

SENATE BILL REPORT

SSB 5465

As Reported By Senate Committee On:
Health & Long-Term Care, January 13, 2000

Title: An act relating to department of social and health services family planning services.

Brief Description: Authorizing implementation of a waiver for the department of social and health services to provide family planning services to eligible persons.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Costa, Wojahn, Winsley, Patterson and Thibaudeau; by request of Department of Social and Health Services).

Brief History:

Committee Activity: Health & Long-Term Care: 2/4/99, 2/17/99 [DPS-WM]; 1/13/00 [DP].

Ways & Means: 3/2/99, 3/3/99 [DPS (HEA)].

Passed Senate, 3/16/99, 31-16.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Thibaudeau, Chair; Wojahn, Vice Chair; Costa, Franklin and Winsley.

Staff: Jonathan Seib (786-7427)

Background: Through Medicaid, the state provides family planning services and birth control methods to individuals meeting standard Medicaid eligibility criteria. Ninety percent of the cost is paid by the federal government, with the remainder paid by the state. Women in families at or below 185 percent of the federal poverty level who are otherwise ineligible for Medicaid also receive family planning services at the 90 percent federal match rate for two months following pregnancy. After that two-month period, these services are provided entirely at state expense for an additional ten months.

The state Basic Health Plan (BHP) also covers family planning services. The BHP is available on a state subsidized basis to those with incomes at or below 200 percent of the federal poverty level.

The state Department of Health's (DOH) Family Planning and Reproductive Health Program also provides family planning services through funding to local family planning agencies. The DOH services are available for free to those in families at or under 100 percent of the federal poverty level, and on a subsidized basis to those from 101-250 percent of the federal poverty level. Services are paid for by the state, federal Title X funds, and other sources such as donations and client fees.

Summary of Bill: The Department of Social and Health services may, upon approval from the Federal Health Care Financing Administration, implement a waiver to provide family planning services for persons with family incomes at or below 200 percent of the federal poverty level.

Family planning services includes all federal food and drug administration-approved contraceptives, sterilization services, and medical services associated with use of contraceptive and sterilization services, social services, interpretive services, and comprehensive educational services, including abstinence education, necessary to aid individuals to avoid unintended pregnancy.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For (Health & Long-Term Care, 1999): The public health benefits of expanded family planning services are well proven. This bill will help improve the health status of women, children and families. Currently, 60 percent of Washington's Medicaid funded births are estimated to be the result of an unintended pregnancy. Unintended pregnancy increases the risk of inadequate prenatal care, low birth weight, and welfare dependency. The bill is consistent with the goals of welfare reform and is a wise fiscal investment. Paying for contraceptives is much less expensive than paying for pregnancies.

Testimony Against (Health & Long-Term Care, 1999): Contraceptives have side effects that seem to be particularly associated with risk for young women and long-term use. Many contraceptives also act as abortifacients, and those who object to abortions should not be required to pay for them. The bill won't stop unintended pregnancies or abortions. Women who get pregnant and have abortions have frequently been using contraceptives. Abstinence, rather than contraceptive use, accounts for the decline in teen pregnancy, births, and abortion rates.

Testified (Health & Long-Term Care, 1999): PRO: Tom Bedell, Department of Social and Health Services; Maxine Hayes, Department of Health; Peter Berliner, Health Coalition for Children and Youth; Judy Turpin, Northwest Women's Law Center; Melinda Percich, Seattle King County Health Department, Washington State Council on Family Planning; Robin Ferrari, Parent/Child Assistance Program; Carrie Nyson, Planned Parenthood of Central Washington; Joseph Mancuso, ACOG; CON: Fred Jensen; Priscilla Martens, Washington Evangelicals for Responsible Government.

Testimony For (Ways & Means, 1999): Preventing pregnancy in the first place will save money, both in prenatal and delivery costs, and also in welfare payments. The Department of Health estimates that 60 percent of Medicaid-funded births are unintended, and Medicaid spends \$264 million each year on maternity and infant care. Only about half of managed care plans cover family planning services, so there are perhaps 120,000 low-income women who do not currently have access to family planning services. The Department of Health will seek to assure that its Title X family planning program complements the new DSHS program.

Testimony Against (Ways & Means, 1999): Personal responsibility is best for mothers and babies. There is data showing that up to 50 percent of contraceptive users become pregnant. While contraceptives may prevent pregnancy, they do not prevent sexually transmitted diseases, which can be expensive to treat.

Testified (Ways & Means, 1999): PRO: Senator Jeralita Costa, prime sponsor; Tom Bedell, DSHS; Maxine Hayes, Department of Health; Carol Seagraves, Planned Parenthood Central Washington; Melinda Percich, King County Health Department; CON: Priscilla Martens, WA Evangelicals for Responsible Government; Eulah Mae Hill.