

# SENATE BILL REPORT

## SB 6105

As of January 23, 2018

**Title:** An act relating to enacting the reproductive health access for all act.

**Brief Description:** Enacting the reproductive health access for all act.

**Sponsors:** Senators Ranker, Cleveland, Darneille, Keiser, Nelson, Wellman, Dhingra, McCoy, Lias, Carlyle, Frockt, Hunt, Palumbo, Kuderer, Hasegawa and Mullet.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/22/18.

### Brief Summary of Bill

- Requires the Health Care Authority (HCA) to administer a program to reimburse for the cost of certain services, drugs, devices, products and procedures for individuals who can become pregnant and would be eligible for Medicaid if not for their immigration status.
- Requires health plans to also provide coverage for all of the same services as the HCA program being established, beginning January 1, 2019.
- Makes it an unfair practice to discriminate in the coverage or payment for any of these covered services, drugs, devices, products, or procedures.

### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Staff:** Evan Klein (786-7483)

**Background:** State Medical Assistance Program. HCA administers the Medicaid program, also known as Apple Health, which provides health care for low-income state residents who meet certain eligibility criteria.

Adults age 19 through 64 whose annual income is at or below 133 percent of the federal poverty level, who are not incarcerated and who are not entitled to Medicare are eligible. Adults must also be a United States citizen or a qualified alien who meets or is exempt from the five-year bar, to be eligible for Apple Health. Qualified aliens are persons who are lawfully present in the United States and meet certain other residency requirements.

*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Federal Benefits Eligibility. Under federal law, aliens who are not qualified aliens are not eligible for most federal public benefits, including Medicaid. Qualified aliens may be eligible for federal public benefits if they meet certain exemptions, including refugee status, certain permanent residency statuses, veteran and active duty military status, and disabled aliens who have resided in the United States since 1996 and certain American Indians.

Take Charge Program. HCA operates the Take Charge Program (Take Charge) to provide men and women coverage for family planning services, which includes U.S. Food and Drug Administration (FDA) approved contraception, screening for sexually transmitted diseases (STDs), well-woman care and family planning education. Anyone, except undocumented immigrants and non-qualified aliens, who is uninsured, not eligible for Medicaid or insured and seeking confidential family planning services, and is at or below 260 percent of the federal poverty level is eligible for Take Charge.

**Summary of Bill:** The bill as referred to committee not considered.

**Summary of Bill (Proposed Substitute):** HCA must administer a program to reimburse the cost of services, drugs, devices, products and procedures for individuals who can become pregnant and would be eligible for Medicaid if not for their immigration status. Coverage must include:

- well woman care;
- STD screening and counseling;
- gender dysphoria and hormone therapy counseling;
- pregnancy counseling; and
- a variety of other drugs, services, procedures and devices that assist in the screening, counseling or interventions for tobacco use, domestic and sexual violence, abortions, breast and cervical cancer, voluntary sterilization, and contraception.

HCA may provide therapeutic equivalents of a hormone, hormone blocker, or contraceptive drug, device or product approved by the FDA in certain circumstances.

HCA must not impose any cost-sharing requirements on these covered services and must not infringe upon an individual enrolled in the program's choice of hormone or contraceptive. HCA must not require prior authorization, step therapy or other utilization management techniques for hormones or contraceptives approved by the FDA.

HCA must administer a program identical to Take Charge for individuals who would be eligible if not for immigration status.

Beginning January 1, 2019, health plans must provide coverage for all of the same services as the HCA program being established. In doing so, health plans must not impose cost-sharing requirements on these services, infringe upon an enrollee's choice of contraceptive, require prior authorization, step therapy or other utilization management techniques, or deny coverage because an enrollee changed their contraceptive method within a 12-month period. In-network health care providers must be reimbursed for required services that are provided, without deductions for cost-sharing.

If the insurance commissioner determines that enforcement of any provisions against health plans or carriers may jeopardize federal funding, the insurance commissioner may grant an exemption to a requirement.

Health plans must provide enrollees with information about the coverage of contraception by the health plan.

It is an unfair practice to discriminate in the coverage or payment for any of these covered services, drugs, devices, products, or procedures.

**Appropriation:** None.

**Fiscal Note:** Requested on January 7, 2019.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

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

**Staff Summary of Public Testimony:** PRO: These undocumented individuals are contributing to our economy in so many ways, yet they are unable to take part in critical programs like Take Charge. Providing family planning support to our communities is absolutely critical. Take Charge is an incredible program, and it is critical to provide these wonderful services to everyone, regardless of immigration status. All Washingtonians should be able to choose when and how to start their families and restrictions on contraception should not make the decision for them. It is also important to provide services to our transgender population. Rates of adverse health outcomes are also highest among those who are at the lower ends of the income spectrum. If we are going to treat everyone with equality, we must not exclude the transgender population from the services that they need. This bill would support hormone and hormone therapy access. The state stopped covering needles and syringes, which has created a moral and safety issue for those who need hormone therapy. This bill would help eliminate many of the barriers that immigrants face to receiving transgender health services. Thirty percent of transgender people had an issue with insurance in the past year. Oregon passed a similar law to this last year, but did not include protections for the transgender health care that this bill does.

CON: The constitutionally protected ability to practice a core tenant of faith is being violated by this bill. Abortion hurts women, especially young women. The reimbursement of abortion services is horrible and the majority of Americans are opposed to abortions. Abortion is linked to suicides, breast cancer and death. Laws must protect the American people and must uphold the rights of the American people. Any laws passed that support abortions are a step in the wrong direction. Abortion is the greatest tragedy in our country today. Science tells us that life begins at conception and life must be protected. The only one who profits from abortion is the abortion industry itself. Women can live a successful life without killing their child. This bill is the definition of tyranny.

**Persons Testifying:** PRO: Senator Kevin Ranker, Prime Sponsor; Corina Pfiel, citizen; Sara Fadich, Gender Justice League; Deborah Oyer, MD, Medical Director, Cedar River Clinics, Clinical Associate Professor University of Washington; Priya Walia, Legal Voice; Liliana

Rasmussen, citizen; Huma Zarif, Staff Attorney, Legal Voice.

CON: Georgene Faries, President Evergreen Republican Women; Daniel Mueggenborg, Bishop, Archdiocese of Seattle; Katie Lodjic, Students for Life; Autumn Lindsey; Tikvah Meeks, citizen.

**Persons Signed In To Testify But Not Testifying:** PRO: Tobias Gurl, Planned Parenthood; Patrick Nagle, citizen; Julie Corwin, Planned Parenthood; Adrienne Epperson, citizen; William Wilson, Planned Parenthood.

CON: Emily Uhlmeyer, citizen; Caroline Bowes, citizen; Emily Ayers, citizen; Sarah Munchinski, citizen; Emily Johnson, citizen; Annie Joyce, citizen; Lindsey Joyce, citizen; Rufus Mclemore, citizen; Kate Johnston, citizen; Joy Downen, citizen; Tyler Dunning, citizen; Theresa Schrempp, citizen; James Dunning, citizen; Devin Backholm, citizen; Barbara Hawkins, citizen.