

SENATE BILL REPORT

ESHB 1971

As Reported by Senate Committee On:
Health & Long-Term Care, March 25, 2025
Ways & Means, April 8, 2025

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: House Committee on Health Care & Wellness (originally sponsored by Representatives Macri, Doglio, Parshley, Berry, Ramel, Ormsby, Pollet, Scott and Hill).

Brief History: Passed House: 3/8/25, 58-38.

Committee Activity: Health & Long-Term Care: 3/21/25, 3/25/25 [DP-WM, DNP, w/oRec].

Ways & Means: 4/04/25, 4/08/25 [DP, DNP, w/oRec].

Brief Summary of Bill

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

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Muzzall, Ranking Member; Bateman, Chapman, Harris, Riccelli, Robinson and Slatter.

Minority Report: Do not pass.

Signed by Senator Christian.

Minority Report: That it be referred without recommendation.

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.

Signed by Senator Holy.

Staff: Greg Attanasio (786-7410)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass.

Signed by Senators Robinson, Chair; Stanford, Vice Chair, Operating; Trudeau, Vice Chair, Capital; Frame, Vice Chair, Finance; Cleveland, Conway, Dhingra, Hansen, Hasegawa, Kauffman, Pedersen, Riccelli, Saldaña, Wagoner, Warnick, Wellman and Wilson, C..

Minority Report: Do not pass.

Signed by Senators Schoesler, Ranking Member, Capital; Dozier, Assistant Ranking Member, Capital; Braun.

Minority Report: That it be referred without recommendation.

Signed by Senators Gildon, Ranking Member, Operating; Torres, Assistant Ranking Member, Operating; Boehnke and Muzzall.

Staff: Amanda Cecil (786-7460)

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 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 unless:

- the enrollee requests a smaller supply;
- the prescribing provider instructs that the enrollee must have a smaller supply; or
- the prescription hormone therapy is a controlled substance.

The 12-month refill requirement only applies to prescription hormone therapy that can be safely stored at room temperature. 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.

This act does not prohibit a health plan from limiting 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 or a prescribing provider temporarily limiting refills to a 90-day supply due to an acute dispensing shortage during the plan year.

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.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony (Health & Long-Term Care): PRO: This will allow for better continuity of care. This bill respects patient privacy and makes lives easier when getting to a pharmacy monthly is not convenient. This bill will save the lives of trans people by allowing continued access to drugs. The bill can help limit out of pocket expenses.

Persons Testifying (Health & Long-Term Care): PRO: Representative Nicole Macri, Prime Sponsor; Jenna Comstock, QLAW Association; Erik Janson, Planned Parenthood Great Northwest; Aspen Coyle; Zoë Schirmer; Syzygy Blankenship, Self; Blake Burgess; Cora Bruener, WA Chapter of the American Academy of Pediatrics.

Persons Signed In To Testify But Not Testifying (Health & Long-Term Care): PRO: Jaycee Stephens.

Staff Summary of Public Testimony (Ways & Means): PRO: This bill will improve access to life-saving hormone therapy for a variety of medical conditions, including gender transition, PCOS, menopause, and reproductive health. It will reduce barriers such as cost, missed medication, and access issues, allowing patients to receive continuous care without

unnecessary interruptions. This provides patients and providers flexibility to determine prescription lengths, which could lead to better health outcomes. Additionally, it is especially beneficial for marginalized groups, like trans individuals, who may face financial barriers to obtaining necessary medications, ensuring equal access regardless of insurance or income status.

CON: This bill raises concerns about patient safety, particularly regarding minors accessing hormone therapy. There are risks associated with long-term use of hormones like testosterone and estrogen. Mandating a twelve-month supply could lead to wasted medication if prescriptions change or are not fully used, resulting in higher costs for patients, insurers, and taxpayers. Less oversight and flexibility in prescriptions could lead to unsafe medical practices.

Persons Testifying (Ways & Means): PRO: Alexis Janson; Jenna Comstock, QLaw Association; Nicole Kern, Planned Parenthood Alliance Advocates.

CON: Gabriel Jacobs; Mary Long, Conservative Ladies of Washington.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.