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**HOUSE BILL 1077**

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**State of Washington 69th Legislature 2025 Regular Session**

**By** Representatives Walen, Ryu, and Leavitt

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.

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

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

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

(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.

(c) Until recently there were limited guidelines related to pain management for the placement and removal of an intrauterine device and health care providers generally only addressed pain by 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.

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

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

NEW SECTION. **Sec.**  A new section is added to chapter 18.130 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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