

HOUSE BILL REPORT

ESSB 5512

As Reported By House Committee On:
Health Care

Title: An act relating to contraceptive health care benefits.

Brief Description: Requiring health plans that cover prescription drugs to cover the cost of prescription contraceptives.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Costa, Winsley, Kline, Patterson, Gardner, Prentice, Long, Goings, Snyder, Fraser, Brown, Kohl-Welles, Jacobsen, Spanel, Fairley, Haugen, Wojahn, Thibaudeau, Loveland, Bauer, Eide, B. Sheldon, McAuliffe, T. Sheldon, Heavey and Shin).

Brief History:

Committee Activity:

Health Care: 3/23/99, 4/1/99 [DPA].

Brief Summary of Engrossed Substitute Bill
(As Amended by House Committee)

- Prohibits health plans that provide out-patient care drug coverage from imposing additional restrictions on prescription contraceptive drugs.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended. Signed by 8 members: Representatives Cody, Democratic Co-Chair; Parlette, Republican Co-Chair; Pflug, Republican Vice Chair; Schual-Berke, Democratic Vice Chair; Alexander; Conway; Edmonds and Ruderman.

Minority Report: Do not pass. Signed by 3 members: Representatives Boldt; Campbell and Mulliken.

Staff: Bill Hagens (786-7131).

Background:

In response to concerns about inequity, and the economic and social impact of some health insurance plans' failure to provide contraceptive benefits, legislation was introduced in 1998 requiring plans to provide such benefits. The legislation was referred to the Department of Health for review under the mandated health benefits review process set forth in statute.

The Department of Health issued its final report in January 1999. The report analyzes the efficacy of the mandate, and its social and financial impact, and concludes that legislation should be enacted mandating contraceptive services for all state regulated health plans.

Also in 1998, the Office of the Insurance Commissioner (OIC) conducted a survey to determine the level of reproductive health benefit coverage in health insurance plans marketed in Washington. Among the OIC findings was that 50 percent of the plans cover contraceptive services in some form, and that 30 percent of all plans and 22 percent of eligible enrollees have "core" contraceptive coverage.

Summary of Amended Bill:

A health plan issued to individuals or groups may not restrict an enrollee's access to prescription contraceptive drugs and devices if the plan otherwise provides benefits for prescription drugs, or to outpatient contraceptive services if the plan otherwise provides benefits for outpatient health services. The terms and conditions of coverage for contraceptives must be the same as the terms and conditions of coverage for other prescription drugs, devices, or outpatient health care services covered under the plan.

Subject to certain requirements, no individual health care provider, religiously sponsored health carrier, or health care facility may be required to participate in the provision of or payment for contraceptives if they object to doing so for reason of conscience or religion. No individual or religious organization may be required to purchase coverage for contraceptives if they object to doing so for reason of conscience or religion. However, insurance enrollees from a religious organization wishing to purchase contraceptive coverage may do so directly through the insurance carrier.

Amended Bill Compared to Engrossed Substitute Bill: Language is added stating that contraceptive drugs do not include drugs used to terminate a confirmed pregnancy and to limit out-patient service provisions to appropriate providers.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: Contraceptive coverage is the good and cost effective thing to do. Without statutory requirements, carriers are unwilling to provide contraceptive coverage. The bill addresses equal rights to insurance for men and women. Women often need contraceptives for health reasons, and have not had access to them. Unintended pregnancy imposes social and economic costs on all segments of society.

Testimony Against: Mandating any health insurance benefit increases insurance costs and decreases choices in an already volatile insurance market. A contraceptive mandate sends the wrong message to teenagers and will interfere with the parent/child relationship. Most contraceptives are abortifacients and can be harmful to a person's health. The bill would force those who object to contraceptives to help pay for them for others.

Testified: (support) Senator Costa, prime sponsor; Mary Selecky and Dr. Maxine Hayes Department of Health; Deborah Senn and Lori Bielinski, Office of the Insurance Commissioner; and Melinda Percich, Washington State Council on Family Planning and Seattle/King County Health Department.

(oppose) Jim Halstrom, Health Care Purchasers' Association and Association of Washington Business; Rick Wickman, Blue Cross; Eula Mae Hill, self; and Chris Terrell, Washington Family Council.

(concerns) Eric Paige, Washington State Catholic Conference.