

Date of Hearing: April 19, 2023

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Chris Holden, Chair
AB 90 (Petrie-Norris) – As Introduced January 5, 2023

Policy Committee: Health Vote: 13 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill allows the Family Planning, Access, Care, and Treatment (Family PACT) program to pay for contraceptive devices by defining inpatient services related to the placement or insertion of a contraceptive device as a covered benefit in the Family PACT program.

FISCAL EFFECT:

Costs to DHCS to cover inpatient placement of long active reversible contraception (LARC) are unknown, but could be in the millions to low tens of millions of dollars per year (90% federal funds, 10% General Fund). Costs of LARCs would be at least partially offset immediately because beneficiaries would not need other contraception, and over time because they would not get pregnant. For example, a study of adolescent mothers receiving immediate postpartum implant insertion of LARCs reported that for every dollar spent on LARC, \$0.78, \$3.54, and \$6.50 were saved at 12, 24, and 36 months, respectively by preventing repeat pregnancies.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by American College of Obstetricians and Gynecologists (ACOG), District IX. According to the author:

Under current Family PACT coverage restrictions, patients covered by Family PACT for immediate postpartum and/or gynecological care, including abortions, may not be eligible for long active reversible contraception (LARC) at the same time as they receive such care with their provider if the care is provided in an inpatient setting.

This is particularly concerning because many women – including those most at risk of short interpregnancy intervals – miss their postpartum follow-ups. AB 90 proposes to expand Family PACT coverage and reimbursement guidelines to ensure that patients receiving inpatient gynecologic or postpartum treatment who want to obtain a LARC concurrently with that care can do so during the same visit.

- 2) **Family PACT Program.** The Department of Health Care Services (DHCS), through the Family PACT program, provides comprehensive clinical family planning services, including

family planning, contraceptive drugs and devices, health education and counseling, treatment of specified conditions, and other family-planning related services, to qualified individuals with incomes below 200% of the federal poverty level (FPL). According to DHCS, Family PACT is designed to make contraception easily accessible to individuals who qualify. Enrolled Family PACT providers can determine an individual's eligibility for Family PACT at the site of clinical service delivery, on the same day the individual seeks services. Family PACT covers a wide range of family planning services, excluding abortions. Family PACT covers the insertion of an intrauterine device (IUD) when provided immediately after an abortion, which is usually provided in an outpatient setting.

- 3) **Coverage Gap.** The Family PACT provider manual specifies provider enrollment is location-specific and all Family PACT services must be rendered by, or at, an enrolled service location. There is no DHCS billing guidance that specifies Family PACT coverage extends to IUD insertions provided in an inpatient setting. Thus, a LARC coverage gap exists for the following:
 - a) An individual eligible for Family PACT who is delivering a baby or receiving an abortion or other procedure in the inpatient setting. (Family PACT does not cover the abortion.)
 - b) An individual who does not have other coverage or is receiving abortion services through the Presumptive Eligibility for Pregnant Women program, which does not cover contraception.
 - c) An individual who wants an IUD, and for whom it is clinically advisable.
- 4) **LARCs.** LARCs are highly effective birth control devices that are inserted into the body. They can stay in the body for several years and can be removed if an individual wants to become pregnant. Because of the good safety profile, very high efficacy, and high patient satisfaction, evidence-based clinical guidelines, such as those issued by ACOG, advocate for improving access and removing barriers to use of LARCs.
- 5) **Post-abortion Contraception.** According to ACOG, the post-abortion period is a safe and efficient time to initiate contraception for individuals who wish to delay or avoid a subsequent pregnancy. ACOG also states providing a contraceptive method immediately after an induced or spontaneous abortion can help an individual achieve their desired reproductive outcomes and minimize the burden of multiple appointments.

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