Sponsored by:
Senator SHIRLEY K. TURNER
District 15 (Hunterdon and Mercer)

SYNOPSIS
Requires DHS to implement payment strategy to encourage the use of long acting reversible contraceptives.

CURRENT VERSION OF TEXT
As introduced.
AN ACT requiring the Department of Human Services to implement
a payment strategy for Medicaid clients and supplementing Title
30 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State
of New Jersey:

1. a. The Department of Human Services shall implement a
State Medicaid payment strategy to optimize the availability of long
acting reversible contraceptives. The payment strategy shall
include, but not be limited to, the following initiatives:
(1) provide timely, patient-centered comprehensive coverage for
the provision of long acting reversible contraceptives for women;
(2) reimburse for immediate postpartum insertion of long acting
reversible contraceptives separate from other labor and delivery
services;
(3) remove logistical barriers for supply management of long
acting reversible contraceptive devices; and
(4) remove administrative barriers for provision of long acting
reversible contraceptive devices.
b. The department shall require all managed care organizations
which provide health care coverage to Medicaid clients to
implement payment strategies as provided in subsection a. of this
section to improve access to and availability of long acting
reversible contraceptive devices for women.

2. The Commissioner of Human Services shall apply for such
State plan amendments or waivers as may be necessary to
implement the provisions of this act and to secure federal financial
participation for State Medicaid expenditures under the federal
Medicaid program.

3. This act shall take effect immediately.

STATEMENT

This bill would require the Department of Human Services to
implement payment strategies to encourage the use of long acting
reversible contraceptives (LARCs).
The payment strategy is required to include, but not be limited
to, the following initiatives:
(1) provide timely, patient-centered comprehensive coverage for
the provision of LARCs for women;
(2) reimburse for immediate postpartum insertion of LARCs
separate from other labor and delivery services;
(3) remove logistical barriers for supply management of LARC
devices; and
(4) remove administrative barriers for provision of LARC devices.

Furthermore, the bill would require the department to ensure that the managed care organizations which provide health insurance coverage for a vast majority of Medicaid clients also implement these strategies.

Nationally, the Center for Medicaid & CHIP Services launched the Maternal and Infant Health Initiative in July 2014 to improve maternal and infant health outcomes. One goal of the initiative was to increase access and use of effective methods of contraception. The federal Centers for Disease Control and Prevention identified LARCs as among the most effective family planning methods, with pregnancy rates of fewer than 1 pregnancy per 100 women in the first year. Yet, the use of LARCs in the United States is relatively low when compared to other countries. Two reasons cited for the low utilization of LARCs in the United States are administrative and reimbursement barriers that result in high upfront costs for devices, and payment policies that reduce (or do not provide) reimbursement for devices or placement.

This bill is intended to motivate the department to adopt policies to increase access and availability of LARCs to State Medicaid clients.