



T E X A S
Women's Healthcare
COALITION

House Committee on Insurance
Testimony of the Texas Women's Healthcare Coalition
April 25th, 2017

The Texas Women's Healthcare Coalition (TWHC) and its 67 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women. Access to preventive and preconception care—including health screenings and 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 1161 by Representative Sarah Davis, which requires health providers to ensure women are able to obtain a greater supply of prescription 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.

The importance of reducing unintended pregnancies in Texas

In Texas, approximately half of pregnancies are unplanned.¹ 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 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.^{2 3} 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.⁴ Further, women who plan their pregnancies are less likely to smoke or consume alcohol while pregnant.⁵ When women can time their entry into

parenthood, they also experience an array of educational and economic benefits, including higher earnings.⁶

Unintended pregnancies are costly to the state. Medicaid pays for 53 percent of all births, at a cost \$3.5 billion per year for pregnancy and delivery-related services for moms and infants in the first year of life.⁷ In 2010, 74 percent (133,000) of unplanned births in Texas were publicly funded, with a public cost of \$2.9 billion.⁸ Reducing unintended pregnancy is key to reducing poor birth outcomes and the costs associated with them. For premature and low birth-weight babies, Texas spends an average of \$109,220 versus only \$572 for a baby born full-term.⁹ In state fiscal year (FY) 2015, Medicaid paid more than \$402 million for newborns with prematurity and low birth weight.¹⁰ Policy solutions that reduce unplanned pregnancy rates are critical for the health of women and babies, and for the economic health of the state.

Limited supplies of contraception increase likelihood of inconsistent use and unplanned pregnancy

Critical to reducing unplanned pregnancies is ensuring women are able to access birth control consistently, without gaps in coverage. 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.¹¹ 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.¹²

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, or if she experiences a gap in prescription coverage due to switching jobs or insurance.

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% during the first 6 to 12 months of use due to barriers to access and supply.¹³ 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.¹⁴ These barriers put women at higher risk of unintended pregnancy.

Providing multiple months of birth control will reduce unplanned pregnancy and lead 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% 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%.¹⁵

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.¹⁶ These and other leading health organizations recognize that a greater supply of birth control as key to improving continuity of care, reducing unintended pregnancy rates, and providing quality care.

Improving continuity of care will also lead to significant cost savings in Texas. In California, the anticipated savings from requiring provision of a 12-month supply was \$42.8 million year due to a substantial decrease in unplanned pregnancies.¹⁷ Increases in contraceptive supply do not reduce women's screenings and treatments for other preventive health conditions. In fact, in California they found that providing a one-year supply increased the likelihood of receiving a Pap test and a Chlamydia test during the year, compared to women given fewer cycles.¹⁸

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 controls are 28% more likely to continue to use them 15 months later.¹⁹ Moreover, the committee substitute for HB 1161 requires up to a three-month supply be offered during the first three months, and a 12-month supply thereafter. This will minimize concerns about unused medication if women starting a new contraceptive drug change to another drug. This distinction will also help minimize health plans covering medication for women who, shortly after joining the plan, switch to another plan. 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, which more frequently result from unplanned pregnancies.

HB 1161 takes important steps towards improving continuity of care for women. This bill will reduce women's gaps in coverage, resulting in lower unplanned pregnancy rates and improved health outcomes for women, babies, and families in Texas.

Thank you for your consideration, and for your commitment to improving the lives of women and families in Texas. If you have any questions or we can provide further information, please contact Janet Realini at JRealini@TexasWHC.org.

Respectfully,

A handwritten signature in black ink that reads "Janet P. Realini MD MPH". The signature is written in a cursive style with a large initial "J" and "P".

Janet P. Realini, MD, MPH
Steering Committee Chair, Texas Women's Healthcare Coalition

Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association
District XI (Texas) American Congress of Obstetricians and Gynecologists
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Methodist Healthcare Ministries
Teaching Hospitals of Texas
Women's Health and Family Planning Association of Texas
Texans Care for Children
Center for Public Policy Priorities
Healthy Futures of Texas

Texas Women's Healthcare Coalition General Members

Access Esperanza Clinics Inc.	National Latina Institute for Reproductive Health
Amistad Community Health Center	North Harris Montgomery Advanced Practice Nurse Society
Austin Advanced Practice Nurses	North Texas Alliance to Reduce Teen Pregnancy
Austin Physicians for Social Responsibility	North Texas Nurse Practitioners
AWHONN Texas	Panhandle Nurse Practitioner Association
Brazos Valley Nurse Practitioner Association	People's Community Clinic
Cardea	Port Arthur Housing Authority
Center for Community Health, UNTHSC	SALVERE (Striving to Achieve Literacy via Education, Research, and Engagement)
Central Texas Nurse Practitioners	San Antonio Metropolitan Health District
Children's Hospital Association of Texas	San Antonio Nurses in Advanced Practice
Coalition for Nurses in Advanced Practice	Schneider Communications
Coastal Bend Advanced Practice Nurses	South Plains Nurse Practitioner Association
Coastal Bend Wellness Foundation	South Texas Family Planning & Health Corp.
Consortium of Texas Certified Nurse Midwives	Southeast Texas Nurse Practitioner Associates
Department of Ob/Gyn of UNTHSC and the ForHER Institute	St. David's Foundation
El Paso Area Advanced Practice Nurse Association	Texas Association of Obstetricians and Gynecologists
Food Bank of the Rio Grande Valley	Texas Campaign to Prevent Teen Pregnancy
Fort Worth Region Nurse Practitioners	Texas Council on Family Violence
Gateway to Care	Texas Health Institute
Good Neighbor Health Center	Texas Hospital Association
Hill Country Advanced Practice Nurses & Physicians Assistants Association	Texas Medical Association Alliance
Houston Area Chapter of NAPNAP	Texas Nurse Practitioners
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League of Women Voters of Texas	Texas Pediatric Society
Legacy Community Health Services	Texas Unitarian Universalist Justice Ministry
March of Dimes - Texas	The Contraceptive Initiative
Mental Health America of Greater Houston	University Health System
National Council of Jewish Women—Texas State Policy Advocacy Network	Women's & Men's Health Services of the Coastal Bend, Inc.

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