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SENATE BILL 6219

State of Washington 65th Legislature 2018 Regular Session

By Senators Hobbs, Saldaña, Dhingra, Ranker, Carlyle, Takko, Kuderer, Hasegawa, Palumbo, Chase, Nelson, Frockt, Keiser, Wellman, Darneille, Mullet, Billig, Pedersen, Rolfes, Hunt, and Liias

Read first time 01/10/18. Referred to Committee on Health & Long Term Care.

- 1 AN ACT Relating to improving access to reproductive health;
- 2 adding new sections to chapter 48.43 RCW; adding a new section to
- 3 chapter 41.05 RCW; and creating new sections.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 NEW SECTION. Sec. 1. The legislature finds and declares that:
- 6 (1) Washington has a long history of protecting gender equity and women's reproductive health;
 - (2) Access to the full range of health benefits and preventive services, as guaranteed under the laws of this state, provides all Washingtonians with the opportunity to lead healthier and more productive lives;
 - (3) Reproductive health care is the care necessary to support the reproductive system, the capability to reproduce, and the freedom and services necessary to decide if, when, and how often to do so, which can include contraception, cancer and disease screenings, abortion, preconception, maternity, prenatal, and postpartum care. This care is an essential part of primary care for women and teens, and often reproductive health issues are the primary reason they seek routine medical care;

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

- (5) Restrictions and barriers to health coverage for reproductive health care have a disproportionate impact on low-income women, women of color, immigrant women, and young women, and these women are often already disadvantaged in their access to the resources, information, and services necessary to prevent an unintended pregnancy or to carry a healthy pregnancy to term;
- (6) This state has a history of supporting and expanding timely access to comprehensive contraceptive access to prevent unintended pregnancy;
- (7) Existing state and federal law should be enhanced to ensure greater contraceptive coverage and timely access for all individuals covered by health plans in Washington to all methods of contraception approved by the federal food and drug administration;
- (8) Nearly half of pregnancies in both the United States and Washington are unintended. Unintended pregnancy is associated with negative outcomes, such as delayed prenatal care, maternal depression, increased risk of physical violence during pregnancy, low birth weight, decreased mental and physical health during childhood, and lower education attainment for the child;
- (9) Access to contraception has been directly connected to the economic success of women and the ability of women to participate in society equally;
- (10) Cost-sharing requirements and other barriers can dramatically reduce the use of preventive health care measures, particularly for women in lower income households, and eliminating cost sharing and other barriers for contraceptives leads to sizable increases in the use of preventive health care measures;
- (11) It is vital that the full range of contraceptives are available to women because contraindications may restrict the use of certain types of contraceptives and because women need access to the contraceptive method most effective for their health;
- (12) Medical management techniques such as denials, step therapy, or prior authorization in public and private health care coverage can impede access to the most effective contraceptive methods;
- (13) Many insurance companies do not typically cover male methods of contraception, or they require high cost sharing despite the critical role men play in the prevention of unintended pregnancy; and

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- 1 (14) Restrictions on abortion coverage interfere with a woman's 2 personal, private pregnancy decision making, with his or her health 3 and well-being, and with his or her constitutionally protected right 4 to safe and legal medical abortion care.
- 5 <u>NEW SECTION.</u> **Sec. 2.** A new section is added to chapter 48.43 6 RCW to read as follows:
- 7 (1) A health plan issued or renewed on or after January 1, 2019, 8 shall provide coverage for:
- 9 (a) All contraceptive drugs, devices, and other products, 10 approved by the federal food and drug administration, including 11 over-the-counter contraceptive drugs, devices, and products, approved 12 by the federal food and drug administration;
 - (b) Voluntary sterilization procedures;

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- 14 (c) The consultations, examinations, procedures, and medical 15 services that are necessary to prescribe, dispense, insert, deliver, 16 distribute, administer, or remove the drugs, devices, and other 17 products or services in (a) and (b) of this subsection.
 - (2) The coverage required by subsection (1) of this section:
- 19 (a) May not require copayments, deductibles, or other forms of 20 cost sharing; and
 - (b) May not require a prescription to trigger coverage of over-the-counter contraceptive drugs, devices, and products, approved by the federal food and drug administration.
 - (3) A health carrier may not deny the coverage required in subsection (1) of this section because an enrollee changed his or her contraceptive method within a twelve-month period.
 - (4) Except as otherwise authorized under this section, a health benefit plan may not impose any restrictions or delays on the coverage required under this section, such as medical management techniques that limit enrollee choice in accessing the full range of contraceptive drugs, devices, or other products, approved by the federal food and drug administration.
- 33 (5) Benefits provided under this section must be extended to all enrollees, enrolled spouses, and enrolled dependents.
- 35 (6) This section may not be construed to allow for denial of care 36 on the basis of race, color, national origin, sex, sexual 37 orientation, gender expression or identity, marital status, age, 38 citizenship, immigration status, or disability.

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

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- (1) Except as provided in subsection (5) of this section, if a health plan issued or renewed on or after January 1, 2019, provides coverage for maternity care or services, the health plan must also provide a covered person with substantially equivalent coverage to permit the abortion of a pregnancy.
- 8 (2)(a) Except as provided in (b) of this subsection, a health 9 plan subject to subsection (1) of this section may not limit in any 10 way a person's access to services related to the abortion of a 11 pregnancy.
- (b)(i) Coverage for the abortion of a pregnancy may be subject to terms and conditions generally applicable to the health plan's coverage of maternity care or services, including applicable cost sharing.
- 16 (ii) A health plan is not required to cover abortions that would 17 be unlawful under RCW 9.02.120.
- 18 (3) Nothing in this section may be interpreted to limit in any 19 way an individual's constitutionally or statutorily protected right 20 to voluntarily terminate a pregnancy.
- 21 (4) This section does not, pursuant to 42 U.S.C. Sec. 22 18054(a)(6), apply to a multistate plan that does not provide 23 coverage for the abortion of a pregnancy.
 - (5) If the application of this section to a health plan results in noncompliance with federal requirements that are a prescribed condition to the allocation of federal funds to the state, this section is inapplicable to the plan to the minimum extent necessary for the state to be in compliance. The inapplicability of this section to a specific health plan under this subsection does not affect the operation of this section in other circumstances.
- NEW SECTION. Sec. 4. A new section is added to chapter 41.05
 RCW to read as follows:
- 33 The authority shall administer a program to reimburse the cost of 34 services, drugs, devices, products, and procedures described in 35 sections 2 and 3 of this act for individuals who can become pregnant 36 and who would be eligible for medical assistance if not for 8 U.S.C. 37 Sec. 1611 or 1612.

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NEW SECTION. Sec. 5. The governor's interagency coordinating council on health disparities shall conduct a literature review on disparities in access to reproductive health care based on socioeconomic status, race, sexual orientation, gender identity, ethnicity, geography, and other factors. By January 1, 2019, the council shall report the results of the literature review and make recommendations on reducing or removing disparities in access to reproductive health care to the governor and the relevant standing committees of the legislature.

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