

CONTRACEPTIVE COVERAGE IN CHIP

A baby is born to a teen mother once every 18 minutes in Texas. Expanding access to contraceptive coverage can help teens avoid early pregnancy.

Texas consistently has one of the highest rates of teen pregnancy in the nation. However, in the last decade, the teen birth rate has declined by an astonishing 50%. Research is clear that **access to effective contraception is one of the key factors driving down teen birth rates.**

HB 800 and SB 148 would include contraception as a covered benefit under the Children's Health Insurance Plan (CHIP), in accordance with parental consent requirements as laid out in the Texas Family Code. Texas is one **of only two states in the nation** that does not include birth control for pregnancy prevention as a benefit under CHIP. In 2018, there were approximately 40,000 girls aged 15-19 covered by CHIP each month.

Teens who experience a pregnancy while covered by CHIP are transferred to the Pregnant Women's Medicaid Program. In Fiscal Year 2017, **87%, of teen births were funded through a Medicaid program**, at an All Funds cost of \$78.0 million. Teen births are directly associated with a number of other costs, including Medicaid coverage for the teen's children and other public benefits, as well as other indirect and long-term costs. For this reason, the fiscal note for HB 800 projects cost savings for the state associated with averting unintended teen births.

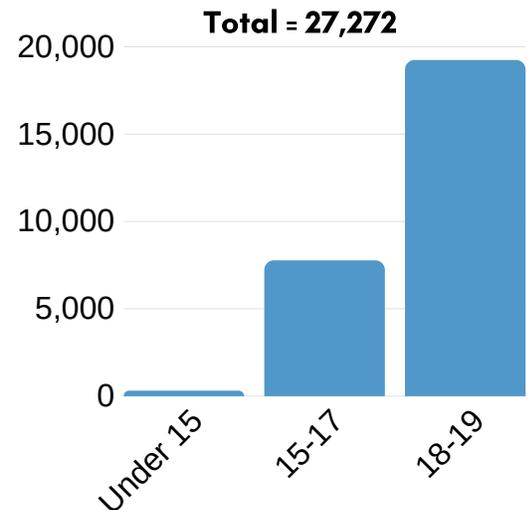
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HB 800 by Rep. Donna Howard

SB 148 by Sen. José Rodríguez

TEEN BIRTHS IN TEXAS, 2017

BY AGE OF MOTHER



Source: CDC

Texas is now one of only two states in the nation that does not include birth control as a benefit under CHIP. Previously, Montana also excluded contraception in its CHIP program, Healthy Montana Kids (HMK), but was obligated to extend coverage in 2012 following a lawsuit. In the ruling, a Montana District Court Judge found the exclusion unconstitutional, noting, "it is impermissible that HMK pays for the full panoply of prenatal, delivery and post-partum medical services for minors who choose to carry a pregnancy to term, while denying payment for the associated medical services for minors who choose to avoid pregnancy."