

As ACA debate continues, IUD visits keep climbing

By Chelsea Rice | March 7, 2017

Doctor visits for one type of long-term birth control, which climbed significantly after the presidential election, continued to rise in the start of the new year, athenahealth data shows.

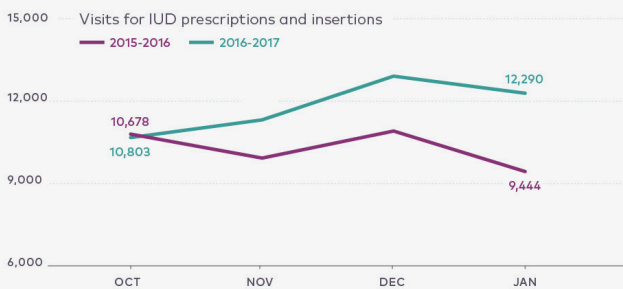
Between October 2016 and January 2017, visits coded for management or insertion of an intrauterine device, or IUD, rose by 21 percent compared to the same time period a year earlier. Overall, between January 2016 and January 2017, the data shows, the number of visits for IUD procedures increased by 30 percent.

Researchers analyzed 1 million patient visits for contraceptive management across the athenahealth network to more than 2,500 practices. The vast majority of those visits – 92 percent – took place with an OB-GYN provider.

IUD visits are rising as Congress and the Trump administration debate the “repeal and replace” of the Affordable Care Act – and as uncertainly swirls over whether any new law would mandate free insurance coverage without copays for birth control and contraception devices.

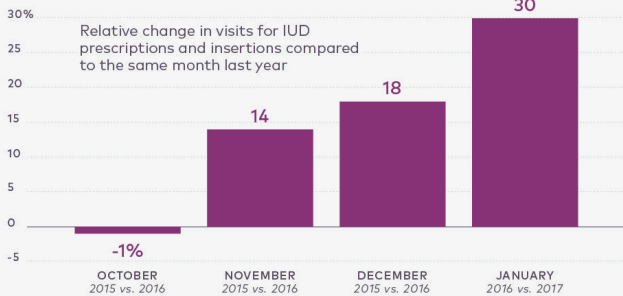
“This is about people’s fears about the contraceptive mandate going away,” says Eve Espey, M.D., chair of the Department of Obstetrics and Gynecology at the University of New Mexico, who says the data reflects trends she has seen at the two clinics where she treats patients.

Higher volume of IUD visits continues post-election



Source: athenaResearch
 Sample: Over 2,500 practices on athenaNet providing contraceptive management to over 1 million patients since October 2015

Visits for IUDs climb each month post-election



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Sample: Over 2,500 practices on athenaNet providing contraceptive management to over 1 million patients since October 2015

Patients are also asking for information about birth control implants and other forms of long-term contraception, says Espey, who also chairs the American College of Obstetricians and Gynecologists' working group on long-acting reversible contraception.

The GOP bill released this week does not specifically address mandatory or essential benefits, such as contraception coverage. But the bill does propose a one-year freeze on funding for Planned Parenthood, which provides reversible contraceptive services for approximately 2 million women annually.

Depending on insurance coverage, birth control pills can cost between \$160 to \$600 annually, while IUDs and other long-acting reversible contraceptives can cost up to \$500 to \$1,000 for the initial insertion, but last for multiple years.

As of 2015, according to the Centers for Disease Control and Prevention, approximately 7 percent of American women were using IUDs, which are 20 times more effective at preventing pregnancy than the pill.

The American College of Obstetricians and Gynecologists has argued that any replacement for the Affordable Care Act should continue coverage and cost-sharing for FDA-approved contraception.

"But most of us in the field do think the coverage is going away, so it does change the way we talk to patients, depending on what insurance they have," Espey says. "We're going to go back pretty quickly to the [way contraception was covered] before ... I don't think it will continue to be recognized as fundamental care."

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