S-0524.1			

SENATE BILL 5878

State of Washington 58th Legislature 2003 Regular Session

By Senators Prentice, Mulliken, Esser, Deccio, Regala, Parlette, Rasmussen and Stevens

Read first time 02/18/2003. Referred to Committee on Health & Long-Term Care.

- AN ACT Relating to the right of health care providers, carriers, and facilities to limit participation in or payment of services by reason of conscience or religion; and amending RCW 48.43.065 and 70.47.160.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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- 6 **Sec. 1.** RCW 48.43.065 and 1995 c 265 s 25 are each amended to read 7 as follows:
 - (1) The legislature recognizes that every individual possesses a fundamental right to exercise their religious beliefs and conscience. The legislature further recognizes that in developing public policy, conflicting religious and moral beliefs must be respected. Therefore, while recognizing the right of conscientious objection to participating in specific health services, the state shall also recognize the right of individuals enrolled with plans containing the basic health plan services to receive the full range of services covered under the plan.
 - (2)(a) No individual health care provider, religiously sponsored health carrier, or health care facility may be required by law or contract in any circumstances to participate in the provision of or

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payment for a specific service if they object to so doing for reason of conscience or religion. No person may be discriminated against in employment or professional privileges because of such objection.

- (b) The provisions of this section are not intended to result in an enrollee being denied timely access to any service included in the basic health plan services. Each health carrier shall:
- (i) Provide written notice to enrollees, upon enrollment with the plan, listing services that the carrier refuses to cover for reason of conscience or religion;
- (ii) Provide written information describing how an enrollee may directly access services in an expeditious manner; and
- (iii) Ensure that enrollees refused services under this section have prompt access to the information developed pursuant to (b)(ii) of this subsection.
 - (c) The insurance commissioner shall establish by rule a mechanism or mechanisms to recognize the right to exercise conscience while ensuring enrollees timely access to services and to assure prompt payment to service providers.
 - (3)(a) No individual or organization with a religious or moral tenet opposed to a specific service may be required to purchase or otherwise provide coverage for that service or services if they object to doing so for reason of conscience or religion.
 - (b) The provisions of this section shall not result in an enrollee being denied coverage of, and timely access to, any service or services excluded from their benefits package as a result of their employer's or another individual's exercise of the conscience clause in (a) of this subsection.
 - (c) The insurance commissioner shall define by rule the process through which health carriers may offer the basic health plan services to individuals and organizations identified in (a) and (b) of this subsection in accordance with the provisions of subsection (2)(c) of this section.
- 33 (4) Nothing in this section requires a health carrier, health care 34 facility, or health care provider to provide any health care services 35 without appropriate payment of premium or fee.
- **Sec. 2.** RCW 70.47.160 and 1995 c 266 s 3 are each amended to read 37 as follows:

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(1) The legislature recognizes that every individual possesses a fundamental right to exercise their religious beliefs and conscience. The legislature further recognizes that in developing public policy, conflicting religious and moral beliefs must be respected. Therefore, while recognizing the right of conscientious objection to participating in specific health services, the state shall also recognize the right of individuals enrolled with the basic health plan to receive the full range of services covered under the basic health plan.

- (2)(a) No individual health care provider, religiously sponsored health carrier, or health care facility may be required by law or contract in any circumstances to participate in the provision of or payment for a specific service if they object to so doing for reason of conscience or religion. No person may be discriminated against in employment or professional privileges because of such objection.
- (b) The provisions of this section are not intended to result in an enrollee being denied timely access to any service included in the basic health plan. Each health carrier shall:
- (i) Provide written notice to enrollees, upon enrollment with the plan, listing services that the carrier refuses to cover for reason of conscience or religion;
- (ii) Provide written information describing how an enrollee may directly access services in an expeditious manner; and
- (iii) Ensure that enrollees refused services under this section have prompt access to the information developed pursuant to (b)(ii) of this subsection.
- (c) The administrator shall establish a mechanism or mechanisms to recognize the right to exercise conscience while ensuring enrollees timely access to services and to assure prompt payment to service providers.
- (3)(a) No individual or organization with a religious or moral tenet opposed to a specific service may be required to purchase or otherwise provide coverage for that service or services if they object to doing so for reason of conscience or religion.
- (b) The provisions of this section shall not result in an enrollee being denied coverage of, and timely access to, any service or services excluded from their benefits package as a result of their employer's or another individual's exercise of the conscience clause in (a) of this subsection.

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(c) The administrator shall define the process through which health carriers may offer the basic health plan to individuals and organizations identified in (a) and (b) of this subsection in accordance with the provisions of subsection (2)(c) of this section.

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(4) Nothing in this section requires the health care authority, health carriers, health care facilities, or health care providers to provide any basic health plan service without payment of appropriate premium share or enrollee cost sharing.

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