POLICY BRIEF

Scope of Provision and Practice: How Policy Changes Increased IUD Provision at Alabama Department of Public Health Clinics from 2016 to 2019

BACKGROUND

Contraceptive Care in Alabama

- Over 300,000 low-income women in Alabama live in a contraceptive desert (counties where a full range of contraceptive methods is not readily accessible to patients).[1]
- In 2019, Alabama introduced funding of a full range of contraceptive methods (long-acting, short-acting, and barrier methods) via Title X funding to family planning health department (HD) clinics.[1]
- The goal is for this implementation to be statewide, though clinics may have different resources for facilitation.
- This policy change required no additional funding, just new permissions for nurse practitioners (NPs) and reallocation of Title X funds.

Alabama Department of Public Health (ADPH) Protocol Updates

- All ADPH nurse practitioners are offered training in intra-uterine device (IUD) counseling, placements, and removals.
  - IUDs are the most effective form of reversible birth control (98%-99.9% effective) and are now provided at all Alabama family planning HD clinics.[2]
- Ongoing training for IUDs and contraceptive implants is provided to nurse practitioners with a "train the trainer" process implemented for enhanced sustainability.
- All IUD and implant services are performed under the Alabama Department of Public Health Medical Director's approved clinic protocol, which adheres to national evidence-based standards of practice.
- IUDs are available in all county health departments; inventory quantities depend upon utilization.

PROVISION OF LARCS

Facilitators

Financial

- The Affordable Care Act (ACA) mandates that all ACA plans provide IUD coverage. [3]
- In 2019, ADPH clinics began offering same-day IUDs if a nurse practitioner was available on-site to place the device.[4]
- As a Title X grantee, ADPH provides income-based sliding scale fees.
  - Insured and uninsured patients whose income is below 100% of the federal poverty level (FPL) are not charged for any contraceptive services.
  - Insured and uninsured patients up to 250% of FPL are charged the lesser of the income-based scale or insurance co-pay.
  - ADPH is an enrolled provider with Blue Cross Blue Shield and Medicaid.

Provider

- Nurse practitioners have authority to prescribe contraceptives in Alabama. [5]
- Nurse practitioners may perform clinical services which do not require on-site supervision by a physician in Alabama. ADPH patients have access to certain family planning services, including IUD placements, through professional services providers.

Barriers

Financial

- The out-of-pocket patient cost of an IUD can be $500-$1,300 without insurance. [6]

Provider

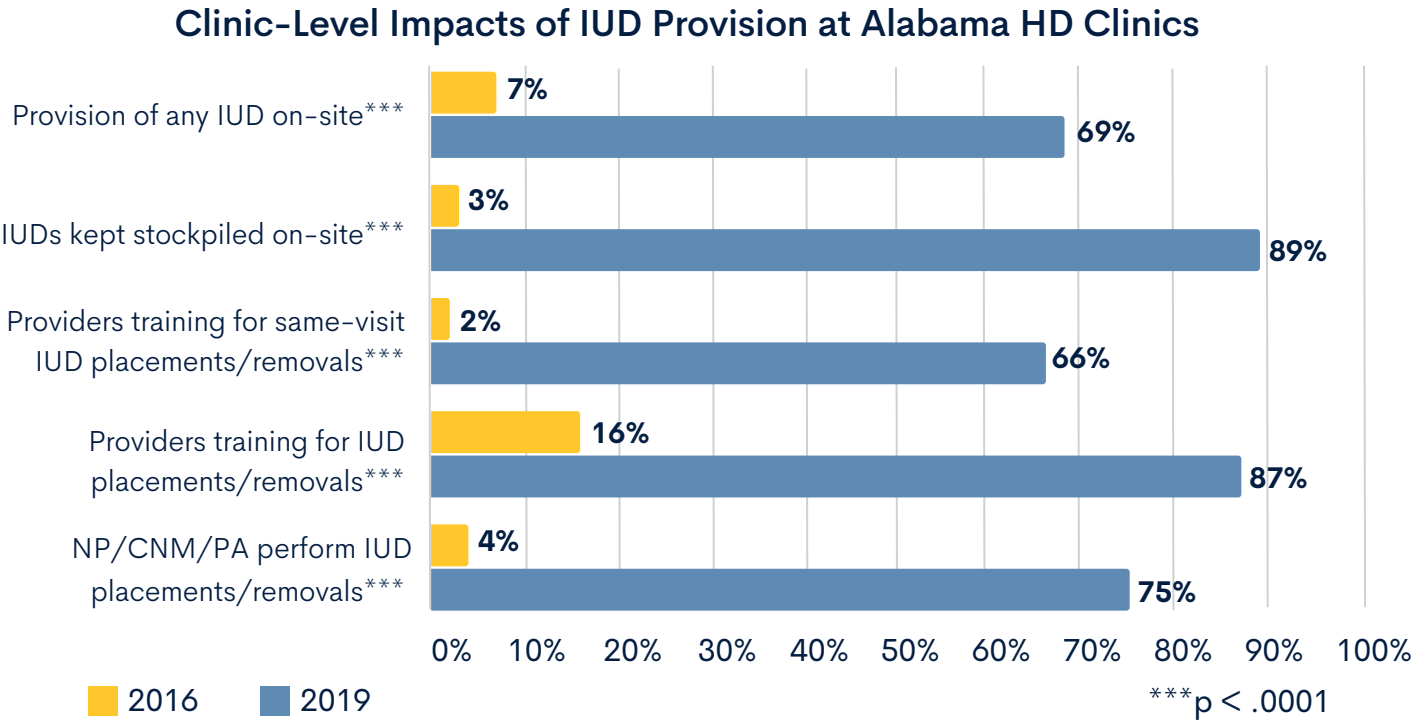
- Provider training in IUD placement and removals is necessary for IUD provision.

IMPACT

Quantifiable Changes

- Two surveys were conducted at Alabama Department of Public Health family planning clinics regarding contraceptive care services offered in 2016 and 2019. The results of these surveys showed statistically significant increases in IUD provision.
- Though 100% of clinics did not report provision of IUDs, this is likely due to the complexity of implementation of adoption of this change. Clinics may be at different levels of implementation based on staffing or resources.
- Given the high reported increase in on-site provision of IUDs after reallocating funding and staffing, these results emphasize that even small changes to clinic policy can amount to substantial change.

Figure: Percent of clinics reporting changes in IUD provision policies and practices in Alabama Department of Public Health family planning clinics between 2016 and 2019.



SUCCESS IN PRACTICE: OPPORTUNITIES TO FOLLOW ALABAMA'S LEAD

Fiscal Policy

- Reallocation of funding to contraceptive services can pay dividends in improving access for patients.
- States which are not already allocating a portion of Title X funding to IUD provision should consider the benefits of this funding allocation to contraceptive provision.

Scope of Practice Expansion

- Allowing for nurse practitioners to practice to the top of their licensure and provide IUD placements as well as a full range of contraceptive prescriptions makes contraception more accessible to patients utilizing federally-funded family planning clinics.

Training

- State- and system-level policy should support IUD placement, removal, and counseling training for mid-level providers.
- A train-the-trainer system is highly beneficial for sustaining provision of nurse practitioner provision of IUDs.

Advocacy

- Provision of the full range of contraceptive methods at federally funded clinics helps facilitate patient use of their preferred method and supports their reproductive autonomy.

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