HOUSE BILL 1077

State of Washington 69th Legislature 2025 Regular Session

By Representatives Walen, Ryu, and Leavitt

Prefiled 12/16/24.

AN ACT Relating to raising awareness of pain control options for intrauterine device placement and removal; adding a new section to chapter 18.130 RCW; and creating a new section.

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

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NEW SECTION. Sec. 1. (1) The legislature finds that:

6 (a) Intrauterine devices, commonly known as IUDs, are one of the 7 most effective forms of reversible contraception. While intrauterine devices have been used in the United States for many decades, their 8 use has increased substantially since the early 2000s, particularly 9 10 among individuals who have never given birth. While the use of 11 intrauterine devices is increasing, some patients forego their use 12 because of their concerns about pain or previous negative experiences despite the other benefits and effectiveness of intrauterine devices. 13

(b) Research supports that placement of an intrauterine device can be extremely painful and that individuals who have not given birth prior to intrauterine device placement report considerably more pain than individuals that have borne children.

18 (c) Until recently there were limited guidelines related to pain 19 management for the placement and removal of an intrauterine device 20 and health care providers generally only addressed pain by 21 recommending over-the-counter pain medications, which have been found to be ineffective for placement and removal pain. In response to patients raising awareness of their negative experiences and requests for pain management, more providers are beginning to provide additional pain control options, and some planned parenthood clinics recently began offering sedation for patients seeking intrauterine device placement.

The federal centers for disease control and prevention 7 (d) updated their recommendations for contraceptive use in August 2024 8 and recommend that before placement, all patients should be counseled 9 on potential pain during placement and that a person-centered plan 10 11 for pain management should be made based on patient preference. The 12 recommendations further provide that when a health care provider is 13 considering patient pain, it is important to recognize that the 14 experience of pain is individualized and might be influenced by previous experiences. 15

16 (2) Therefore, the legislature intends to promote awareness of 17 pain control options for the placement and removal of intrauterine 18 devices by requiring that health care providers notify patients of 19 pain control options prior to intrauterine device placement and 20 removal.

21 <u>NEW SECTION.</u> Sec. 2. A new section is added to chapter 18.130 22 RCW to read as follows:

A health care provider that is subject to this chapter or their agent or employee shall notify all patients seeking intrauterine device placement or removal of the types of pain control options available prior to or at the time of scheduling the appointment for intrauterine device placement or removal.

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