately postpartum (the period following childbirth and prior to hospital discharge) as a safe, effective option for postpartum contraception. Obstetrician-gynecologists (ob-gyns) and other obstetric care providers should incorporate immediate postpartum LARC into their practices, counsel women appropriately about advantages and risks, and advocate for institutional and payment policy changes to support provision.¹

Widespread adoption has been hampered by difficulties obtaining reimbursement for LARC devices and services provided immediately postpartum. In 2012, South Carolina became the first state to reimburse for immediate postpartum LARC through its state Medicaid program, and now most state Medicaid programs have [published guidance](#) regarding immediate postpartum LARC reimbursement. These states can serve as examples for creating similar policy in your own jurisdiction.^{1,2}

The following steps may help you advocate for immediate postpartum LARC Medicaid policy change:

Step 1: Gain Basic Understanding of the Proposed Policy

It is important to have a basic understanding of the proposed policy to field questions as they arise. Financial sustainability and reimbursement are common concerns, so understanding the process other states used to address these issues can help. The Association of State and Territorial Health Officials ([ASTHO](#)) has resources about topics such as: bundled vs. unbundled payment, outpatient vs. inpatient coding, device stocking, pharmacy issues, electronic medical records, and more.

Step 2: Form Partnerships with Key Local-Level Allies and Partners

Partners and allies can provide guidance on how Medicaid functions in your state and provide connections to key leaders, including Medicaid agency staff. These groups may have established relationships with your state Medicaid office and may become advocates for immediate postpartum LARC and help amplify your message. First, consider reaching out to your ACOG [Section Leader](#) or [Legislative Chair](#) or key advocacy organizations to see what efforts are already underway.

- **Who is your hospital lobbyist?**
- **Who leads your state's medical society & hospital association?**
- **Who leads your state's Public Health Department?**
- **Who is the contact at your local [March of Dimes chapter](#)?**
- **Who leads your local [Ryan Residency Training Program](#)?**
- **Who leads your local reproductive health & community-based advocacy organizations?**



□ Step 3: Identify State-Level Decision-Makers and Leaders

Identifying state-level decision-makers and leaders may help you gain context on what work is already occurring in your state. You may consider enlisting these individuals in your efforts moving forward.

- **Does your state have a state-wide collaborative or quality committee addressing maternal, perinatal, neonatal, and/or infant health?**
 - These groups are often well-organized with key stakeholders who have the attention of the state government.
- **Who are the leading local reproductive health/justice and community-based advocacy organizations?**
- **Who is the medical director (usually a medical doctor) of your state Medicaid program?**
- **If your state has managed care organizations (MCOs), who are the medical directors of the MCOs?**
- **Who are your state legislators involved in health policy or maternal and child health issues? Who serves on your state's legislative health committees, such as your state House or Senate public health committee?**
- **Who is your state Family Planning Administrator? (usually at the state Public Health Department)**
- **Does your state Medicaid program have a [university partnership](#) that deals with research and policy advocacy?**

□ Step 4: Identify Decision-Makers at Your State Medicaid Agency

Identify the leadership in your state Medicaid office to determine who is responsible for making policy changes.

- **Who is your state [Medicaid Director](#)?**
- **Which department or agency is Medicaid housed within? (e.g. Public Health, Social Services, etc.)**
- **Does the state Medicaid Director have the authority to make policy changes administratively?**
 - Administrative authority means that a policy change can be made without legislative involvement. A change to reimbursement policy may require the Medicaid office to change or revise budget line items, but these changes usually do not require a bill from your state legislature.
- **What is your state's legislative session calendar?**
 - Changes to Medicaid reimbursement may require a budget item change. If so, determine when the state legislative session begins and ends and if a state budget decision is coming up.
 - Each state legislature begins sessions at different times of the year. A good time to get the attention of your state official is in the interim session, the time before the legislative session starts.
- **Does your state have [managed care organizations \(MCOs\)](#)? If so, who are they?**
 - MCOs are insurance companies who contract with state Medicaid offices to deliver health services to Medicaid recipients.
 - Advocate for the state Medicaid office to require coverage in its model contract for MCOs to make sure all Medicaid recipients have uniform access.

□ Step 5: Determine Your Advocacy Strategy

Key to pushing this advocacy agenda forward is figuring out the specific issues, pieces of evidence, or political impetus that will move this policy change forward in your state.

- **Emphasize the necessity of a balanced approach for LARC use through the [reproductive justice framework](#) & the [LARC Statement of Principles](#) by [SisterSong](#) & [National Women’s Health Network](#).**
- **Tailor your message for maximum impact for your audience.**
 - To stakeholders who are more interested in the financial aspects, highlight cost-savings of immediate postpartum LARC and the revenue cycles implemented in other states.
 - To stakeholders who are more interested in the clinical aspects, present the most current and relevant [medical and public health research regarding immediate postpartum LARC](#).
- **Look to neighboring states for [policy language](#), outcomes, and experiences with implementation.**
- **Obtain local data, if possible.**
 - Your state health departments may have data on teen pregnancy, preterm deliveries, maternal and/or infant mortality, and rapid repeat pregnancy.
 - The [Centers for Disease Control and Prevention](#), [Guttmacher Institute](#), and [Power to Decide](#) have state-level data resources.
 - Your local ob-gyn residency or Ryan Residency Training Program may have hospital-level or other local data.

□ Step 6: Rally Your Allies and Prepare for the Meeting

It’s now time to prepare for a meeting with your state Medicaid office and other leadership to propose this policy change. The following resources may be useful to take with you:

- **ACOG LARC Program Immediate Postpartum LARC Policy Brief**
- **ACOG Committee Opinion No. 670: Immediate Postpartum Long-Acting Reversible Contraception**
- **ACOG Postpartum Contraceptive Access Initiative**
- **CMCS: State Medicaid Payment Approaches to Improve Access to Long-Acting Reversible Contraception**

Contact the [ACOG LARC Program Help Desk](#) for assistance & visit www.pcainitiative.acog.org for more information.

This resource was last updated on May 26, 2020, please visit the LARC Program website at <https://www.acog.org/programs/long-acting-reversible-contraception-larc> for more information.

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¹ Immediate postpartum long-acting reversible contraception. Committee Opinion No. 670. American College of Obstetricians and Gynecologists. August 2016.

² <http://www.acog.org/IPPLARCMedicaid>