

# ANALYSIS OF HOUSE BILL 1590

Mandating contraceptive health care benefits.

**SPONSORS:** Representatives Dy and Parlette.

**BACKGROUND:** In response to concerns about inequity and the economic and social impact of some health insurance plans failing to provide contraceptive benefits, legislation was introduced in 1998 requiring plans to provide such benefits. The legislation was referred to the Department of Health for review under the mandated health benefit review process set forth in statute.

The Department of Health issued its final report in January 1999. The report analyzed the efficacy of the mandate, and its social and financial impact, and concluded that legislation should be enacted mandating contraceptive services for all state-regulated health plans.

Also in 1998, the Office of the Insurance Commissioner (OIC) conducted a survey to determine the level of reproductive health benefit coverage in health insurance plans marketed in Washington. Among the OIC findings was that 50 percent of the plans cover contraceptive services in some form, and that 30 percent of all plans and 22 percent of eligible enrollees have "core" contraceptive coverage.

**SUMMARY:** A health plan issued to individuals or groups may not restrict enrollees' access to prescription contraceptive drugs and devices if the plan otherwise provides benefits for prescription drugs or to outpatient contraceptive services if the plan otherwise provides benefits for outpatient health services. The terms and conditions of coverage for contraceptives must be the same as the terms and conditions of coverage for other prescription drugs, devices or outpatient health care services covered under the plan.