

1 **ESSB 5512** - H COMM AMD

2 By Committee on Health Care

3 Strike everything after the enacting clause and insert:

4 NEW SECTION. **Sec. 1.** The legislature finds that: (1) many  
5 health carriers cover prescription drugs and devices but exclude  
6 prescription contraceptives and contraceptive devices; and (2) women of  
7 child-bearing age spend significantly more than men on out-of-pocket  
8 health care costs, with contraceptives and reproductive health care  
9 services accounting for most of this disparity.

10 The legislature intends to further the goal of eliminating sex  
11 discrimination in health benefits for women.

12 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43 RCW  
13 to read as follows:

14 (1) The definitions in this subsection apply throughout this  
15 section unless the context clearly requires otherwise.

16 (a) "Prescription contraceptive drugs and devices" means  
17 prescription contraceptive drugs and devices approved by the federal  
18 food and drug administration, including oral contraceptives,  
19 intrauterine devices (IUDs), injectables, hormonal implants,  
20 diaphragms, cervical caps, and emergency contraception; however it does  
21 not include drugs used to terminate a confirmed pregnancy.

22 (b) "Outpatient contraceptive services" means services necessary  
23 for the effective use of contraception, including provider office  
24 consultations for family planning purposes, examinations, procedures  
25 for inserting, removing, or dispensing prescription contraceptive  
26 methods, and laboratory services provided on an outpatient basis and  
27 related to the use of contraceptive methods, including natural family  
28 planning.

29 (2) Health carriers shall not exclude or restrict an enrollee's  
30 access to:

31 (a) Prescription contraceptive drugs and devices approved by the  
32 federal food and drug administration if the enrollee's health plan  
33 provides benefits for prescription drugs; or

1 (b) Outpatient contraceptive services, if the enrollee's health  
2 plan provides benefits for outpatient health services.

3 (3) Except as provided in subsection (4) of this section, a health  
4 carrier shall not create or impose disincentives for utilization of the  
5 benefits required by subsection (2) of this section.

6 (4) Nothing in this section shall be construed as:

7 (a) Preventing a health carrier from imposing deductibles,  
8 coinsurance, other cost-sharing requirements, or other limitations in  
9 relation to providing prescription contraceptive drugs and devices, or  
10 outpatient contraceptive services, provided that such deductible,  
11 coinsurance, other cost-sharing requirement, or other limitation is not  
12 greater than or different from the deductible, coinsurance, other cost-  
13 sharing requirement, or other limitation for other prescription drugs,  
14 devices, or outpatient health care services covered under the plan;

15 (b) Requiring a health carrier to cover experimental or  
16 investigative prescription contraceptive drugs and devices, or  
17 outpatient contraceptive services, except to the extent that a plan  
18 provides coverage for other experimental or investigative prescription  
19 drugs, devices, or outpatient health care services; or

20 (c) Allowing a health carrier to limit a health care provider's  
21 ability to prescribe contraceptive drugs for medical purposes such as  
22 decreasing risk of ovarian cysts or eliminating symptoms of menopause.

23 (5) This section applies to health plans issued or renewed on or  
24 after the effective date of this section.

25 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.43 RCW  
26 to read as follows:

27 (1) The legislature recognizes that every individual possesses a  
28 fundamental right to exercise their religious beliefs. The legislature  
29 further recognizes that in developing public policy, conflicting  
30 religious beliefs must be respected. Therefore, while recognizing the  
31 right of religious objection to participating in the provision of  
32 contraceptive health care services, the state shall also recognize the  
33 right of individuals to access the prescription contraceptive drugs and  
34 devices and outpatient contraceptive health care services required by  
35 this section and section 2 of this act.

36 (2)(a) No individual health care provider, religiously sponsored  
37 health carrier, or health care facility may be required by law or  
38 contract in any circumstances to participate in the provision of or

1 payment for prescription contraceptive drugs and devices and outpatient  
2 contraceptive services if they object to doing so for reason of  
3 conscience or religion. No person may be discriminated against in  
4 employment or professional privileges because of such an objection.

5 (b) The provisions of (a) of this subsection are not intended to  
6 result in an enrollee being denied timely access to prescription  
7 contraceptive drugs and devices and outpatient contraceptive services.

8 (3)(a) Health carriers that are not religiously sponsored shall  
9 allow enrollees whose health care provider or plan-designated health  
10 care facility declines to participate in the provision of contraceptive  
11 health care services to use another health care provider or health care  
12 facility with whom the plan contracts to ensure timely access to  
13 qualified providers within the local community. If all of the  
14 providers or facilities with whom the carrier contracts within the  
15 enrollee's local community decline to participate in the provision of  
16 contraceptive health care services, the carrier shall contract with a  
17 provider or facility within the enrollee's local community that will  
18 provide such services.

19 (b) Each religiously sponsored health carrier that invokes the  
20 religious exemption provided under subsection (2)(a) of this section  
21 shall: (i) Provide written notice to enrollees upon enrollment with  
22 the plan, listing the contraceptive health services they refuse to  
23 cover for reason of conscience or religion; (ii) provide written  
24 information describing how an enrollee may directly access prescription  
25 drugs and devices and outpatient contraceptive health care services in  
26 an expeditious manner; and (iii) ensure that enrollees refused services  
27 under this section have prompt access to the information developed  
28 under (b)(ii) of this subsection.

29 (4)(a) No individual or religious organization may be required to  
30 purchase coverage for contraceptive health care services if they object  
31 to doing so for reason of conscience or religion. The provision of  
32 this subsection shall not result in an enrollee being denied coverage  
33 of, and timely access to, prescription contraceptive drugs and devices  
34 and outpatient contraceptive services.

35 (b) Health carriers that are not religiously sponsored shall allow  
36 religious organizations opposed to contraceptive health services to  
37 refuse to pay for coverage of such benefits in a group plan. Health  
38 carriers shall allow enrollees in a health plan exempted under this  
39 subsection to directly purchase coverage of prescription drugs and

1 devices and outpatient contraceptive services from the carrier. The  
2 enrollee's cost of purchasing such coverage shall not exceed the  
3 enrollee's pro rata share of the price the group purchaser would have  
4 paid for such coverage had the group plan not invoked a religious  
5 exemption.

6 (5) Nothing in this section requires a health carrier, health care  
7 facility, or health care provider to provide any health care services  
8 without appropriate payment of premium or fee.

9 NEW SECTION. **Sec. 4.** If any provision of this act or its  
10 application to any person or circumstance is held invalid, the  
11 remainder of the act or the application of the provision to other  
12 persons or circumstances is not affected.-

**EFFECT:** Deletes from findings reference to over half of all  
pregnancies are unintended; by reducing rates of unintended  
pregnancy, contraceptives help reduce the need for abortion;  
unintended pregnancies lead to higher rates of infant mortality,  
low birth weight, and maternal morbidity, and threaten the  
economic viability of families; contraceptive services are part of  
basic health care, allowing families to both adequately space  
desired pregnancies and avoid unintended pregnancy; lack of  
contraceptive coverage in health plans places many effective forms  
of contraceptives beyond the financial reach of many women,  
leading to unintended pregnancies; and the ability to plan her  
childbearing is central to a woman's ability to participate on an  
equal basis in education and employment.-

Deletes legislative intent to reduce the number of unintended  
pregnancies and ensure access to contraceptive services in health  
plans that cover prescription drugs and outpatient health  
services.-

Clarifies that it does not include drugs used to terminate a  
confirmed pregnancy.

Clarifies that services can only be provided by health care  
providers defined in law.