

HOUSE BILL REPORT

HB 1590

As Reported By House Committee On:

Health Care

Title: An act relating to contraceptive health care benefits.

Brief Description: Mandating contraceptive health care benefits.

Sponsors: Representatives Cody, Parlette, Veloria, Ballasiotes, Regala, Skinner, Linville, Tokuda, Mitchell, Fisher, Hankins, H. Sommers, Ruderman, Romero, Ogden, Edmonds, Santos, Schual-Berke, Grant, Kagi, Carlson, Hatfield, O'Brien, Wolfe, Murray, Conway, Dunshee, Rockefeller, Campbell, Eickmeyer, Morris, Lovick, Edwards, Reardon, Keiser, Hurst, Wood, Poulsen, Haigh, Clements, Stensen, Kastama, Cooper, Dickerson, Kenney, McIntire, Quall, Scott, Constantine, Anderson, Lantz, K. Schmidt and Kessler.

Brief History:

Committee Activity:

Health Care: 2/19/99, 2/26/99 [DPS].

Brief Summary of Substitute Bill

- Prohibits health plans that provide out-patient care drug coverage from imposing additional restrictions on prescription contraceptive drugs.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Cody, Democratic Co-Chair; Parlette, Republican Co-Chair; Pflug, Republican Vice Chair; Schual-Berke, Democratic Vice Chair; Alexander; Conway; Edmonds; Edwards and Ruderman.

Minority Report: Do not pass. Signed by 3 members: Representatives Boldt; Campbell and Mulliken.

Staff: Bill Hagens (786-7131).

Background:

In response to concerns about inequity, and the economic and social impact of some health insurance plans' failure 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 benefits review process set forth in statute.

The Department of Health issued its final report in January 1999. The report analyzes the efficacy of the mandate, and its social and financial impact, and concludes 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 of Substitute Bill:

A health plan issued to individuals or groups may not restrict an enrollee's 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.

Subject to certain requirements, no individual health care provider, religiously sponsored health carrier, or health care facility may be required to participate in the provision of or payment for contraceptives if they object to doing so for reason of conscience or religion. No individual or religious organization may be required to purchase coverage for contraceptives if they object to doing so for reason of conscience or religion. However, insurance enrollees from a religious organization wishing to purchase contraceptive coverage may do so directly through the insurance carrier.

Substitute Bill Compared to Original Bill: Adds an exemption for persons who object to contraceptives for reason of conscience or religion. Clarifies that prescription contraceptive drugs do not include those used to terminate a confirmed pregnancy.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: Contraceptive coverage is the good and cost effective thing to do. Without statutory requirements, carriers are unwilling to provide contraceptive coverage. The bill addresses equal rights to insurance for men and women. Women often need contraceptives for health reasons, and have not had access to them. Unintended pregnancy imposes social and economic costs on all segments of society.

Testimony Against: Mandating any health insurance benefit increases insurance costs and decreases choices in an already volatile insurance market. A contraceptive mandate sends the wrong message to teenagers and will interfere with the parent/child relationship. Most contraceptives are abortifacients and can be harmful to a persons' health. The bill would force those who object to contraceptives to help pay for them for others.

Testified: (support) Jane Ruvelson, American Civil Liberties Union; Heather Jones-Sin, citizen; Dr. Joe Mancuso, American College of Obstetricians and Gynecologists; Melinda Percich, Seattle/King County Health Department and Washington Council on Family Planning; and Lori Bielinski, Office of the Insurance Commissioner.

(support w/amendment) Eric Paige, Washington State Catholic Conference.

(oppose) Basil Badley, Health Insurance Association of America; Fred Jensen, citizen; Mel Sorensen, Washington Physicians Service; and Eula Mae Hill, citizen.

(neutral) Bill Backlund.

(information) Steve Boruchowitz, Department of Health.