

February 10, 2026

Texas Health and Human Services Commission
Attention: Provider Finance
Via Email: PFDAcuteCare@hhs.texas.gov

Re: Medicaid Biennial Calendar Fee Review of Long-Acting Reversible Contraceptives

To Whom It May Concern:

Thank you for this opportunity to provide public comment on the Medicaid Biennial Calendar Fee Review for Long-Acting Reversible Contraceptives (LARCs).

TWHC is a group of 77 healthcare, faith, and community-based member organizations - dedicated to improving the health and well-being of Texas women, babies, and families by advocating for access to preventive healthcare for all Texas women. Access to preventive and preconception care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions.

LARCs are the most effective reversible contraceptive methods, and they are widely relied upon by women across Texas. The major advantage of LARCs compared with other reversible contraceptive methods is that they do not require ongoing effort on the part of the patient for long-term and effective use. In addition, after the device is removed, fertility returns rapidly.¹ They provide protection for 3 to 10 years or more (depending on the birth control brand), and prevent pregnancy 99% of the time.² Data has shown that during the first year of use, fewer than 1 in 100 women using an IUD or implant will get pregnant. Over time, LARC methods are 20 times more effective than birth control pills, the patch, or the ring.³ They are proven to be a popular method of contraception in Texas. A 2023 Baker Institute study at Rice University found that 85% of reproductive-aged Texans used contraception. Of those women, 14% reported using LARCs (including intrauterine devices (IUDs) and birth control arm implants).⁴

¹ “Long-Acting Reversible Contraception Implants and Intrauterine Devices.” ACOG Clinical, American College of Obstetricians and Gynecologists, Nov. 2017, www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/11/long-acting-reversible-contraception-implants-and-intrauterine-devices.

² LARC (Long-Acting Reversible Contraception), Cleveland Clinic, 14 June 2022, my.clevelandclinic.org/health/treatments/23269-larc.

³ “Long-Acting Reversible Contraception (LARC): Intrauterine Device (IUD) and Implant Frequently Asked Questions.” Every Stage Health, American College of Obstetricians and Gynecologists, Oct. 2025, www.acog.org/womens-health/faqs/long-acting-reversible-contraception-iud-and-implant.

⁴ Sierra, Gracia, et al. Barriers to Preferred Contraceptive Use in Texas, Rice University’s Baker Institute for Public Policy, 4 Nov. 2025, www.bakerinstitute.org/research/barriers-preferred-contraceptive-use-texas.

TWHC appreciates the Texas Health and Human Services Commission (HHSC)'s work to improve LARC accessibility for Texas Medicaid patients and providers, particularly its focus on reducing the gap between reimbursement rates and acquisition costs, enabling more providers to afford and offer LARC methods. TWHC supports the proposed rate increases for implant removals (11976), IUD removals (58301), cervical cap birth control devices (A4261), diaphragm birth control devices (A4266), IUD devices (Kyleena, Liletta, Mirena, Skyla, and the copper) (J7296, J7297, J7298, J7300, and J7301), and implant devices (J7307).

However, to ensure underserved Texas women maintain access to all available contraceptive options, TWHC urges HHSC to reconsider the proposed rate decreases for:

- 58300 (Insertion of contraceptive intrauterine device (IUD) in the uterine cavity). The rates are proposed to decrease from \$49.93 and \$110.18 to \$43.76 and \$105.55 (**a 4.2% and 12.36% decrease from the current Medicaid fees**).
- 58565 (Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants). The rates are proposed to decrease from \$460.70 and \$1,654.72 to \$404.48 and \$1,583.54 (a 4.3% and 12.2% decrease from the current Medicaid fees).
- 58605 (Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral). The rate is proposed to decrease from \$339.87 to \$302.28 (an 11.06% decrease from the current Medicaid fee).
- 58611 (Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery). The rates are proposed to decrease from \$11.98 and \$74.90 to \$10.42 and \$65.13 (a 13.02% and 13.04% decrease from the current Medicaid fees).
- 58615 (Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring), vaginal or suprapubic approach). The rate is proposed to decrease from \$255.32 to \$225.79 (an 11.57% decrease from the current Medicaid fee).

TWHC recommends raising the proposed rates for these services. If these Medicaid reimbursement rates cannot be adjusted to more closely match the actual costs providers incur, providers may be forced to absorb financial losses or may be unable to offer IUD insertion, sterilization, and postpartum sterilization services to Medicaid patients altogether. TWHC also acknowledges that, although sterilization procedures are not clinically categorized as LARCs because they are not reversible, they remain a vital birth control service for Texans and were included in the LARC rate changes packet.

The increased use of LARCs and family planning services has been shown to financially benefit healthcare providers, patients, and the state. A 2015 study analyzing the cost-effectiveness of various

forms of birth control for public payers found that while LARCs can have a high upfront cost to patients and providers, they are more cost-effective in the long run compared to other birth control methods, as they do not require frequent visits to pharmacies to refill prescriptions. In short, the study found that at least 2.1 years of LARC use would result in cost savings compared with Short-Acting Reversible Contraceptives (SARCs).⁵ To further corroborate this, according to HHSC's Texas Women's Health Programs Report for Fiscal Year 2024, the family planning services provided by the Healthy Texas Women (HTW) program and the Family Planning Program (FPP) successfully averted 20,720 unintended births, resulting in an estimated \$167,065,174 in Medicaid and CHIP General Revenue savings for that year.⁶

Texas women already face significant obstacles in accessing Long-Acting Reversible Contraception (LARCs) due to the prevalence of "contraceptive deserts" and the high cost of care. If Medicaid reimbursement rates are not adjusted to reflect providers' actual costs, these existing barriers will only intensify. Currently, over 50% of reproductive-aged women in Texas report an unmet contraceptive preference, meaning they are unable to use the birth control method they actually want. This issue is most acute for the vulnerable; 59% of publicly insured and 55% of uninsured women are not using their preferred contraceptive method.⁷

The burden of these barriers falls disproportionately on those with public coverage; 37% of publicly insured and 50% of uninsured women report facing three or more barriers to care, compared to only 20% of those with private insurance. For 43% of publicly insured women, the inability to pay for services is the primary obstacle, while nearly 40% struggle to find a clinic that even accepts their insurance.⁸ With over 1.75 million Texas women currently living in counties that lack reasonable access to full-range contraceptive health centers, TWHC urges the maintenance of fair reimbursement rates to ensure underserved women can access all available contraceptive options.⁹

On behalf of our providers and the women they serve, the Texas Women's Healthcare Coalition strongly urges HHSC to increase the proposed reimbursements for 58300, 58565, 58605, 58611, and 58615 to align with the actual costs incurred by providers more closely. This will enable more providers to afford and offer LARC methods across Texas, ensuring access to and continuity of contraceptive care for women.

⁵ Trussell, James et al. "Achieving cost-neutrality with long-acting reversible contraceptive methods." *Contraception* vol. 91,1 (2015): 49-56. doi:10.1016/j.contraception.2014.08.011

⁶ Texas Women's Health Programs Report Fiscal Year 2024, Texas Health and Human Services, Aug. 2025, www.hhs.texas.gov/sites/default/files/documents/texas-womens-health-programs-report-2024.pdf.

⁷ Sierra, Gracia, et al. Barriers to Preferred Contraceptive Use in Texas, Rice University's Baker Institute for Public Policy, 4 Nov. 2025, www.bakerinstitute.org/research/barriers-preferred-contraceptive-use-texas.

⁸ Sierra, Gracia, et al. Barriers to Preferred Contraceptive Use in Texas, Rice University's Baker Institute for Public Policy, 4 Nov. 2025, www.bakerinstitute.org/research/barriers-preferred-contraceptive-use-texas.

⁹ Contraceptive Deserts, Power to Decide, powertodecide.org/what-we-do/contraceptive-deserts.

Additionally, our providers have expressed concern about the proposed unchanged rates for male and female condoms (A4267 and A4268), spermicide (A4269), birth control injections (J1050), birth control patches (J7304), and birth control pills (S4993). These Short-Acting Reversible Contraception (SARC) methods are popular among Texans, and making no changes to their reimbursement rates could pose a risk to provider service stability. In the face of inflation and rising supply costs, maintaining current reimbursement levels for these products could lead to reduced availability across Texas.

Thank you again to HHSC staff for their strong collaboration and support. We appreciate your time and attention on these matters and are happy to answer any questions you may have.

Respectfully,

Rachel Wolleben
Policy and Advocacy Coordinator, Texas Women's Healthcare Coalition