



**House Committee on Insurance
Written Testimony of J. Scott Simpson, MD
March 14, 2023
Testifying on behalf of:**

Texas Medical Association;
Texas Academy of Family Physicians; Texas Chapter, American College of Physicians Services; Texas Association of Obstetricians and Gynecologists;
Texas Pediatric Society; and the American College of Obstetricians and Gynecologists - District XI (Texas)

I am Scott Simpson, MD, an obstetrician-gynecologist by training and a former health plan medical director. Our organizations, which together represent more than 57,000 physicians and medical students, strongly support 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 it.

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 – as well as communities overall.

The American College of Obstetricians and Gynecologists recommends payment and practice policies that support the provision of extended supplies to improve contraceptive continuation¹. Contraceptives are extremely safe, which is why at least 20 states have implemented this same policy.

Oral contraceptives are one of the most commonly used means of preventing pregnancies and quite effective, with a typical user failure rate of 7%. However, to be effective, they must be taken daily. Thus, it is vital to make it more convenient for women to obtain them to improve compliance.

For many women, the need to regularly travel to a pharmacy to obtain prescriptive contraceptives is an impediment to using them. Women report that 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 pregnancies². Data show providing extended supplies of oral contraceptives may reduce the incidence of

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

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

unintended pregnancy by as much as 30%.³

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 can also help women better time and space future pregnancies⁴. 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.⁵ According to the Texas Comptroller, Texas has the nation's second-highest number of women-owned businesses. By helping women start or add to a family when best for them, 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.

We know questions have been raised regarding whether this bill would require all contraceptive prescriptions to be written for one year. The answer is no. A physician will still have discretion to indicate whether it should be limited to a specific duration based on the patient's diagnosis. Moreover, some women may not want a full year's supply.

While paying for a 12-month supply of contraception will certainly 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.

If enacted, House Bill 916 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; or Helen Kent Davis, TMA associate vice president of governmental affairs, at Helen.Davis@texmed.org.

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

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

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