

BILL ANALYSIS

H.B. 916
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Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

According to the Guttmacher Institute, 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. The Guttmacher Institute also reports that unintended pregnancies have a higher likelihood of poorer health outcomes for the mother and infant. Since state data indicates that 53 percent of Texas births are paid for by Medicaid, any undesirable health outcomes mean higher costs for the state. Research published in the journal *Obstetrics & Gynecology* from Dr. Diana Greene Foster of the Bixby Center for Global Reproductive Health has shown that women who receive a one-year supply of birth control 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. Many women struggle to maintain consistent contraceptive use when they are forced to return to the pharmacy every month to receive their next supply. Running out of birth control pills is among the primary reasons for women discontinuing oral contraceptive use. These findings were made as part of a study from Dr. Katharine O'Connell White and Dr. Carolyn Westhoff that was also published in *Obstetrics & Gynecology*; this study additionally found that discontinuation rates range from 25 percent to 85 percent during the first 6 to 12 months of use due to barriers to access and supply. Finally, the Guttmacher Institute reports that health plans often limit the supply of prescription birth control women can obtain to one or three months. In Texas, most providers offer three or fewer packs at one time. H.B. 916 seeks to address this issue by requiring an applicable health benefit plan to provide an enrollee up to a three-month supply of the covered prescription contraceptive drug the first time the prescription is filled and a 12-month supply each subsequent time the enrollee obtains the same drug.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

H.B. 916 amends the Insurance Code to require an applicable health benefit plan that provides benefits for a prescription contraceptive drug to provide for an enrollee to obtain up to a three-month supply of the covered drug at one time the first time the enrollee obtains the drug and to obtain up to a 12-month supply of the drug at one time each subsequent time the enrollee obtains the same drug, regardless of whether the enrollee was enrolled in the health benefit plan

the first time the enrollee obtained the drug. An enrollee may obtain only one 12-month supply of a covered prescription contraceptive drug during each 12-month period. The bill specifies the types of plans to which its provisions apply.

H.B. 916 applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2024.

EFFECTIVE DATE

September 1, 2023.