

HOUSE BILL REPORT

HB 1971

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to increasing access to prescription hormone therapy to patients of all ages by requiring health plans to provide reimbursement for a 12-month refill of prescription hormone therapy obtained at one time by an enrollee.

Brief Description: Increasing access to prescription hormone therapy.

Sponsors: Representatives Macri, Doglio, Parshley, Berry, Ramel, Ormsby, Pollet, Scott and Hill.

Brief History:

Committee Activity:

Health Care & Wellness: 2/18/25, 2/21/25 [DPS].

Brief Summary of Substitute Bill

- Requires health plans that cover prescription hormone therapy to reimburse a 12-month refill of prescription hormone therapy at one time.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Davis, Macri, Obras, Parshley, Shavers, Simmons, Stonier, Thai and Tharinger.

Minority Report: Do not pass. Signed by 7 members: Representatives Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Engell, Low, Manjarrez and Stuebe.

Staff: Chris Blake (786-7392).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Background:

Hormones are chemicals produced by endocrine glands in the body. They create chemicals that coordinate different functions in the body by sending specific signals to particular organs. They control numerous bodily processes such as metabolism, regulating blood pressure and blood sugar, growth and development, sexual function, reproduction, the sleep-wake cycle, and mood.

Hormone therapy uses medications to control the levels or effects of hormones in the body for different medical purposes. Hormone therapy can be used for symptoms of menopause, gender affirming treatment, low testosterone in men, infertility, treatments for different types of cancer, growth hormones for children, puberty blockers for early puberty, thyroid disorders, and other conditions.

Summary of Substitute Bill:

Health plans issued or renewed on or after January 1, 2026, including health plans issued to public and school employees, that include coverage for prescription hormone therapy must provide reimbursement for a 12-month refill of covered hormone therapy obtained at one time by the enrollee.

There are exceptions to the 12-month refill requirement for prescription hormone therapy if:

- the enrollee requests a smaller supply;
- the prescribing provider instructs that the enrollee must have a smaller supply;
- the prescription hormone therapy is a controlled substance;
- the health plan limits refills that may be obtained in the last quarter of a plan year when a 12-month supply has already been dispensed during the plan year; and
- a prescribing provider temporarily limits refills to a 90-day supply due to an acute dispensing shortage during the plan year.

If the prescription drug is a controlled substance, then the health plan must provide reimbursement for the maximum refill allowed by state and federal law.

The health plan's dispensing practices must follow clinical guidelines for appropriate prescribing and dispensing to ensure the health of the patient while maximizing access to effective prescription hormone therapy. Health plans may apply drug utilization management strategies to prescription hormone therapy drugs.

The term "prescription hormone therapy" is defined as all drugs approved by the United States Food and Drug Administration that are used to medically suppress, increase, or replace hormones that the body is not producing at intended levels. The term does not include glucagon-like peptide-1 and glucagon-like peptide-1 receptor agonists.

Substitute Bill Compared to Original Bill:

The substitute bill allows health plans to apply drug utilization management strategies to prescription hormone therapy, except as prohibited in the act or state or federal law.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill gives providers and patients the flexibility they need to adjust prescription length based on what they determine is best for the patient's needs. This bill does not expand coverage and does not dictate the type of care that a doctor might recommend, but it simply makes sure that people can get the medications that they rely on for their health and well-being. This bill is particularly important for those who live in rural areas, those without transportation, and those who work multiple jobs or have low incomes. This bill will make it easier for people living in Washington to have consistent access to necessary medications by taking steps to improve access to hormone treatment. This bill comes from community members who are concerned that, despite Washington's legal protections, without access to care, those protections are meaningless. This bill will support people's emotional health by letting them know that this kind of security for their care exists.

(Opposed) None.

Persons Testifying: Everett Maroon, WA State LGBTQ Commission; and Dr. Deb Nucatola, Planned Parenthood Great Northwest.

Persons Signed In To Testify But Not Testifying: None.