

# SENATE BILL REPORT

## SB 5917

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As Reported by Senate Committee On:  
Human Services, January 27, 2026

**Title:** An act relating to improving access to abortion medications.

**Brief Description:** Improving access to abortion medications.

**Sponsors:** Senators Bateman, Frame, Alvarado, Cleveland, Conway, Hasegawa, Lias, Nobles, Orwall, Pedersen, Saldaña, Salomon, Stanford, Valdez and Wilson, C.; by request of Women's Commission.

**Brief History:**

**Committee Activity:** Human Services: 1/21/26, 1/27/26 [DPS, DNP].

**Brief Summary of First Substitute Bill**

- Removes the requirement that the Department of Corrections (DOC) sell the abortion medications it possesses at a certain cost but instead allows, but does not require, DOC to obtain payment for any abortion medications it distributes.
- Modifies the definition of abortion medications for these purposes to specifically include misoprostol.

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### SENATE COMMITTEE ON HUMAN SERVICES

**Majority Report:** That Substitute Senate Bill No. 5917 be substituted therefor, and the substitute bill do pass.

Signed by Senators Wilson, C., Chair; Frame, Vice Chair; Orwall.

**Minority Report:** Do not pass.

Signed by Senators Christian, Ranking Member; Warnick.

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*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.*

**Staff:** Will Trondsen (786-7552)

**Background:** Washington State Department of Corrections. The Department of Corrections (DOC) provides medically necessary health and mental health care to incarcerated individuals at all DOC facilities in the state of Washington. Pharmacy services are provided from a DOC centralized pharmacy located in Centralia and prescription drugs are shipped to facilities across the state. DOC is authorized to acquire, receive, possess, sell, resell, deliver, dispense, distribute, and engage in any activity constituting the practice of pharmacy or wholesale distribution with respect to abortion medications.

DOC may exercise its authority for the benefit of any person, whether they are incarcerated or not. When DOC is selling, delivering, or distributing abortion medications to health care providers or health care entities, it may only do so with providers and entities that will use the medications for providing abortion care or medical management of early pregnancy loss. In 2023, DOC purchased 30,000 doses of mifepristone, and in 2025, DOC purchased an additional 17,600 doses of mifepristone and 155,000 doses of misoprostol.

Any abortion medications sold, resold, delivered, dispensed, or distributed whether individually or wholesale must be conducted at a cost that does not exceed list price, with an additional \$5 per dose fee to offset the cost of storage and delivery. All revenue generated must be deposited into the general fund.

Abortion medications is defined to mean substances used in the course of medical treatment intended to induce the termination of a pregnancy including but not limited to, mifepristone.

Mifepristone and Misoprostol. Mifeprex, and its generic, mifepristone, are approved, in a regimen with misoprostol, to end an intrauterine pregnancy through ten weeks gestation. The Food and Drug Administration first approved mifeprex in 2000, and approved the generic version, mifepristone, in 2019. Misoprostol has many uses, including to reduce stomach acid and protect the stomach lining.

**Summary of Bill (First Substitute):** The ability of DOC to sell, distribute, or deliver abortion medications to health care providers and health care entities that will use the medications for providing reproductive health care, which includes abortion care or medical management of early pregnancy loss, is expanded.

DOC must coordinate with the Department of Health to identify appropriate recipients of the abortion medications and prioritize bulk distribution to health care providers and health care entities, including Indian health care providers. DOC may, but is not required to obtain any payment for delivering, dispensing, or distributing abortion medications or engaging in any other activity.

Language is removed that any abortion medications sold, resold, delivered, dispensed, or

distributed individually or wholesale must be at a cost not to exceed list price plus a \$5 fee to offset storage and delivery.

Health care entity is expanded to include Indian health care provider and urban Indian health organization.

Abortion medications is defined to also include managing the full spectrum of reproductive health care and the use of misoprostol.

**EFFECT OF CHANGES MADE BY HUMAN SERVICES COMMITTEE (First Substitute):**

- Requires the Department of Corrections to prioritize bulk distribution of abortion medications to health care providers and health care entities, which includes Indian health care providers.
- Expands definition of health care entity to include Indian health care provider and urban Indian health organizations.

**Appropriation:** None.

**Fiscal Note:** Available.

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

**Effective Date:** The bill contains an emergency clause and takes effect immediately.

**Staff Summary of Public Testimony on Original Bill:** *The committee recommended a different version of the bill than what was heard.* PRO: This is follow up legislation to what was passed in the Legislature in 2023, in response to a court case in Texas involving the efficacy of mifepristone. The Legislature passed the bill to authorize DOC because it holds a pharmacy license and is able to distribute mifepristone to healthcare providers in Washington. It has been logistically challenging for some of these medications to be accessed by the people that need them, and now there is concern that the doses are expiring. This bill directs DOC and the Department of Health (DOH) to work together to provide these medications to the people that need them. This bill ensures women across the state maintain the freedom to make decisions about their own reproductive health care. The request is not to purchase more medication but is a simple fix to be proactive in the investment made by the state in 2023. The medication was authorized to be purchased in two stockpiles, 2023 and 2025, and the intent is to make sure that the stockpile actually goes to use for individuals. DOH's existing relationship with abortion providers, hospitals, and pharmacies will allow DOH to serve as a liaison between the community and DOC. Access to safe and effective abortion medication is a critical public health issue. This medication allows for patient centered care, and allows individuals to have autonomy over their bodies. This bill simply ensures that existing state resources don't go to waste.

CON: The bill takes emergency powers and transforms them into a permanent statewide system for distributing abortion pills by DOC. Washington tax payers will end up paying the cost of the medication because of the authorization to distribute with or without payment. There have been findings that show the FDA's claimed rate of severe complications is significantly lower than what is true. Abortion is the intentional termination of a pregnancy and pregnancy has one function which is the creation of life, abortion is not health care. The emergency clause is a concern since there is no emergency. This bill expands the role of state government into the acquisition, distribution, and dispensing of abortion medications. The stockpile of unused drugs is about to expire, reinforcing the fact that the initial stock piling was a costly mistake, and probably the result of political grandstanding.

**Persons Testifying:** PRO: Senator Jessica Bateman, Prime Sponsor; Samantha Grono, Washington State Women's Commission; Caitlin Safford, Office of the Governor; Katie Eilers, Department of Health; Gabbi Nazari, Pro-Choice Washington; Dr. Ying Zhang.

CON: Anthony Mixer, Citizen Volunteer Lobbyist; Eric Lundberg; Mary Long, Conservative Ladies of Washington; Theresa Schrempp.

**Persons Signed In To Testify But Not Testifying:** No one.