

- SUBJECT:** Requiring CHIP to cover prescription contraceptive drugs or devices
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 10 ayes — S. Thompson, Allison, Coleman, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler
- 0 nays
- 1 absent — Wray
- WITNESSES:** For — Celia Neavel, American College of OBGYNS, Texas Academy of Family Physicians, Texas Association of OBGYNS, Texas Medical Association, Texas Pediatric Society; Jennifer Biundo, Texas Campaign to Prevent Teen Pregnancy; Erika Ramirez, Texas Women's Healthcare Coalition; (*Registered, but did not testify:* Juliana Kerker, American College of Obstetricians and Gynecologists-Texas District; Anne Dunkelberg, Center for Public Policy Priorities; Lucinda Saxon, Legacy Community Health; Aimee Arrambide and Blake Rocap, NARAL Pro-Choice Texas; Will Francis, National Association of Social Workers-Texas Chapter; Tom Banning, Texas Academy of Family Physicians; Carisa Lopez, Texas Freedom Network; Carrie Kroll, Texas Hospital Association; Deneen Robinson, The Afiya Center; Emily Martin)
- Against — (*Registered, but did not testify:* Mary Castle and Nicole Hudgens, Texas Values Action; Jerome Young; Virginia Young)
- On — (*Registered, but did not testify:* Meghan Young, Health and Human Services Commission)
- BACKGROUND:** Health and Safety Code sec. 62.151 requires the state's child health plan to cover certain benefits for low-income, uninsured children. The executive commissioner of the Health and Human Services Commission must ensure that primary and preventive health benefits exclude reproductive services, other than prenatal care and care related to diseases, illnesses, or abnormalities regarding the reproductive system.

**DIGEST:** CSHB 800 would require the state's child health plan to provide coverage for prescription contraceptive drugs or devices approved by the U.S. Food and Drug Administration. The program could provide this coverage for an enrolled child younger than 18 years old for primary and preventive reproductive health care only if the health care provider received written consent from the enrolled child's parent, guardian, managing conservator, or other authorized person as listed in the bill.

The bill would not require coverage of abortifacients or any other drug or device that terminated a pregnancy.

The bill would permit the Health and Human Services Commission to delay implementation of the bill's provisions if it determined a waiver or authorization was needed.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

**SUPPORTERS SAY:** CSHB 800 would expand Children's Health Insurance Program (CHIP) benefits for low-income youth by requiring CHIP to cover prescription contraceptive drugs or devices for youth with parental consent. Texas currently is the only state that prohibits CHIP enrollees from accessing contraception with parental consent. Texas also has one of the highest teen pregnancy rates in the nation and the highest rate of repeat births among teenagers age 15 to 19. Increasing access to contraceptives for adolescents could help reduce the state's high teen pregnancy rate.

The bill would increase cost savings to the state and improve educational and economic outcomes for teens. Providing preventive services to low-income youth would reduce costs by helping them avoid unplanned pregnancies, which would avert Medicaid costs for pregnancy, birth, and neonatal care. Pregnancy prevention efforts increase teens' participation in school and enable them to reach educational and employment goals.

CHIP family planning services currently are covered by a favorable federal matching rate of 90 percent, which means the state would pay only 10 percent of the contraception coverage costs as required by CSHB 800. Studies have found that providing access to contraception does not lead to increased sexual activity. The bill would require parental consent, ensuring that a decision about a child receiving contraception under the bill was made with the support of parents.

**OPPONENTS  
SAY:**

CSHB 800 would use public funds to require access to contraceptive drugs for minors, which would be an inappropriate use of taxpayer dollars. Expanding access to contraception could contribute to increased sexual activity among minors.