

# SENATE BILL REPORT

## SB 6185

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As Reported by Senate Committee On:  
Health & Long-Term Care, January 30, 2012

**Title:** An act relating to preserving health insurance coverage for the voluntary termination of a pregnancy by requiring health plans issued on or after June 7, 2012, that provide coverage for maternity care or services to provide a covered person with substantially equivalent coverage to permit the voluntary termination of a pregnancy, by prohibiting a health plan from limiting in any way a woman's access to services related to the voluntary termination of a pregnancy other than terms and conditions generally applicable to the health plan's coverage of maternity care or services including applicable cost sharing, by not limiting in any way a woman's constitutionally or statutorily protected right to voluntarily terminate a pregnancy, by clarifying that health plans are not required to cover abortions that would be unlawful under RCW 9.02.120, and by providing an exemption for a multistate plan that does not cover the voluntary termination of pregnancies under federal law

**Brief Description:** Concerning health plan coverage for the voluntary termination of a pregnancy.

**Sponsors:** Senators Hobbs, Keiser, Pridemore, Nelson, Chase, Kline, Frockt, Ranker, Harper, Tom, Conway, Kohl-Welles and Murray.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/19/12, 1/30/12 [DPS, DNP].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 6185 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Frockt, Kline and Pridemore.

**Minority Report:** Do not pass.

Signed by Senators Becker, Ranking Minority Member; Parlette and Pflug.

**Staff:** Mich'l Needham (786-7442)

**Background:** Initiative 120, passed by Washington State voters in 1991, created a requirement that state contracted or provided services that include maternity care benefits, services, or information to women through any program administered or funded by the state,

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in whole or in part, must also provide women with substantially equivalent benefits, services, or information to permit them to voluntarily terminate their pregnancies. State and federal laws also provide for conscience protections that require there be no discrimination against a health care provider or facility because of their unwillingness to provide or participate in the termination of a pregnancy.

The federal Affordable Care Act (ACA), passed in 2010, requires states to establish health insurance exchanges (Exchange) for the purchase of individual and small group coverage. There will be a premium tax credit and cost-sharing reduction for individuals with qualifying income between 134 percent and 400 percent of the federal poverty level. There may be no expenditure of federal funds for the premium tax credit or cost-sharing reduction for coverage that provides for the voluntary termination of a pregnancy in the Exchange. If such coverage is provided, the premium must be calculated and provided separately. The director of the federal Office of Personnel Management must contract for multi-state plans that may offer coverage in the Exchange, and at least one of the multi-state plans must not provide coverage of services for the voluntary termination of a pregnancy.

The ACA includes language that says the ACA shall not preempt or otherwise have any effect on state laws regarding the prohibition of or requirement of coverage, funding, or procedural requirements on abortions.

**Summary of Bill (Recommended Substitute):** Health insurance plans issued or renewed on or after the effective date of this section that provide coverage for maternity care or services, must also provide substantially equivalent coverage to permit the voluntary termination of a pregnancy. A health plan may not limit in any way a women's access to services related to the voluntary termination of a pregnancy; however, coverage may be subject to the terms and conditions generally applicable to the health plan's coverage of maternity care or services, including applicable cost-sharing. A health plan is not required to cover abortions that would be unlawful under RCW 9.02.120. Nothing in this section may be interpreted to limit in any way a woman's constitutionally or statutorily protected right to voluntarily terminate a pregnancy. This section does not apply to a multi-state plan, created under the ACA to offer coverage in the Exchange, that does not provide coverage for the voluntary termination of a pregnancy. Nothing in the act affects the right of objection based on conscience or religion provided in state law.

**EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Substitute):** Language is added indicating it is the intent of the Legislature that nothing in the act affects the right of objection based on conscience or religion as set out in RCW 48.43.065 or 70.47.160.

**Appropriation:** None.

**Fiscal Note:** Requested on Substitute on February 6, 2012.

**Committee/Commission/Task Force Created:** No.

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

**Staff Summary of Public Testimony on Original Bill:** PRO: This measure protects access to the full range of maternity and abortion services that is provided today by all insurance carriers. It ensures women of all incomes continue to have access to the full range of maternity services and that the federal health reform implementation within the Exchange does not limit that access. This state has a long history of the voters ensuring there is access to abortion services and this bill continues the value and protections passed by the voters to ensure access remains available as health reform is implemented. Many women have found the need for an abortion, and they should not have to face additional barriers to access the reproductive services they need. Women make thoughtful and careful decisions when they are faced with the difficult impacts of an unplanned pregnancy, and no woman should be coerced to carry a pregnancy to term by her inability to pay for an abortion. The services must remain available for all women and, in particular, for low-income populations. I am a woman lucky enough to have had a kidney transplant, and I follow my health carefully with my doctors. My reproductive health and overall health should remain a private and personal health choice I evaluate with my doctors. Health reform should not make it harder for women to cover the full range of options and choices to ensure their total health. Washington's long history of ensuring women's decisions are free from governmental intrusion must be protected. All insurance carriers cover the range of maternity care and abortion options today, and we must ensure this is not eroded. Comprehensive reproductive health services that include access to abortion services must continue to be available consistent with the values and intent of the voters.

CON: This bill is not necessary since all insurance carriers have the option to cover these services. This bill will limit the choice for some consumers that do not want to pay for the coverage and do not want to be forced to offer the coverage to their employees. We opposed this bill for many reasons, including the requirement to cover elective surgery that is not necessary health care. This puts the state in the place of forcing people of faith into paying for coverage with abortion services.

**Persons Testifying:** PRO: Senator Hobbs, prime sponsor; Lisa Stone, Legal Voice; Christine Kocko, Planned Parenthood (read by Christie Stapleton); Dr. Judy Kindelman, American College of Obstetricians and Gynecologists; Laura Ellsworth, Planned Parenthood; Elaine Rose, Planned Parenthood Votes Northwest; Elizabeth Patrick, minister (read by Art Wang, Planned Parenthood).

CON: John Geis, Family Policy Institute of WA; Dan Kennedy, Human Life of WA (read by John Geis).