

SENATE, No. 1344

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED FEBRUARY 10, 2020

Sponsored by:

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

SYNOPSIS

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

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT requiring the Department of Human Services to implement
2 a payment strategy for Medicaid clients and supplementing Title
3 30 of the Revised Statutes.

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

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8 1. a. The Department of Human Services shall implement a
9 State Medicaid payment strategy to optimize the availability of long
10 acting reversible contraceptives. The payment strategy shall
11 include, but not be limited to, the following initiatives:

12 (1) provide timely, patient-centered comprehensive coverage for
13 the provision of long acting reversible contraceptives for women;

14 (2) reimburse for immediate postpartum insertion of long acting
15 reversible contraceptives separate from other labor and delivery
16 services;

17 (3) remove logistical barriers for supply management of long
18 acting reversible contraceptive devices; and

19 (4) remove administrative barriers for provision of long acting
20 reversible contraceptive devices.

21 b. The department shall require all managed care organizations
22 which provide health care coverage to Medicaid clients to
23 implement payment strategies as provided in subsection a. of this
24 section to improve access to and availability of long acting
25 reversible contraceptive devices for women.

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

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33 3. This act shall take effect immediately.

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STATEMENT

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38 This bill would require the Department of Human Services to
39 implement payment strategies to encourage the use of long acting
40 reversible contraceptives (LARCs).

41 The payment strategy is required to include, but not be limited
42 to, the following initiatives:

43 (1) provide timely, patient-centered comprehensive coverage for
44 the provision of LARCs for women;

45 (2) reimburse for immediate postpartum insertion of LARCs
46 separate from other labor and delivery services;

47 (3) remove logistical barriers for supply management of LARC
48 devices; and

1 (4) remove administrative barriers for provision of LARC
2 devices.

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

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

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