

# SENATE BILL REPORT

## SSB 5912

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As Passed Senate, May 17, 2011

**Title:** An act relating to the expansion of family planning services to two hundred fifty percent of the federal poverty level.

**Brief Description:** Expanding family planning services to two hundred fifty percent of the federal poverty level.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Pflug, Kohl-Welles and Kline).

**Brief History:**

**Committee Activity:** Ways & Means: 4/26/11, 5/03/11, 5/05/11 [DPS, DNP].

**First Special Session:** Passed Senate: 5/17/11, 30-17.

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### SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Substitute Senate Bill No. 5912 be substituted therefor, and the substitute bill do pass.

Signed by Senators Murray, Chair; Kilmer, Vice Chair, Capital Budget Chair; Brown, Conway, Fraser, Hatfield, Kastama, Keiser, Kohl-Welles, Pridemore, Regala, Rockefeller and Tom.

**Minority Report:** Do not pass.

Signed by Senators Zarelli, Ranking Minority Member; Baumgartner, Baxter, Holmquist Newbry, Honeyford and Schoesler.

**Staff:** Tim Yowell (786-7435)

**Background:** Through the Take Charge program, the Department of Social and Health Services (DSHS) provides family planning services to state residents with family incomes below 200 percent of the federal poverty level. Services include an annual gynecological exam and pap smear; birth control pills and devices; emergency contraception; and sterilization. Pregnancy termination is not a covered service.

Approximately 60,000 people per month are enrolled in the program, at an annual cost of \$21 million. Approximately 80 percent of the cost of the program is covered by federal funds, with the balance coming from the state general fund. Services are delivered by a variety of

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local contractors, including county health departments, community clinics, and planned parenthood organizations.

Through Medicaid, the state provides medical coverage for pregnant women with incomes up to 250 percent of the federal poverty level, depending upon family size. Additionally, through the State Children's Health Insurance Program, the state provides medical coverage for children in families with incomes up to 300 percent of poverty. It has been suggested that, by expanding eligibility for family planning services, the state could avoid the cost of some of the unplanned pregnancies and births for which it would otherwise pay.

**Summary of Substitute Bill:** The DSHS is to submit an application to the federal Department of Health and Human Services by September 30, 2011, to expand eligibility for family planning services to 250 percent of the federal poverty level. Upon implementation of the expansion, the Office of Financial Management is to reduce General Fund-State allotments for the medical assistance program by \$4.5 million.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

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

**Staff Summary of Public Testimony on Original Bill:** PRO: The bill is good policy and good budgeting. Take Charge has been proven to save money. A very small state expenditure will result in much greater savings for the state. It will also reduce abortions by reducing the number of unintended pregnancies. Increasing the interval between births reduces risks to the mother's and child's health and reduces medical costs. The young women covered by Take Charge are often working at low-paying jobs that don't provide enough reliable income for them to purchase more effective and expensive forms of birth control.

CON: The underlying assumption of the bill that unintended pregnancies are the result of inadequate access to birth control is inaccurate. Very high percentages of young women already have access to contraception. There is evidence that greater access to birth control results in higher rates of pregnancy and sexually-transmitted diseases because it increases risky behaviors. State expenditures on births have grown 70 percent in the time Take Charge has been in place, so it is erroneous to assume that paying for more family planning services will reduce state costs, when exactly the opposite has occurred.

**Persons Testifying:** PRO: Jennifer Allen, Planned Parenthood; Dr. Kate McLean, American Council of Obstetricians and Gynecologists; Tina Clere, Aurora Medical Services; Genessee Adkins, Seattle-King County Public Health Department.

CON: Joseph Backholm, Family Policy Institute.