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### What is LARC?

LARC stands for long-acting reversible contraception. LARC is a catch-all term that describes highly effective and easy-to-use forms of birth control that can prevent pregnancy for several years at a time. LARC includes intrauterine devices (IUD) and the hormonal implant.<sup>1</sup>

#### Contraception and Family Planning Landscape in New Mexico

In 2018, there were 398,658 females considered to be of childbearing age (aged 15-44) in New Mexico.<sup>2</sup> Many New Mexicans access contraception through their insurance coverage via Medicaid MCO\* or private insurers (employer-based or individual market plans). Additionally, Department of Health (DOH) public health offices and Title X contract clinic sites provide comprehensive and confidential family planning services and related preventive health services to any person who requests, regardless of ability to pay and without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.

In 2019, the New Mexico legislature passed a bill that put additional provisions for insurance coverage for contraception into law. Insurers are now required to cover over-the-counter methods without a prescription, dispensing for up to 6 months, vasectomies, and external condoms.

HOUSEHOLD SIZE	250% FPL (MONTHLY)
1	\$2,603
2	\$3,523
3	\$4,444
4	\$5,365
5	\$6,286
+additional person	add \$920 to total

\*New Mexico Medicaid determines eligibility for both family planning and pregnancy related Medicaid at 250% of the federal poverty level (FPL).<sup>3</sup>

### New Mexico LARC Workgroup

In New Mexico, strategic efforts to increase LARC access statewide are coordinated through the LARC Workgroup. The workgroup came together in 2017 and is convened and facilitated by the reproductive justice organization Young Women United (YWU).

Before the formation of the workgroup, DOH, Medicaid Assistance Division (MAD), and other agencies and advocates worked to increase access to LARC from their unique positions.

#### The LARC Workgroup moves to:

- Improve access to reproductive health care, specifically LARC, for women and people in New Mexico
- Leverage resources to effectively expand access to LARC in appropriate and impactful ways
- Confront coercion in the provision of LARC and contraception within clinical care, advocacy, and every
  opportunity

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## STRATEGIC PRIORITIES

Policy and Advocacy Provider/Staff Education and Training Outreach and Education Collective Evaluation and Fundraising Confronting Coercion in the Provision of LARC

# LARC WORKGROUP VICTORIES

#### Legislative Support

- 2019: \$1.1 million to DOH for expanded LARC training
- 2019: \$100k to DOH to establish infrastructure for a statewide perinatal collaborative
- 2018: \$250k to DOH for LARC stocking and training for providers serving young people

## Expansion of LARC Access Through Human Services Department (HSD)

- HSD implemented LARC reimbursement rate increases in 2018
- HSD unbundled LARC drugs & devices from FQHC, RHC and HB-RHC rates
- HSD no longer requires a Prior Authorization for LARC under Centennial Care
- HSD now requires that MCO member handbook includes the following:
  - "Information on accessing [...] specialty services, including a discussion of the member's right to self-refer to in-plan and out-of-plan family planning providers, a female member's right to self-refer to a women's health specialist within the network for covered care"
- HSD revised inpatient LARC billing supplement to align with community hospital billing mechanisms

## Expansion of LARC Access/Availability Through Department of Health (DOH)

Direct Services<sup>4</sup>:

- 44 out of 54 DOH public health offices (PHOs) offer family planning (FP) services; of those, 39 offer LARC
- 6 subrecipient agencies with 18 service sites also provide FP services
  - 9 of these service sites are School-Based Health Centers
- Increased percentage of New Mexico female clients, served at Title X contract clinic sites and PHOs, who have chosen LARC as their primary contraceptive method from 9% in 2013 to 37% in 2018
  - When females have readily available access to LARCs, they use them, as seen in DOH Public Health Offices
- Increased percentage of New Mexico female teen clients, served at Title X contract clinic sites and PHOs, who have chosen LARC as their primary contraceptive method from 5% in 2013 to 30% in 2018

Systems Change:

- Family Planning used social and digital media to increase public awareness of contraceptive method options and clinic locations
  - Purchased cross-platform advertisements about the hormonal implant
  - Launched BrdsNBZ a text messaging system for teens with free, confidential answers to sexual health questions in English or Spanish
- Office of School and Adolescent Health (OSAH)/DOH to start data collection on LARC at schoolbased centers

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#### Innovative Interagency Collaboration between HSD + DOH

- HSD and DOH both engaged with Association of State and Territorial Health Officials (ASTHO) LARC learning community
- HSD and DOH are exploring pilot programs to address LARC stocking and storage needs

### Provider and Staff Education and Training

LARC Mentoring Program (LMP), based at the University of New Mexico

- Focus on provider/clinician training in collaboration with the nationally renowned Bixby Center for Reproductive Health
- Training opportunities on clinical billing and administration in outpatient settings
- Training opportunities on immediate postpartum LARC insertion in hospital setting

#### DOH

- Family Planning Program (FPP)
  - Working with Public Health Division and Regions to increase access to and availability of contraceptive methods through implementation of telemedicine for areas with a shortage of providers
- Reproductive Health Project ECHO
  - Providing reproductive health distance medical education and care management, in collaboration with UNM

NM Perinatal Collaborative Immediate Postpartum (IPP) LARC Initiative

- Creation and disbursement of web-based IPP LARC implementation toolkit
- Delivery of hands-on administrative & clinical staff trainings in geographically-dispersed community hospitals
- Consolidation of hospital feedback on necessary billing supplement revisions leading to new model policy
- Collaboration with LMP to reach providers working in both clinic and hospital settings
- Collaboration with YWU to deliver non-coercive counseling training

Young Women United

- Training opportunities in preventing coercion in the provision of contraceptive care provided to health care providers at various stages of their training across the state of New Mexico and beyond
- Principles preventing coercion:
  - The decision to use a LARC device should be made by each person after quality contraceptive counseling that helps identify what will work best for their unique reproductive health needs
  - The decision to cease using a long-acting method should be made by each person with support from a health professional without judgment or obstacles
  - Enthusiasm for LARCs should not distract from the ongoing need to support policies and programs that address the full scope of healthy sexuality and other critical health care needs

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## NM LARC WORKGROUP MEMBERS

Convened and facilitated by Young Women United with partners:

- ACLU of New Mexico
- DOH--Family Planning Program
- DOH--Office of School and Adolescent Health
- Envision New Mexico/UNM Adolescent Medicine Division--LARC Mentoring Program (LMP)
- Human Services Department
- Planned Parenthood of the Rocky Mountains (PPRM)
- New Mexico Perinatal Collaborative
- New Mexico Alliance for School-Based Health Care
- Presbyterian Health Services
- Southwest Women's Law Center
- True Health New Mexico
- Western Sky Community Care

#### Supportive Organizations:

- New Mexico Section of the American College of Obstetricians & Gynecologists (ACOG)
- New Mexico Affiliate of the American College of Nurse-Midwives (ACNM)
- University of New Mexico/Departments of OB/Gyn and Family & Community Medicine

## **REFERENCES:**

<sup>1</sup> "What Is LARC," UR Medicine Golisano Children's Hospital, Department of Pediatrics, accessed October 16, 2019, https://www.urmc.rochester.edu/pediatrics/training/community-pediatrics-training/larc/what-islarc.aspx.

 <sup>2</sup> NM Indicator Based Information System (NM-IBIS), "Population Estimates," updated July 1, 2019, retrieved from https://ibis.health.state.nm.us/query/result/pop/PopCnty/Count.html on October 17, 2019.
 <sup>3</sup> "Affordable Care Medicaid Programs," New Mexico Human Services Department, accessed October 16, 2016, https://www.hsd.state.nm.us/uploads/FileLinks/26463f122f47474487faee4922e09ce8/2019\_2020\_ MAD\_222\_\_Affordable\_Care\_Act\_Medicaid\_Programs.pdf.

<sup>4</sup> NM Department of Health, Family Planning Program, email communication, September 12, 2019.

