

# HOUSE BILL REPORT

## ESHB 1523

---

**As Passed House:**  
January 31, 2018

**Title:** An act relating to requiring health plans to cover, with no cost sharing, all preventive services required to be covered under federal law as of December 31, 2016.

**Brief Description:** Requiring health plans to cover, with no cost sharing, all preventive services required to be covered under federal law as of December 31, 2016.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Robinson, Johnson, Cody, Harris, Pollet, Doglio, Appleton, Fitzgibbon, Tharinger, Farrell, McBride, Fey and Macri).

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/7/17, 2/17/17 [DPS].

**Floor Activity:**

Passed House: 3/1/17, 70-28.

**Floor Activity:**

Passed House: 1/31/18, 56-38.

**Brief Summary of Engrossed Substitute Bill**

- Requires health plans to cover the same preventive services required by federal law as of December 31, 2016.

---

### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Macri, Vice Chair; Graves, Assistant Ranking Minority Member; Clibborn, Jinkins, Riccelli, Robinson, Slatter, Stonier and Tharinger.

**Minority Report:** Do not pass. Signed by 6 members: Representatives Schmick, Ranking Minority Member; Caldier, Harris, MacEwen, Maycumber and Rodne.

**Minority Report:** Without recommendation. Signed by 1 member: Representative DeBolt.

---

*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.*

**Staff:** Jim Morishima (786-7191).

**Background:**

The federal Patient Protection and Affordable Care Act requires health plans to cover the following preventive services with no cost sharing:

- items or services with an "A" or "B" rating from the United States Preventive Services Task Force;
- immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- preventive care and screenings for children recommended by the United States Health Resources and Services Administration's (HRSA) Bright Futures Project; and
- additional services supported by the HRSA.

Preventive services covered by this requirement include:

- immunizations for certain diseases, including diphtheria, hepatitis, influenza, and measles;
- autism screening for children aged 18-24 months;
- blood pressure and cholesterol screenings;
- screenings for certain diseases, including diabetes, colorectal cancer, and HIV; and
- contraception for women (this requirement is limited under some circumstances by federal rule and Supreme Court precedent).

**Summary of Engrossed Substitute Bill:**

A health plan must, at a minimum, provide coverage for the same preventive services required by the Patient Protection and Affordable Care Act (PPACA) and any federal rules or guidance in effect on December 31, 2016, implementing the PPACA's preventive services requirement. The health plan may not impose cost-sharing requirements for these preventive services. The Insurance Commissioner must enforce the requirement consistent with federal rules, guidance, and case law in effect on December 31, 2016, applicable to the preventive services requirement in the PPACA.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) The public health system is struggling. Giving people access to preventive services with no cost-sharing goes hand-in-hand with reshaping the public health system. People find preventive services grounding and stabilizing. The coverage people have under the Patient Protection and Affordable Care Act (PPACA) must be locked in place in light of potential changes on the federal level. Washington should be a leader in providing

preventive services to its citizens. This bill is cost-effective and provides a tremendous return on investment; an ounce of prevention is worth a pound of cure.

(Opposed) This bill is onerous and discriminates against people's religious freedom. Life is sacred from the moment of conception. Some of the birth control methods required to be covered by this bill can terminate an embryo's life. This type of mandate can destroy a human life and is more dangerous than the federal mandate. Many churches will not purchase coverage that includes abortions. It is essential not to force Washingtonians to do this in order to protect religious liberty. This bill is solving a nonexistent problem and will lead to litigation. This bill does not do a good job of providing a carve-out for religious objectors. People should not be forced to pay for someone else's abortion.

(Other) This bill is not timely because it is unclear what the federal government will do at this time. Insurance carriers are already doing this. However, if the incentives to retain coverage are repealed, this requirement could lead to unaffordable coverage.

**Persons Testifying:** (In support) Representative Robinson, prime sponsor; Mary McHale, American Cancer Society Cancer Action Network; Katie Kolan, Washington State Medical Association; Anne Tan Piazza, Washington State Nurses Association; and Patty Hayes, Public Health-Seattle and King County.

(Opposed) Arina Grossu, Center for Human Dignity Family Research Council; Brett Kinney and Aaron Mischel, Electric Mirror; and Luke Esser, Washington State Catholic Conference.

(Other) David Knutson, The Association of Washington Healthcare Plans; and Zach Snyder, Regence BlueShield.

**Persons Signed In To Testify But Not Testifying:** None.