

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS
FISCAL IMPACT STATEMENT**

LS 6091
BILL NUMBER: HB 1020

NOTE PREPARED: Nov 18, 2025
BILL AMENDED:

SUBJECT: Access to Birth Control Program.

FIRST AUTHOR: Rep. Lucas
FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X GENERAL
 X DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill establishes the Access to Birth Control Program administered by the Indiana Department of Health (IDOH) for the purpose of increasing access to birth control by Indiana residents with a specified maximum household income. It also sets forth requirements of the program.

Effective Date: July 1, 2026.

Explanation of State Expenditures: The bill requires IDOH to establish the new Access to Birth Control Program, in collaboration with the Family and Social Services Administration (FSSA) and local health departments, to provide increased access to birth control for individuals at or below 185% of the federal poverty level (FPL). The annual cost for providing common prescription birth control pills is estimated at \$94,000 per 1,000 individuals; however, actual program costs will ultimately depend on the number of qualified individuals taking part in the program, as well as the type and amount of contraceptives distributed. The bill does not make an appropriation for the program. IDOH may apply for any state or federal funding available for implementation. Ultimately, the source of funds required to satisfy the requirements of this bill will depend on legislative and administrative actions.

The bill's requirements will increase workload for IDOH and FSSA but should be able to be implemented using existing staffing and resources. *[The IDOH's administrative expenditures are currently paid from the Tobacco Master Settlement Fund, a dedicated fund.]*

Additional Information: Indiana Medicaid provides coverage for contraceptive services, and the Family Planning Eligibility Program administered by FSSA provides contraceptive coverage for US citizens that do not qualify for Medicaid and are at or below 141% of the FPL.

Indiana has approximately 119,800 females and 117,500 males aged 15-49 with annual income between 142% and 185% of the FPL. Recent national estimates indicate that 54% of females in this age group use some form of birth control. However, those who are currently using long-acting reversible contraceptives, have undergone sterilization, or are already receiving contraceptive coverage through a healthcare plan are unlikely to participate in the program.

All contraceptive costs will be capped at their Medicaid maximum reimbursement rate. Indiana's Medicaid program currently reimburses two commonly prescribed birth control pills, Sprintec and Norethindrone, at an average cost of \$94 per year. The IHCP fee schedule indicates that maximum reimbursement rates for other types of contraceptives can range from \$0.57 for male condoms up to \$1,214 for long acting reversible contraceptive implants.

Explanation of State Revenues:

Explanation of Local Expenditures: The bill will increase workload for local health departments to collaborate with IDOH and FSSA to meet the requirements of this bill.

Explanation of Local Revenues:

State Agencies Affected: Indiana Department of Health; Family and Social Services Administration.

Local Agencies Affected: Local health departments.

Information Sources: LSA view of FSSA Claims and Encounter Data;
U.S. Census Bureau, American Community Survey, 2023 1-Year Public Use Microdata;
<https://www.cdc.gov/nchs/data/databriefs/db539.pdf>;
<https://www.in.gov/medicaid/providers/business-transactions/billing-and-remittance/ihcp-fee-schedules>;
<https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>.

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