Benefits of and Strategies for Long-Acting Reversible Contraceptive Promotion in Wisconsin

Rationale for Analysis
Nearly half of all pregnancies in Wisconsin occur to women who were not planning to become pregnant. These unintended pregnancies lead to poorer mental and physical health outcomes, fewer years of education, and lower income for both mother and child. All of these family-level effects translate into high societal costs. Women who raise children resulting from unintended pregnancies are 32 percentage points more likely to require public assistance. Medicaid, for example, spends about $313.5 million on unintended pregnancies in Wisconsin annually. Better enabling women and families to plan pregnancies and achieve desired family size is crucial to the health, well-being, and economic advancement of society.

Long-acting reversible contraceptives (LARCs), which include intra-uterine devices and subdermal implants, can play a critical role in preventing unintended pregnancies because they are highly effective. Once placed by a health care provider, LARCs are effective for three to 10 years without any user action. This removes the element of human error, making them 20 times more effective than the birth control pill. LARCs are also safe, cost-effective, and have very high rates of user satisfaction. Other states and cities have successfully harnessed LARC technology by creating programs to promote uptake of these methods. This report was commissioned to explore the potential benefits of and strategies for developing a LARC initiative in Wisconsin.

Strategies
We analyzed three strategies for increasing LARC access and uptake in Wisconsin according to their cost, feasibility, and potential impact on health:

1. **Medicaid Unbundling**. This strategy would allow physicians to bill Medicaid separately for postpartum LARC insertion, a practice that is not currently allowed.
2. **Private Provider Education**. This strategy would provide LARC counselling and insertion training for health practitioners in the eight major private health care systems in Wisconsin.
3. **Milwaukee Program**. This strategy would focus specifically on improving access to and training for LARCs in Milwaukee, which has the highest teen birth rate in the state and a large concentration of Wisconsin’s women of reproductive age.

Recommendation
We recommend that state and local actors prioritize the targeted Milwaukee program as an initial proof of concept strategy to provide evidence that a LARC initiative can work in Wisconsin. This will be most effective if program leaders include rigorous evaluation of the program’s impacts; if successful, the Milwaukee-focused program can provide impetus to spur the Private Provider Education alternative. The Medicaid strategy should be approached with caution due to its low feasibility.