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**SENATE BILL 5574**

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**State of Washington**

**64th Legislature**

**2015 Regular Session**

**By** Senators Hobbs, Mullet, Nelson, Frockt, Hatfield, Kohl-Welles, Keiser, Pedersen, Darneille, McAuliffe, Habib, Cleveland, and Conway

Read first time 01/26/15. Referred to Committee on Health Care.

1 AN ACT Relating to improving access to reproductive health;  
2 adding new sections to chapter 48.43 RCW; and creating new sections.

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

4 NEW SECTION. **Sec. 1.** The legislature finds and declares that:

5 (1) Washington has a long history of protecting gender equity and  
6 women's reproductive health;

7 (2) Access to the full range of health benefits and preventive  
8 services, as guaranteed under the laws of this state, provides all  
9 Washingtonians with the opportunity to lead healthier and more  
10 productive lives;

11 (3) Reproductive health care is the care necessary to support the  
12 reproductive system, the capability to reproduce, and the freedom and  
13 services necessary to decide if, when, and how often to do so, which  
14 can include contraception, cancer and disease screenings, abortion,  
15 preconception, maternity, prenatal, and postpartum care. This care is  
16 an essential part of primary care for women and teens, and often  
17 reproductive health issues are the primary reason they seek routine  
18 medical care;

19 (4) Neither a woman's income level nor her type of insurance  
20 should prevent her from having access to a full range of reproductive  
21 health care, including contraception and abortion services;

1 (5) Restrictions and barriers to health coverage for reproductive  
2 health care have a disproportionate impact on low-income women, women  
3 of color, immigrant women, and young women, and these women are often  
4 already disadvantaged in their access to the resources, information,  
5 and services necessary to prevent an unintended pregnancy or to carry  
6 a healthy pregnancy to term;

7 (6) This state has a history of supporting and expanding timely  
8 access to comprehensive contraceptive access to prevent unintended  
9 pregnancy;

10 (7) Existing state and federal law should be enhanced to ensure  
11 greater contraceptive coverage and timely access for all individuals  
12 covered by health plans in Washington to all methods of contraception  
13 approved by the federal food and drug administration;

14 (8) Nearly half of pregnancies in both the United States and  
15 Washington are unintended. Unintended pregnancy is associated with  
16 negative outcomes, such as delayed prenatal care, maternal  
17 depression, increased risk of physical violence during pregnancy, low  
18 birth weight, decreased mental and physical health during childhood,  
19 and lower education attainment for the child;

20 (9) Access to contraception has been directly connected to the  
21 economic success of women and the ability of women to participate in  
22 society equally;

23 (10) Cost-sharing requirements and other barriers can  
24 dramatically reduce the use of preventive health care measures,  
25 particularly for women in lower income households, and eliminating  
26 cost sharing and other barriers for contraceptives leads to sizable  
27 increases in the use of preventive health care measures;

28 (11) It is vital that the full range of contraceptives are  
29 available to women because contraindications may restrict the use of  
30 certain types of contraceptives and because women need access to the  
31 contraceptive method most effective for their health;

32 (12) Medical management techniques such as denials, step therapy,  
33 or prior authorization in public and private health care coverage can  
34 impede access to the most effective contraceptive methods;

35 (13) Many insurance companies do not typically cover male methods  
36 of contraception, or they require high cost sharing despite the  
37 critical role men play in the prevention of unintended pregnancy; and

38 (14) Restrictions on abortion coverage interfere with a woman's  
39 personal, private pregnancy decision making, with her health and

1 well-being, and with her constitutionally protected right to safe and  
2 legal medical abortion care.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43  
4 RCW to read as follows:

5 (1) A health plan issued or renewed on or after January 1, 2016,  
6 shall provide coverage for:

7 (a) All contraceptive drugs, devices, and other products,  
8 approved by the federal food and drug administration, including  
9 over-the-counter contraceptive drugs, devices, and products, approved  
10 by the federal food and drug administration;

11 (b) Voluntary sterilization procedures;

12 (c) The consultations, examinations, procedures, and medical  
13 services that are necessary to prescribe, dispense, insert, deliver,  
14 distribute, administer, or remove the drugs, devices, and other  
15 products or services in (a) and (b) of this subsection.

16 (2) The coverage required by subsection (1) of this section:

17 (a) Must provide reimbursement to the provider or dispensing  
18 entity for up to a twelve-month supply of contraceptives obtained at  
19 one time by the enrollee, and must provide reimbursement to allow  
20 enrollees to receive their contraceptives on-site at the provider's  
21 office, if available;

22 (b) May not require copayments, deductibles, or other forms of  
23 cost sharing; and

24 (c) May not require a prescription to trigger coverage of  
25 over-the-counter contraceptive drugs, devices, and products, approved  
26 by the federal food and drug administration.

27 (3) A health carrier may not deny the coverage required in  
28 subsection (1) of this section because an enrollee changed his or her  
29 contraceptive method within a twelve-month period.

30 (4) Except as otherwise authorized under this section, a health  
31 benefit plan may not impose any restrictions or delays on the  
32 coverage required under this section, such as medical management  
33 techniques that limit enrollee choice in accessing the full range of  
34 contraceptive drugs, devices, or other products, approved by the  
35 federal food and drug administration.

36 (5) Benefits provided under this section must be extended to all  
37 enrollees, enrolled spouses, and enrolled dependents.

38 (6) This section may not be construed to allow for denial of care  
39 on the basis of race, color, national origin, sex, sexual

1 orientation, gender expression or identity, marital status, age, or  
2 disability.

3 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.43  
4 RCW to read as follows:

5 (1) Except as provided in subsection (5) of this section, if a  
6 health plan issued or renewed on or after January 1, 2016, provides  
7 coverage for maternity care or services, the health plan must also  
8 provide a covered person with substantially equivalent coverage to  
9 permit the voluntary termination of a pregnancy.

10 (2)(a) Except as provided in (b) of this subsection, a health  
11 plan subject to subsection (1) of this section may not limit in any  
12 way a person's access to services related to the voluntary  
13 termination of a pregnancy.

14 (b)(i) Coverage for the voluntary termination of a pregnancy may  
15 be subject to terms and conditions generally applicable to the health  
16 plan's coverage of maternity care or services, including applicable  
17 cost sharing.

18 (ii) A health plan is not required to cover abortions that would  
19 be unlawful under RCW 9.02.120.

20 (3) Nothing in this section may be interpreted to limit in any  
21 way a woman's constitutionally or statutorily protected right to  
22 voluntarily terminate a pregnancy.

23 (4) This section does not, pursuant to 42 U.S.C. Sec.  
24 18054(a)(6), apply to a multistate plan that does not provide  
25 coverage for the voluntary termination of a pregnancy.

26 (5) If the application of this section to a health plan results  
27 in noncompliance with federal requirements that are a prescribed  
28 condition to the allocation of federal funds to the state, this  
29 section is inapplicable to the plan to the minimum extent necessary  
30 for the state to be in compliance. The inapplicability of this  
31 section to a specific health plan under this subsection does not  
32 affect the operation of this section in other circumstances.

33 NEW SECTION. **Sec. 4.** The governor's interagency coordinating  
34 council on health disparities shall conduct a literature review on  
35 disparities in access to reproductive health care based on  
36 socioeconomic status, race, sexual orientation, gender identity,  
37 ethnicity, geography, and other factors. By January 1, 2016, the  
38 council shall report the results of the literature review and make

1 recommendations on reducing or removing disparities in access to  
2 reproductive health care to the governor and the relevant standing  
3 committees of the legislature.

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