



**House Insurance Committee**  
**Testimony of the Texas Women's Healthcare Coalition**  
**In support of HB916**  
**March 14, 2023**

The Texas Women's Healthcare Coalition (TWHC) and its 88 healthcare, faith, and community-based member organizations are dedicated to improving the health and wellbeing of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women. Access to preventive and preconception care—including contraception—means healthy, planned pregnancies and early detection of cancers and other treatable conditions.

Thank you for this opportunity to provide testimony in support of House Bill 916, which requires health plans to ensure that patients with a covered birth control prescription are able to obtain a greater supply of contraception at one time. By improving continuity of care for women, this bill will help reduce unintended pregnancies, improve health outcomes for women and babies, and reduce costs for the state.

**Limited supplies increase the likelihood of inconsistent use and unplanned pregnancy**

Ensuring women are able to access consistent birth control is critical to reducing unplanned pregnancies. Unfortunately, health plans often limit the supply of prescription birth control women can obtain to one or three months. National data has found that two-thirds of women report their plan or clinic allows them to receive only three months' supply or less.<sup>1</sup> This finding is borne out in Texas, where a study on one of the state's women's health programs found both a wide variation in pill pack distribution, and that most providers offer three or fewer packs at one time.<sup>2</sup>

Many women struggle to maintain consistent contraceptive use when they are forced to return to the pharmacy every month to receive their next supply. Unlike many other medications, missing a dose of prescription contraception can negate the medication's effect, leading to a high risk of unplanned pregnancy. These barriers to access can be further exacerbated if a woman lives a long distance from a pharmacy.

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<sup>1</sup> Salganicoff A. et al. *Women and Health Care in the Early Years of the Affordable Care Act*. Kaiser Family Foundation. May 15, 2014; 8590.

<sup>2</sup> The University of Texas Policy Evaluation Project. *Number of Pill Packs Dispensed by Provider Type and Funding Source*. Information from interviews conducted with family planning providers in Texas, November 2014-January 2015. University of Texas at Austin, 2017.

Running out of birth control pills is among the primary reasons women discontinue oral contraceptive use. Studies have found that discontinuation rates range from 25 to 85 percent during the first 6 to 12 months of use due to barriers to access and supply.<sup>3</sup> In one study, nearly 30 percent of women taking oral contraceptives reported that they missed a pill because they could not get the next pack on time.<sup>4</sup> These barriers put women at higher risk of unintended pregnancy.

### **Unintended pregnancies lead to poor health outcomes for mom & baby**

In Texas, nearly half of pregnancies are unplanned.<sup>5</sup> Increasing women's ability to plan and space their pregnancies leads to an array of benefits, including improved infant and maternal health, better educational and economic opportunities for families, lower abortion rates, and cost savings for the state.

Women who are able to plan pregnancies are more likely to receive early prenatal care, have healthier pregnancies, and reduce their risk of having babies born too early or too small.<sup>6 7</sup> Women whose pregnancies are unintended are much more likely to have a short interval between pregnancies, which can significantly increase health risks including prematurity, low birth weight, and neonatal death.<sup>8</sup>

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<sup>3</sup> White K, Westhoff C. The effect of pack supply on oral contraceptive pill continuation: A randomized controlled study. *Obstetrics and Gynecology*. September 2011;118(3), 615-22. Nelson AL, Westhoff C, Schnare SM. Real-world patterns prescription refills for branded hormonal contraceptives: a reflection of contraceptive discontinuation. *Obstetrics and Gynecology*. 2008; 112:782-7.; and Westhoff C. et al. Initiation of oral contraceptives using a quick start compared with a conventional start: a randomized controlled trial. *Obstetrics and Gynecology*. 2007; 109:1270-6.

<sup>4</sup> Salganicoff A. et al. *Women and Health Care in the Early Years of the Affordable Care Act*. Kaiser Family Foundation. May 15, 2014; 8590.

<sup>5</sup> Kost K, Maddow-Zimet I & Kochhar S. *Pregnancy Desires and Pregnancies at the State Level: Estimates for 2014*. New York: Guttmacher Institute, 2018.  
<https://www.guttmacher.org/report/pregnancy-desires-andpregnancies-state-level-estimates-2014>.

<sup>6</sup> Ibid.

<sup>7</sup> Kaye, K, Gootman, J.A., Ng, A. S., & Finley, C. *The Benefits of Birth Control in America: Getting the Facts Straight*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. 2014.  
<https://powertodecide.org/sites/default/files/resources/primary-download/benefits-of-birth-control-in-america.pdf>.

<sup>8</sup> Sonfield A. *Beyond Preventing Unplanned Pregnancy: The Broader Benefits of Publicly Funded Family Planning Services*. Guttmacher Policy Review. 2014; 17(4):2-6.  
[https://www.guttmacher.org/sites/default/files/article\\_files/gpr170402.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr170402.pdf).



We know unintended pregnancies have a higher likelihood of poorer health outcomes for the mother and infant. And since over half (53 percent) of Texas births are paid by Medicaid,<sup>9</sup> these

poor health outcomes mean higher costs for the state. Prematurity, and the health complications associated with it is a common reason newborns need to be admitted into the neonatal intensive care unit (NICU). The cost of NICU care in Texas Medicaid was over \$630 million for fiscal year 2016, representing about 86 percent of all newborn costs in Texas Medicaid.<sup>10</sup> The Texas Health and Human Services Commission has recognized by helping a woman have a healthier pregnancy when she is ready, the risk of complications and stays in the NICU are significantly decreased.<sup>11</sup>

Policy solutions that reduce unplanned pregnancy rates are critical for the health of women and babies, and for the economic health of the state.

### **Increased supply reduces unplanned pregnancy, improves health outcomes, and leads to cost savings**

A common-sense solution for increasing continuation of birth control and reducing unintended pregnancies is enabling women to receive a larger supply at one time. Research has shown that women who receive a one-year supply are 30 percent less likely to have an unintended pregnancy compared to women receiving a one to three-month supply. This same study found that giving women a one-year supply of birth control reduced the likelihood of abortion by 46 percent.<sup>12</sup>

The Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) both recommend providing multiple cycles of oral contraceptive pills, the patch, or the ring.<sup>13</sup> These and other leading health organizations

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<sup>9</sup> Texas Health and Human Services Commission. Texas Medicaid and CHIP Reference Guide: Thirteenth Edition. 2020.

<https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/medicaid-chip-perspective-13th-edition/13th-edition-complete.pdf>

<sup>10</sup> Texas Health and Human Services Commission. Better Birth Outcome Initiatives Within Health and Human Services. Dec 2018.

<sup>11</sup> Ibid.

<sup>12</sup> Foster D. et al. *Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies*. *Obstetrics & Gynecology*. March 2011; 117(3): 566-72.

<sup>13</sup> Center for Disease Control and Prevention and U.S. Office of Population Affairs. Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. *Morbidity and Mortality Weekly Report*. April 25, 2014; 63(4): 1-29.; American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women. Committee Opinion: Access to Contraception. January 2015; No. 615.



recognize a greater supply of birth control as key to improving continuity of care, reducing unintended pregnancy rates, and providing quality care.

Although some insurers in other states have expressed concerns that clients would not use all the pills prescribed if given a multi-month supply, research shows that women who receive a year-long supply of birth control are 28 percent more likely to continue to use them 15 months later.<sup>14</sup> Finally, any cost to a health plan of providing the unused pills is more than offset by the health savings of reducing unplanned pregnancy rates. Reducing these rates will reduce costs for prenatal care, labor, and delivery, as well as the additional costs of premature deliveries and NICU stays.

HB 916 takes important steps towards improving continuity of care for women. This bill will increase contraceptive consistency, resulting in lower unplanned pregnancy rates and improved health outcomes for women, babies, and families in Texas.

TWHC represents various organizations providing direct healthcare, advocacy, and other community-based services across Texas. We are eager to work with you on these issues. We are happy to provide any additional information and welcome the opportunity to schedule follow up conversations on this or other topics relating to women's health.

Respectfully,

Evelyn Delgado  
Chair, Texas Women's Healthcare Coalition

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<sup>14</sup> Foster D. et al. Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. *Obstetrics & Gynecology*. March 2011; 117(3): 566-72.