

HB 3135 A STAFF MEASURE SUMMARY

House Committee On Health Care

Action Date: 04/17/17

Action: Do pass with amendments and be referred to Ways and Means. (Printed A-Eng.)

Vote: 9-0-0-0

Yeas: 9 - Alonso Leon, Buehler, Greenlick, Hack, Hayden, Kennemer, Keny-Guyer, Malstrom, Nosse

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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WHAT THE MEASURE DOES:

Requires Oregon Health Authority (OHA) to reimburse Oregon Health Plan (OHP) clients for the postpartum insertion of an intrauterine device or progestin implant at the rate established by OHA. Requires OHA to pay for the removal of this device at any time the client chooses, even if the client is no longer eligible for coverage under OHP.

ISSUES DISCUSSED:

- Advantages of postpartum long-acting reversible contraception (LARC)
- Current Oregon Health Plan coverage
- Cost efficiencies of LARC during hospital stay

EFFECT OF AMENDMENT:

Replaces the measure.

BACKGROUND:

The American College of Obstetricians and Gynecologists recommends the following strategies for immediate postpartum long-acting reversible contraception (LARC):

- Women should be counseled prenatally about the option of immediate postpartum LARC. Counseling should include advantages, risks of intrauterine device (IUD) expulsion, contraindications and alternatives to allow for informed decision making.
- Immediate postpartum LARC should be offered as an effective option for postpartum contraception; there are few contraindications to postpartum IUDs and implants. Obstetrician–gynecologists and other obstetric care providers should counsel women about the convenience and effectiveness of immediate postpartum LARC, as well as the benefits of reducing unintended pregnancy and lengthening interpregnancy intervals.
- Obstetrician–gynecologists and other obstetric care providers should include in their contraceptive counseling the increased risk of expulsion, including unrecognized expulsion, with immediate postpartum IUD insertion compared with interval IUD insertion.
- Systems should be in place to ensure that women who desire LARC can receive it during the comprehensive postpartum visit if immediate postpartum placement was not undertaken.
- Obstetrician–gynecologists, other obstetric care providers, and institutions should develop the resources, processes and infrastructure, including stocking LARC devices in the labor and delivery unit and coding and reimbursement strategies, to support immediate LARC placement after vaginal and cesarean births.
- Obstetrician–gynecologists and other obstetric care providers should advocate for appropriate reimbursement for immediate postpartum LARC from public and private insurers.