
ENGROSSED SUBSTITUTE SENATE BILL 5512

State of Washington 56th Legislature 1999 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Costa, Winsley, Kline, Patterson, Gardner, Prentice, Long, Goings, Snyder, Fraser, Brown, Kohl-Welles, Jacobsen, Spanel, Fairley, Haugen, Wojahn, Thibaudeau, Loveland, Bauer, Eide, B. Sheldon, McAuliffe, T. Sheldon, Heavey and Shin)

Read first time 02/22/1999.

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- 1 AN ACT Relating to contraceptive health care benefits; adding new
- 2 sections to chapter 48.43 RCW; and creating a new section.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 <u>NEW SECTION.</u> **Sec. 1.** The legislature finds that: (1) Over half
- 5 of all pregnancies are unintended; (2) by reducing rates of unintended
- 6 pregnancy, contraceptives help reduce the need for abortion; (3)
- 7 unintended pregnancies lead to higher rates of infant mortality, low
- 8 birth weight, and maternal morbidity, and threaten the economic
- 9 viability of families; (4) contraceptive services are part of basic
- 10 health care, allowing families to both adequately space desired
- 11 pregnancies and avoid unintended pregnancy; (5) many health carriers
- pregnancies and avoid unincended pregnancy, (5) many nearest carriers

prescription drugs and devices but exclude prescription

- 13 contraceptives and contraceptive devices; (6) women of child-bearing
- 3
- 14 age spend significantly more than men on out-of-pocket health care
- 15 costs, with contraceptives and reproductive health care services
- 16 accounting for most of this disparity; (7) lack of contraceptive
- 17 coverage in health plans places many effective forms of contraceptives
- 18 beyond the financial reach of many women, leading to unintended
- 19 pregnancies; and (8) the ability to plan her childbearing is central to

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- 1 a woman's ability to participate on an equal basis in education and 2 employment.
- The legislature intends to reduce the number of unintended pregnancies and ensure access to contraceptive services in health plans that cover prescription drugs and outpatient health services. The
- 6 legislature also intends to further the goal of eliminating sex
- 7 discrimination in health benefits for women.
- 8 <u>NEW SECTION.</u> **Sec. 2.** A new section is added to chapter 48.43 RCW 9 to read as follows:
- 10 (1) The definitions in this subsection apply throughout this 11 section unless the context clearly requires otherwise.
- 12 "Prescription contraceptive drugs and devices" means (a) prescription contraceptive drugs and devices approved by the federal 13 14 food and drug administration, including oral contraceptives, 15 intrauterine devices (IUDs), injectables, hormonal implants,
- 16 diaphragms, cervical caps, and emergency contraception.
 17 (b) "Outpatient contraceptive services" means services necessary
- 18 for the effective use of contraception, including family planning 19 consultations, examinations, procedures for inserting, removing, or
- 20 dispensing prescription contraceptive methods, and laboratory services
- 21 provided on an outpatient basis and related to the use of contraceptive
- 22 methods, including natural family planning.
- 23 (2) Health carriers shall not exclude or restrict an enrollee's 24 access to:
- 25 (a) Prescription contraceptive drugs and devices approved by the 26 federal food and drug administration if the enrollee's health plan 27 provides benefits for prescription drugs; or
- 28 (b) Outpatient contraceptive services, if the enrollee's health 29 plan provides benefits for outpatient health services.
- 30 (3) Except as provided in subsection (4) of this section, a health 31 carrier shall not create or impose disincentives for utilization of the 32 benefits required by subsection (2) of this section.
 - (4) Nothing in this section shall be construed as:
- 34 (a) Preventing a health carrier from imposing deductibles, 35 coinsurance, other cost-sharing requirements, or other limitations in 36 relation to providing prescription contraceptive drugs and devices, or 37 outpatient contraceptive services, provided that such deductible, 38 coinsurance, other cost-sharing requirement, or other limitation is not

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- greater than or different from the deductible, coinsurance, other costsharing requirement, or other limitation for other prescription drugs, devices, or outpatient health care services covered under the plan;
- 4 (b) Requiring a health carrier to cover experimental or investigative prescription contraceptive drugs and devices, or outpatient contraceptive services, except to the extent that a plan provides coverage for other experimental or investigative prescription drugs, devices, or outpatient health care services; or
- 9 (c) Allowing a health carrier to limit a health care provider's 10 ability to prescribe contraceptive drugs for medical purposes such as 11 decreasing risk of ovarian cysts or eliminating symptoms of menopause.
- 12 (5) This section applies to health plans issued or renewed on or 13 after the effective date of this section.
- NEW SECTION. Sec. 3. A new section is added to chapter 48.43 RCW to read as follows:
- 16 (1) The legislature recognizes that every individual possesses a fundamental right to exercise their religious beliefs. The legislature 17 18 further recognizes that in developing public policy, conflicting religious beliefs must be respected. Therefore, while recognizing the 19 right of religious objection to participating in the provision of 20 contraceptive health care services, the state shall also recognize the 21 22 right of individuals to access the prescription contraceptive drugs and 23 devices and outpatient contraceptive health care services required by 24 this section and section 2 of this act.
 - (2)(a) No individual health care provider, religiously sponsored health carrier, or health care facility may be required by law or contract in any circumstances to participate in the provision of or payment for prescription contraceptive drugs and devices and outpatient contraceptive services if they object to doing so for reason of conscience or religion. No person may be discriminated against in employment or professional privileges because of such an objection.

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- (b) The provisions of (a) of this subsection are not intended to result in an enrollee being denied timely access to prescription contraceptive drugs and devices and outpatient contraceptive services.
- (3)(a) Health carriers that are not religiously sponsored shall allow enrollees whose health care provider or plan-designated health care facility declines to participate in the provision of contraceptive health care services to use another health care provider or health care

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- facility with whom the plan contracts to ensure timely access to qualified providers within the local community. If all of the providers or facilities with whom the carrier contracts within the enrollee's local community decline to participate in the provision of contraceptive health care services, the carrier shall contract with a provider or facility within the enrollee's local community that will provide such services.
- 8 (b) Each religiously sponsored health carrier that invokes the 9 religious exemption provided under subsection (2)(a) of this section 10 shall: (i) Provide written notice to enrollees upon enrollment with the plan, listing the contraceptive health services they refuse to 11 cover for reason of conscience or religion; (ii) provide written 12 13 information describing how an enrollee may directly access prescription drugs and devices and outpatient contraceptive health care services in 14 15 an expeditious manner; and (iii) ensure that enrollees refused services 16 under this section have prompt access to the information developed 17 under (b)(ii) of this subsection.
- (4)(a) No individual or religious organization may be required to purchase coverage for contraceptive health care services if they object to doing so for reason of conscience or religion. The provision of this subsection shall not result in an enrollee being denied coverage of, and timely access to, prescription contraceptive drugs and devices and outpatient contraceptive services.
 - (b) Health carriers that are not religiously sponsored shall allow religious organizations opposed to contraceptive health services to refuse to pay for coverage of such benefits in a group plan. Health carriers shall allow enrollees in a health plan exempted under this subsection to directly purchase coverage of prescription drugs and devices and outpatient contraceptive services from the carrier. The enrollee's cost of purchasing such coverage shall not exceed the enrollee's pro rata share of the price the group purchaser would have paid for such coverage had the group plan not invoked a religious exemption.
- 34 (5) Nothing in this section requires a health carrier, health care 35 facility, or health care provider to provide any health care services 36 without appropriate payment of premium or fee.
- NEW SECTION. Sec. 4. If any provision of this act or its application to any person or circumstance is held invalid, the

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- 1 remainder of the act or the application of the provision to other
- 2 persons or circumstances is not affected.

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