
SENATE BILL 6359

State of Washington

63rd Legislature

2014 Regular Session

By Senators Hobbs, Hasegawa, Keiser, Kohl-Welles, Chase, Darneille, Mullet, Kline, Hatfield, Frockt, Nelson, Pedersen, McAuliffe, Cleveland, Fraser, Conway, McCoy, Ranker, Eide, Billig, and Liias

Read first time 01/22/14. Referred to Committee on Health Care .

1 AN ACT Relating to preserving health insurance coverage for the
2 voluntary termination of a pregnancy by requiring health plans issued
3 or renewed on or after January 1, 2015, that provide coverage for
4 maternity care or services to provide a covered person with
5 substantially equivalent coverage to permit the voluntary termination
6 of a pregnancy, by prohibiting a health plan from limiting in any way
7 a woman's access to services related to the voluntary termination of a
8 pregnancy other than terms and conditions generally applicable to the
9 health plan's coverage of maternity care or services including
10 applicable cost sharing, by not limiting in any way a woman's
11 constitutionally or statutorily protected right to voluntarily
12 terminate a pregnancy, by clarifying that health plans are not required
13 to cover abortions that would be unlawful under RCW 9.02.120, by
14 providing an exemption for a multistate plan that does not cover the
15 voluntary termination of pregnancies under federal law, by making the
16 provisions of this act inapplicable to the minimum extent necessary to
17 avoid noncompliance with federal requirements that are a prescribed
18 condition to the allocation of federal funds to the state, and by
19 clarifying that nothing in this act affects the statutory right of
20 objection based on conscience or religion as set forth in RCW
21 48.43.065; and adding a new section to chapter 48.43 RCW.

1 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

2 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW
3 to read as follows:

4 (1) Except as provided in subsection (5) of this section, if a
5 health plan issued or renewed on or after January 1, 2015, provides
6 coverage for maternity care or services, the health plan must also
7 provide a covered person with substantially equivalent coverage to
8 permit the voluntary termination of a pregnancy.

9 (2)(a) Except as provided in (b) of this subsection, a health plan
10 subject to subsection (1) of this section may not limit in any way a
11 woman's access to services related to the voluntary termination of a
12 pregnancy.

13 (b)(i) Coverage for the voluntary termination of a pregnancy may be
14 subject to terms and conditions generally applicable to the health
15 plan's coverage of maternity care or services, including applicable
16 cost sharing.

17 (ii) A health plan is not required to cover abortions that would be
18 unlawful under RCW 9.02.120.

19 (3) Nothing in this section may be interpreted to limit in any way
20 a woman's constitutionally or statutorily protected right to
21 voluntarily terminate a pregnancy.

22 (4) This section does not, pursuant to 42 U.S.C. Sec. 18054(a)(6),
23 apply to a multistate plan that does not provide coverage for the
24 voluntary termination of a pregnancy.

25 (5) If the application of this section to a health plan results in
26 noncompliance with federal requirements that are a prescribed condition
27 to the allocation of federal funds to the state, this section is
28 inapplicable to the plan to the minimum extent necessary for the state
29 to be in compliance. The inapplicability of this section to a specific
30 health plan under this subsection does not affect the operation of this
31 section in other circumstances.

32 (6) The legislature recognizes that every individual possesses a
33 fundamental right to exercise their religious beliefs and conscience.
34 The legislature further recognizes that in developing public policy,
35 conflicting religious and moral beliefs must be respected. Therefore,
36 while recognizing the right of conscientious objection to participating

1 in specific health services, the state shall also recognize the right
2 of individuals enrolled with plans containing the basic health plan
3 services to receive the full range of services covered under the plan.

4 (7)(a) No individual health care provider, religiously sponsored
5 health carrier, or health care facility may be required by law or
6 contract in any circumstances to participate in the provision of or
7 payment for a specific service if they object to so doing for reason of
8 conscience or religion. No person may be discriminated against in
9 employment or professional privileges because of such objection.

10 (b) The provisions of subsections (6) through (9) of this section
11 are not intended to result in an enrollee being denied timely access to
12 any service included in the basic health plan services. Each health
13 carrier shall:

14 (i) Provide written notice to enrollees, upon enrollment with the
15 plan, listing services that the carrier refuses to cover for reason of
16 conscience or religion;

17 (ii) Provide written information describing how an enrollee may
18 directly access services in an expeditious manner; and

19 (iii) Ensure that enrollees refused services under this section
20 have prompt access to the information developed pursuant to (b)(ii) of
21 this subsection.

22 (c) The insurance commissioner shall establish by rule a mechanism
23 or mechanisms to recognize the right to exercise conscience while
24 ensuring enrollees timely access to services and to assure prompt
25 payment to service providers.

26 (8)(a) No individual or organization with a religious or moral
27 tenet opposed to a specific service may be required to purchase
28 coverage for that service or services if they object to doing so for
29 reason of conscience or religion.

30 (b) The provisions of subsections (6) through (9) of this section
31 shall not result in an enrollee being denied coverage of, and timely
32 access to, any service or services excluded from their benefits package
33 as a result of their employer's or another individual's exercise of the
34 conscience clause in (a) of this subsection.

35 (c) The insurance commissioner shall define by rule the process
36 through which health carriers may offer the basic health plan services
37 to individuals and organizations identified in (a) and (b) of this

1 subsection in accordance with the provisions of subsection (7)(c) of
2 this section.

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

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