

SENATE BILL REPORT

SHB 1234

As of March 14, 2017

Title: An act relating to private health plan coverage of contraceptives.

Brief Description: Addressing private health plan coverage of contraceptives.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Robinson, Lytton, Senn, Frame, Doglio, Tarleton, Hansen, Jinkins, Cody, Ortiz-Self, Riccelli, Stambaugh, Macri, Pollet, Tharinger, Clibborn, Stonier, Caldier, Sells, Gregerson, Wylie, Kilduff, McBride, Goodman, Bergquist, Ormsby, Stanford, Slatter and Kloba).

Brief History: Passed House: 3/01/17, 93-5.

Committee Activity: Health Care: 3/14/17.

Brief Summary of Substitute Bill

- Requires health plans that cover contraceptive drugs to reimburse a 12-month refill of contraceptive drugs obtained at one time.

SENATE COMMITTEE ON HEALTH CARE

Staff: Mich'l Needham (786-7442)

Background: Under the federal Affordable Care Act (ACA), all health plans must cover preventive services without cost-sharing. By rule, preventive services include all Food and Drug Administration (FDA)-approved contraceptive methods. Drugs that induce abortions and vasectomies are not included in this coverage mandate. Pursuant to federal rules, a health plan purchased or offered by a religious employer is not required to cover contraceptives.

The ACA requires non-grandfathered individual and small group market health plans to offer the ten essential health benefits categories both inside and outside of the Health Benefit Exchange. States establish the essential health benefits using a supplemented benchmark plan. Prescription drugs, including all FDA-approved contraceptive methods and prescription-based sterilization procedures for women, are included in Washington's essential health benefits package.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: A regulated health plan issued or renewed on or after January 1, 2018, that includes coverage for contraceptive drugs must reimburse for a 12-month refill of contraceptive drugs obtained at one time by the enrollee, unless the enrollee requests a smaller supply or the prescribing provider instructs that the enrollee must receive a smaller supply.

The plan must allow enrollees to receive the drugs on-site at the provider's office, if available. Any dispensing practices required by the plan must follow clinical guidelines for appropriate prescribing and dispensing to ensure the health of the patient while maximizing access to effective contraceptive drugs. The plan may place a limit on refills in the last quarter of the year after a full year supply has been dispensed.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony: PRO: This bill is the same as the companion bill and it came over with a strong bipartisan vote. We strongly support our patients having better access to birth control. Studies show that access to a 12-month supply of contraceptives results in a 30 percent decrease in unintended pregnancies. Removing a barrier with consistent access to birth control is good for women. Women are juggling busy schedules and transportation challenges. We should remove any unnecessary barriers to access birth control.

Persons Testifying: PRO: Representative June Robinson, Prime Sponsor; Joelle Lucas, American Congress of Obstetricians and Gynecologists; Jessie Turner, National Organization for Women.

Persons Signed In To Testify But Not Testifying: No one.