Resolution to End Prior Approvals for Contraceptive Devices

WHEREAS hormone-releasing and copper IUDs are the most cost-effective reversible contraceptive methods available, though they have a significant upfront expense[1] [2] [3] and

WHEREAS the American College of Obstetricians and Gynecologists (2009) recommended that IUDs "be offered as a first-line contraceptive method and encouraged … for most women"[4] and

WHEREAS IUDs are underutilized in the United States in comparison with many other countries,[5] [6] [7] and evidence suggests that high upfront costs pose a barrier to increased IUD use [8] [9] and

WHEREAS provision of a copper IUD up to 5 days after unprotected intercourse is the most effective method of emergency contraception (EC), and is the only method of EC that acts as an ongoing contraceptive method,[10] and

WHEREAS insertion of a contraceptive device on the same day it is requested, or post-partum[11] or post-abortion[12] insertion of contraceptive devices, are all accepted practices that increase patient access to effective reversible contraceptives, and

WHEREAS calling insurance companies to obtain prior authorization at the time a patient presents for a contraceptive device, presents a significant barrier to same-day provision of such devices, and

WHEREAS the Affordable Care Act mandates that all FDA approved contraceptives be covered by insurances that are not under the auspices of a religious entity with no co-pays and no deductibles, suggesting that prior authorization is an unnecessary barrier to a covered service, now therefore be it

RESOLVED that the NYSAFP will advocate to end all requirements for health insurer prior approval of FDA-approved contraceptive devices, and be it further

RESOLVED that the NYSAFP will instruct its delegates to bring this resolution forward to the AAFP Congress of Delegates.

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[3] Trussell J, Lalla AM, Doan QV, Reyes E, Pinto L, Gricar J. Cost-effectiveness of contraceptives in the United States. Contraception 2009;79:5–14.

[4] American College of Obstetricians and Gynecologists. Increasing use of contraceptive implants and intrauterine devices to reduce unintended pregnancy. ACOG Committee Opinion No. 450. Obstet Gynecol 2009;114:1434–8.
[5] Sonfield A. Popularity Disparity: Attitudes about the IUD in Europe and the United States. Guttmacher Policy Review. 2007:10(4).
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[6] Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. Vital and Health Statistics Series 23, No. 29. Hyattsville, MD: National Center for Health Statistics; 2010.
[7] Kavanaugh ML, Jerman J, Hubacher D, Kost K, Finer LB.Characteristics of women in the United States who use long-acting reversible contraceptive methods. Obstet Gynecol 2011;117:1349–57.
[8] American College of Obstetricians and Gynecologists. Increasing use of contraceptive implants and intrauterine devices to reduce unintended pregnancy. ACOG Committee Opinion No. 450. Obstet Gynecol 2009;114:1434–8.
[9] Chiou CF, Trussell J, Reyes E, et al. Economic analysis of contraceptives for women. Contraception 2003;68:3–10.
[10] Cleland K, Zhu H, Goldstuck N, Cheng L, Trussell J. The efficacy of intrauterine devices for emergency contraception: a systematic review of 35 years of experience. Hum. Reprod. 2012;27(7):1994–2000.
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