TESTIMONY IN SUPPORT OF S.634
AN ACT RELATIVE TO WOMEN’S HEALTH
BEFORE THE COMMITTEE ON FINANCIAL SERVICES
November 9, 2021

The Massachusetts Medical Society (MMS) wishes to be recorded in support of Senate bill 634, An Act Relative to Women’s Health.

The MMS is a professional association of over 25,000 physicians and medical students and advocates on behalf of patients for a better health care system, and on behalf of physicians, to help them to provide the best care possible. The Medical Society has policy supporting coverage by all Massachusetts health insurance policies for long-acting reversible contraceptives (LARC) devices and the insertion procedure in the immediate postpartum period. As such, we support the provisions of S.634 requiring separate coverage for postpartum LARC, unbundled from global payments for labor and delivery.

Long-acting reversible contraceptives are the most effective form of reversible birth control, providing contraception for an extended period of time without requiring user action. LARCs possess a number of advantages: they are cost-effective, have high efficacy and continuation rates, require minimal maintenance, and are rated highest in patient satisfaction. LARC methods, which include intrauterine devices and subdermal contraceptive implants, are safe and effective for most people, including teens, and can be removed at any time.

In the inpatient setting, the use of a single prospective payment or a global payment for labor and delivery services may not sufficiently address the additional costs associated with the provision of LARC, thereby inhibiting its use in the immediate postpartum setting. The Centers for Disease Control and Prevention (CDC) through the 6|18 Initiative¹ aims to improve health and control health care costs and has identified insurance coverage of immediate postpartum LARC as a way to positively impact both health and costs. The initiative is working to ensure that both public and private payers reimburse for immediate postpartum LARC insertion by unbundling payment for LARC from other postpartum services. Improving postpartum initiation of effective contraception, including LARC, is a key strategy to reduce

¹ https://www.cdc.gov/sixeighteen/
unintended pregnancy and health disparities. Policy changes that include reimbursement for postpartum LARC placement, LARC devices, and the immediate insertion procedure during hospital admission for birth are key strategies to improve LARC access, reduce unintended pregnancy, and reduce rapid, repeat pregnancy rates.2 Similarly, in April of 2016 the Center for Medicaid and CHIP Services (CMCS) issued guidance to states on the provision of family planning services, identifying approaches to Medicaid reimbursement that promote the availability of effective contraception in support of its Maternal and Infant Health Initiative to improve maternal and infant health outcomes. CMCS also identified reimbursing for immediate postpartum insertion of LARC by unbundling payment for LARC from other labor and delivery services as a successful state strategy to optimize access to LARC. Notably, CMCS also acknowledged raising payment rates to providers for LARC or other contraceptive devices is an important strategy to ensure that providers offer the full range of contraceptive methods.

The Medical Society commends MassHealth, which took initiative and began unbundling payment for postpartum LARC insertions effective October of 2017. This legislation will build upon that progress, codifying that policy for MassHealth into law and requiring separate coverage for postpartum LARC insertion, unbundled from global payments for labor and delivery, for all other commercial payers and the GIC.

Thank you for your consideration, we respectfully urge a favorable report on S.634.

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2 [https://www.cdc.gov/sixeighteen/pregnancy/index.htm#a2](https://www.cdc.gov/sixeighteen/pregnancy/index.htm#a2)