



**House Bill 916**  
**Senate Health and Human Services Committee**  
**May 10, 2023**

*Written Testimony on behalf of:*

Texas Medical Association  
Texas Academy of Family Physicians  
Texas Chapter, American College of Physicians  
Texas Association of Obstetricians and Gynecologists; and  
Texas Pediatric Society

On behalf of the above-named organizations, which together represent more than 57,000 physicians and medical students, we write to express our strong support for House Bill 916. Thank you for the opportunity to testify.

**The bill, if enacted, would allow women to obtain up to a 12-month supply of a covered prescription contraceptive drug if their health benefit plan covers them.** Oral contraceptives are extremely safe, which is why obstetrical care physicians support adoption of payment and practice policies that support the provision of extended supplies to improve contraceptive continuation<sup>1</sup> and at least 20 states have implemented this same policy.

Contraception is an essential part of women's preventative care, contributing to better birth outcomes. These benefits include lowering maternal and infant mortality rates; enhancing economic stability for women and their families; and improving the health of women, children, and families.

Oral contraceptives are one of the most common means of preventing pregnancies, with a user failure rate of about 7%. **To be the most effective, women must take them at the same time each day. Thus, it is vital to make it more convenient for women to obtain them to improve compliance with this guidance.**

**For many women, the need to regularly travel to a pharmacy to obtain prescriptive contraceptives is an impediment to using them.** Women report limited transportation services, child-care challenges, and/or inability to obtain time off from work to visit the pharmacy interfere with obtaining contraceptives. This is especially true for women living in rural communities who must travel longer distances to a pharmacy. While some women have access to mail-order pharmacy services, not all health benefit plans offer this option and mail does not always arrive on time.

**Conversely, timely contraceptive access contributes to lower reported rates of unplanned pregnancies<sup>2</sup>.** Data show providing extended supplies of oral contraceptives may reduce the incidence of unintended pregnancy by as much as 30%.<sup>3</sup>

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<sup>1</sup> American College of Obstetricians and Gynecologists. [Committee Opinion Number 615](#).

<sup>2</sup> [Medicaid Coverage of Family Planning Benefits: Findings from a 2021 State Survey | KFF](#)

<sup>3</sup> <https://bixbycenter.ucsf.edu/news/making-one-year-supply-birth-control-national-standard>

By preventing unintended pregnancies, contraception also contributes to economic mobility for women by allowing them to complete their education and/or professional development before starting a family.

Improved access also can help women better time and space future pregnancies<sup>4</sup>. Research shows that women who wait at least 18 months between pregnancies have better maternal and infant health outcomes. And since Medicaid pays for 54% of all Texas births, helping women plan and space their pregnancies would enable Texas to lower Medicaid costs while improving maternal and child health.

**The ability to delay and space births also is important to women's social and economic advancement, allowing them to pursue education goals or participate in the workforce and contribute to the family income.<sup>5</sup> According to the Texas Comptroller, Texas has the nation's second-highest number of women-owned businesses. By helping women start a family when best for them and their families, Texas will be supporting more women entrepreneurs.**

**Moreover, some women use oral contraception for reasons unrelated to pregnancy prevention, including managing menstrual pain, treating acne, and managing endometriosis. The ability to obtain these medications more easily will help avoid gaps in care.**

Questions have been raised whether this bill requires a physician to write a prescription authorizing a patient to obtain a full year of contraceptives. The answer is no, he or she is not compelled to do so. A physician will still have discretion to indicate on the prescription that it should be limited to a specific duration based on the patient's diagnosis.

**While paying for a 12-month supply of contraception certainly will entail upfront costs, these costs will be more than offset by reductions in potential maternity and newborn care costs.** On average, an annual supply of prescription contraceptives will cost a health plan less than \$1,000 (depending on the brand) while the average cost of a routine childbirth totals \$12,000.

Giving women the option and convenience to receive a 12-month supply of their prescribed contraceptive will improve access and potentially remove unnecessary administrative barriers for physicians, providers and pharmacies, and logistical barriers such as a lack of transportation for women and families. Overall, this bill will eliminate the need for multiple pharmacy visits for continuous refills.

We strongly believe HB 916, if enacted, will make a positive impact on Texas women and their families.

Thank you again for the opportunity to testify. Should you have any questions, please contact Caitlin Flanders, TMA director of public affairs, at [Caitlin.Flanders@texmed.org](mailto:Caitlin.Flanders@texmed.org); or Helen Kent Davis, TMA associate vice president of governmental affairs, at [Helen.Davis@texmed.org](mailto:Helen.Davis@texmed.org).

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<sup>4</sup> [Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report, December 2020](#)

<sup>5</sup> Guttmacher Institute. [The Broad Benefits of Contraceptive Use in the United States.](#)