CDC's Winnable Battle

CDC NCSL meeting

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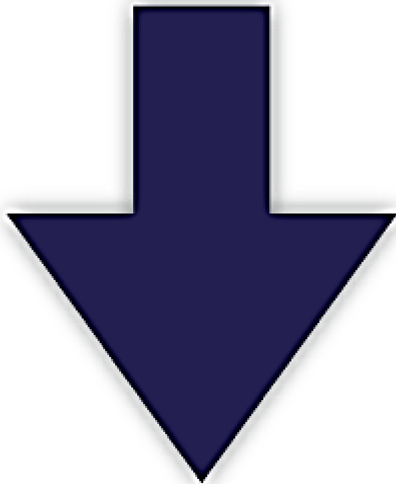
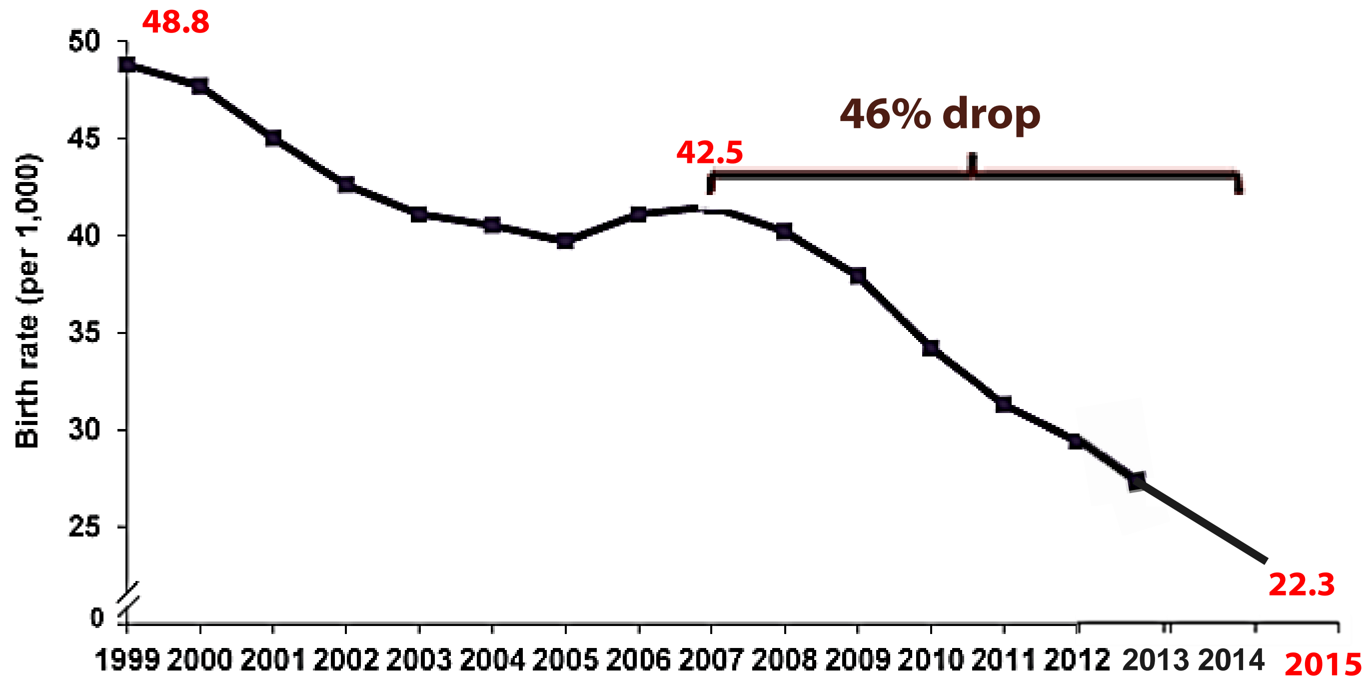
Progress in Teen Pregnancy Prevention

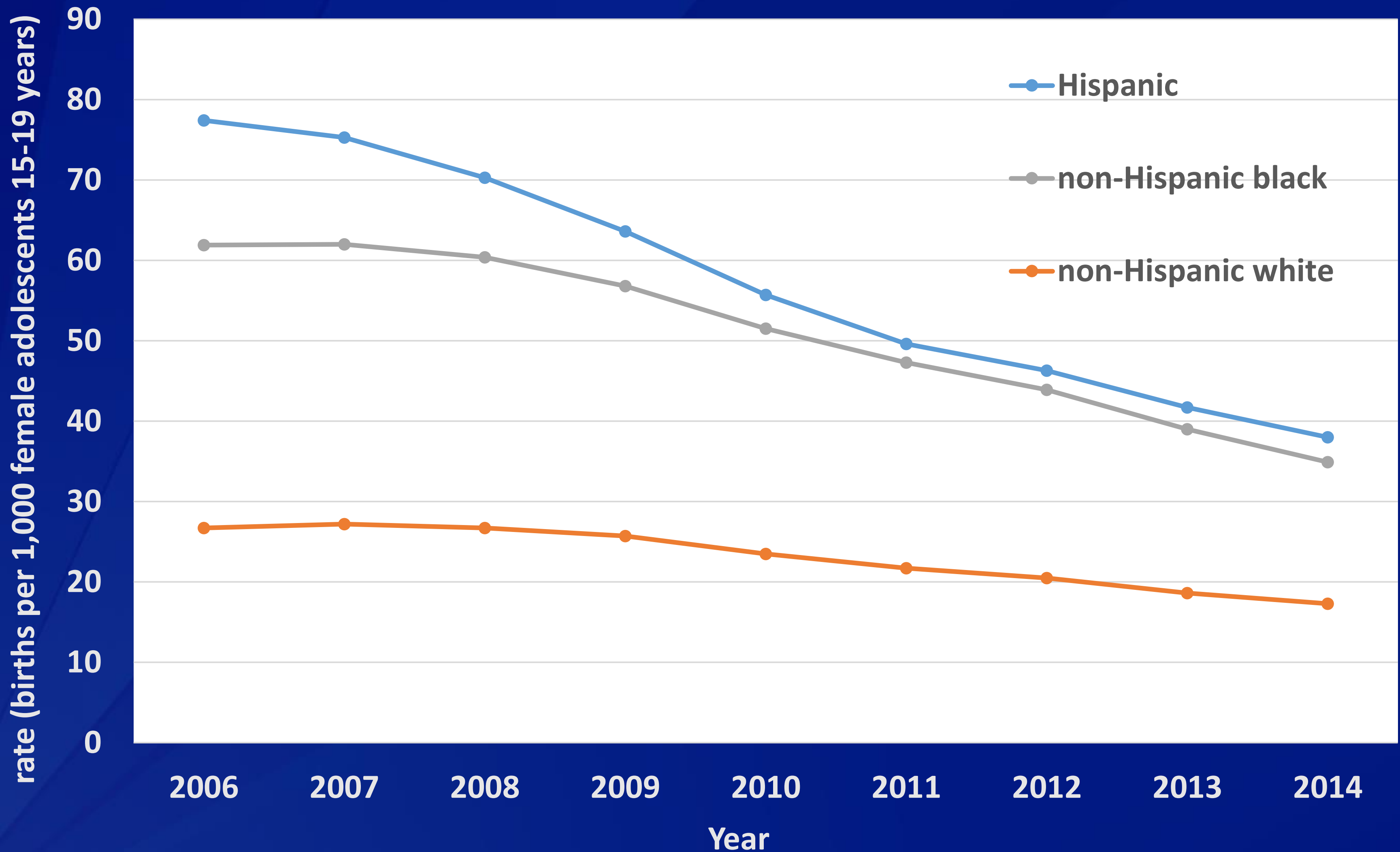
Major decrease in teen births between 2007-2015





CDC/NCHS, National Vital Statistics System

Birth Rates for Females Aged 15-19 Years—United States, 2006-2014



Source: CDC's National Center for Health Statistics. National Vital Statistics System data.

What CDC is Doing To Prevent Teen Pregnancy?

Teen Pregnancy Winnable Battle: Priority Areas

1
- Support multi-component approaches to teen pregnancy prevention and evaluate impact of improvement in clinical services for adolescents

2
- Strengthen effective clinical interventions and promote the use of highly effective contraceptive methods

3
- Explore the impact of the consequences and costs of teen pregnancy

4
- Support systems change approaches

5
- Expand the analytic agenda

How states can support the TPWB Priority Actions:

- Integrate services, programs, and strategies through community-wide efforts
- Use evidence-based guidance to improve teens' access to contraception and the quality of services provided
- Educate providers LARC is safe and effective for teens
- Increase access to contraceptive services to low and no-income women by systems change
- Continue to ask "why" and "how" questions to improve teen pregnancy prevention efforts

Federal Initiatives to Increase LARC

CDC's 6/18 Initiative

- Evidence-based payment strategies to improve health and cost outcomes

CDC's ASTHO LARC Learning Collaborative

- 13 states to identify the opportunities, challenges, and TA needs through a multi-state learning community to implement post-partum LARC.

CMCS' Maternal and Infant Health Initiative

- 14 states funded to facilitate data collection/report on contraceptive measure

MCHB's COIIN focused on reducing infant mortality

- 29 states are addressing increased access to contraception

OPA's Quality Improvement Initiative

- 15-20 Title X grantees aligned with the state Medicaid programs funded by CMCS

HRSA's Bureau of Primary Health Care

- Strengthening the quality of contraceptive services provided by community health centers

Centers for Medicaid/CHIP Services (CMCS); Maternal and Infant Health Initiative (MIH); Maternal and Child Health Bureau (MCHB); Collaborative Improvement & Innovation Network (COIIN) to Reduce Infant Mortality (COIIN); Office of Population Affairs (OPA);Health Resources and Service Administration (HRSA)

Prevent Unintended Pregnancy

THE 6|18 INITIATIVE

Proposed Payer Interventions

Address Inadequate Reimbursement Rate

1. **Reimburse providers for actual cost of providing contraceptive services for women of childbearing age.**
   - Screening for pregnancy intention
   - Contraception counseling
   - Insertion, removal, replacement, or reinsertion of LARC
   - Follow-up
2. **Reimburse providers for the actual cost of LARC or other contraceptive devices ~~in order~~ to provide the full range of contraceptive methods.**

Expand Coverage

3. **Reimburse for immediate postpartum insertion of LARC by unbundling payment for LARC from other postpartum services.**

Remove Barriers

4. **Remove administrative and logistical barriers to LARC.**
   - Prior authorization requirements
   - Medical management
   - High acquisition & stocking costs

THE 6|18 INITIATIVE

Accelerating Evidence into Action

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

HIGH-BURDEN HEALTH CONDITIONS AND EVIDENCE-BASED INTERVENTIONS

Prevent Unintended Pregnancy

THE 6|18 INITIATIVE

Supporting Cost Evidence

- **51% of US births paid for by Medicaid, Children's Health Insurance Program and Indian Health Service (2010)**
- **$21 billion in direct medical costs**
- **$15.7 billion saved from preventing unintended pregnancies**
  - **$7.09 is saved for every public dollar spent on family planning to prevent unintended pregnancy**
  - **2.2 million unintended pregnancies prevented**
    - **287,500 closely spaced**
    - **164,190 preterm or low birth weight births**
- **Immediate postpartum LARC placement**
  - **$2.5 million saved (at 24 months)**
  - **$3.54 saved for every dollar spent**
- **Improved use of LARC generate health-care cost savings by reducing inconsistent contraceptive use. $288 million per year would be saved in total health-sector costs if 10% of women aged 20–29 years switched from oral contraception to LARC**

Sonfield A and Kost K, Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010, New York: Guttmacher Institute, 2015, Accessed 2015 Sep 21. Available at http://www.guttmacher.org/pubs/public-costs-of-UP-2010.pdf

Sonfield A, Kost K, Gold R, Finer L. The Public Costs of Births Resulting from Unintended Pregnancies: National and State-Level Estimates. Perspectives on Sexual and Reproductive Health 2011; 43:94–102.

Sonfield A, Zolna MR, Finer LB. Return on investment: a fuller assessment of the benefits and cost savings of the U.S. publicly funded family planning program. The Milbank Quarterly. 2014; 92(4):696–749. doi: 10.1111/1468-0009.12080 of $13.6 billion.

Washington CI, Jamshidi R, Thung SF, Nayeri UA, Caughey AB, Werner EF. Timing of postpartum intrauterine device placement: a cost effectiveness analysis. *Fertility and Sterility*. 2015;103(1):131–7. doi: 10.1016/j.fertnstert.2014.09.032.

www.cdc.gov/teenpregnancy

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.