

Improving Access to Immediate Postpartum Long-Acting Reversible Contraception

Anna Cornelius-Schechter, Cortney Eakin, Elena Rhoads

Department of OBGYN, University of California, Irvine



Background

- IPP LARC can reduce unintended pregnancy and lengthen interpregnancy intervals
- AB 2129 was enacted on 1/1/25
 - Requires health insurance in California to reimburse for devices, implants, and professional services associated with IPP LARC for deliveries that take place in a general acute care hospital or licensed birth center

Methods

- Quality improvement data analysis to evaluate IPP LARC administration before and after both the implementation of:
 - AB 2129
 - billing coding revisions
- Data timeline
 - 13 months before and 17 months after AB2129
 - 23 months before and 7 months after billing coding revisions
- Outcomes:
 - absolute number of LARCs administered
 - percentage of deliveries after which IPP LARC
- One-tailed t-tests were calculated.

Objectives

- Investigate the change in absolute number and percentages of IPP LARCs administered before and after both the implementation of AB 2129 and the implementation of billing coding revisions to assess the efficacy of this legislation to improve access to care for LARCs.

Conclusions

- No observable increase in the use of IPP LARC after initiatives to improve access were implemented
- Confounding factors
 - Individual patient advocacy to deliver IPP LARC prior to implementation changes
 - Delay to uptake of IPP LARC after implementation changes due to delays in awareness
 - Two different policy implementation changes that occurred at two different times
- Areas for future research:
 - Investigate of individuals who desired IPP LARC but did not receive IPP LARC
 - Assessment of insurance payor types represented among patients who receive IPP LARC
 - Longer observation period after implementation of access to care initiatives to observe the impact of the program as awareness spreads and new workflows are better established

Results

	Before AB 2129	After AB 2129	P-value	Before billing implementation	After billing implementation	P-value
Total # LARCs administered	156	217	0.3	284	89	0.5
Total # LARCs per month	12	13	--	12	13	--
% deliveries with IPP LARC	9%	8%	0.4	9%	8%	0.4
Reimbursement rate range	90-99%	84-99%	0.4	99-99%	84-99%	0.3