ASSEMBLY THIRD READING
AB 90 (Petrie-Norris)
As Introduced January 5, 2023
Majority vote

SUMMARY

Specifies that inpatient services related to the placement or insertion of a contraceptive device are a covered benefit in the Family Planning, Access, Care, and Treatment (Family PACT) Program.

COMMENTS

1) *Long-Acting Reversible Contraception (LARCs).* LARCs are highly effective birth control devices inserted into the body. They include intrauterine devices (IUDs) and implants, which 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 and high patient satisfaction, as well as very high efficacy, evidence-based clinical guidelines such as those issued by American College of Obstetricians and Gynecologists (ACOG) advocate for improving access to and removing barriers to use of LARCs.

2) Family PACT.

   a) *Eligibility.* Family PACT provides comprehensive clinical family planning and family planning-related services to qualified individuals with incomes below 200% federal poverty level. The program is designed to make contraception easily accessible to individuals who qualify. 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.

   b) *Coverage.* Family PACT covers a wide range of family planning services, including office visits, procedures, drugs and contraceptive supplies. Family PACT does not cover abortions, nor services ancillary to abortions. However, the Family PACT provider manual specifies that Family PACT covers the insertion of an IUD when provided immediately after an abortion. Most abortions, including surgical abortions, are provided in an outpatient setting.

3) *Presumptive Eligibility for Pregnant Women (PE4PW).* Department of Health Care Services (DHCS) also administers the PE4PW program, which provides immediate, temporary health care, including abortion and miscarriage, related to pregnancy for low-income pregnant people. PE4PW is designed for California residents who believe they are pregnant and who appear eligible for and do not have Medi-Cal coverage for prenatal care. The program is designed to ensure immediate access to a limited range of services important for pregnant people. It does not cover family planning services.

4) *Identified 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 only. There is no DHCS billing guidance that specifies Family PACT coverage extends to IUD insertions provided in an inpatient setting. Thus, the author expresses concern that a coverage gap exists in the following scenario:

a) An individual eligible for Family PACT is receiving an abortion or other procedure in the inpatient setting (Family PACT does not cover the abortion service);

b) The individual does not have other coverage or is receiving prenatal and abortion services through the PE4PW program, which does not cover contraception; and,

c) It is clinically appropriate to insert an IUD and the individual wants an IUD.

For individuals with PE4PW, DHCS guidance indicates if an applicant needs a procedure that is not a PE4PW benefit, the applicant can apply for retroactive Medi-Cal benefits, which will cover those services if the individual is found Medi-Cal eligible. However, the bill's sponsor indicates retroactive coverage does not sufficiently address the financial disincentive for providers to provide LARCs immediately after an inpatient procedure, when most clinically appropriate.

The identified coverage gap is specific to services provided in an inpatient setting like an operating room, but on an outpatient basis, i.e., without a hospital admission.

5) *Post-Abortion Contraception.* According to ACOG Committee Opinion Number 833, 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 that providing a contraceptive method immediately after an induced or spontaneous abortion can help individuals achieve their desired reproductive outcomes and minimize the burden of multiple appointments. ACOG recommends contraceptive counseling to be offered, and immediate provision of all contraceptive methods should be made available, when possible, to any patient interested in contraceptive care in this setting. If an individual does not receive the device immediately postpartum, they may have to wait several weeks to reduce the risk of expulsion of an intrauterine device, and seek an additional clinic appointment specifically to receive the IUD.

According to the Author
Family PACT restricts coverage for care provided in the inpatient setting, which disadvantages eligible individuals who lack coverage for LARCs in the immediate postpartum period. According to the author, birthing individuals most at risk of becoming pregnant again shortly after a pregnancy are also more likely to miss their postpartum follow-up visits. This change is intended to ensure postpartum individuals receive needed care at the right time. Furthermore, the author notes this change will benefit women from underserved and marginalized communities by making it easier to receive a highly effective contraceptive option immediately postpartum, instead of requiring Family PACT patients to return for a follow-up visit at an outpatient clinic.

Arguments in Support
According to ACOG, the bill's sponsor, rates of follow-up visits after the end of pregnancy are unfortunately low. ACOG states between 40% and 75 % of those who claim they'll use an intrauterine device after giving birth fail to get one. ACOG asserts this bill will help California continue to lead in reproductive health care access by ensuring this effective contraception option is immediately available in the postpartum setting to patients who want it. ACCESS Reproductive Justice supports this bill, noting it reduces potential access barriers, including the need for an additional visit and potential loss of coverage postpartum.

Arguments in Opposition
There is no known opposition.

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

Costs to DHCS to cover inpatient placement of LARCs 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.

VOTES

ASM HEALTH: 13-0-2
YES: Wood, Waldron, Aguiar-Curry, Arambula, Boerner Horvath, Flora, Maienschein, McCarty, Joe Patterson, Rodriguez, Santiago, Villapudua, Weber
ABS, ABST OR NV: Wendy Carrillo, Vince Fong

ASM APPROPRIATIONS: 15-0-1
YES: Holden, Megan Dahle, Bryan, Calderon, Wendy Carrillo, Dixon, Mike Fong, Hart, Lowenthal, Mathis, Papan, Pellerin, Sanchez, Weber, Ortega
ABS, ABST OR NV: Robert Rivas

UPDATED

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