

# SENATE BILL REPORT

## SB 5554

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As Reported by Senate Committee On:  
Health Care, February 16, 2017

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

**Brief Description:** Addressing private health plan coverage of contraceptives.

**Sponsors:** Senators Hobbs, Rivers, Cleveland, Fain, Keiser and Conway.

**Brief History:**

**Committee Activity:** Health Care: 2/14/17, 2/16/17 [DPS, w/oRec].

**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.

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### SENATE COMMITTEE ON HEALTH CARE

**Majority Report:** That Substitute Senate Bill No. 5554 be substituted therefor, and the substitute bill do pass.

Signed by Senators Rivers, Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Bailey, Conway, Fain, Keiser, Mullet and Walsh.

**Minority Report:** That it be referred without recommendation.

Signed by Senators Becker, Vice Chair; Miloscia and O'Ban.

**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.

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*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.*

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.

**Summary of Bill (First Substitute):** 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.

**EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (First Substitute):** The health benefit plan may limit 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 on Original Bill:** *The committee recommended a different version of the bill than what was heard.* PRO: This committee has heard this bill before. It is important to help women that can't get to a pharmacy every month. My sisters in the National Guard face challenges when they are on deployment and this model would help them take care of their refills while on mission. Our patients deserve their birth control to be fully accessible. Providing a one-year supply of contraceptives, results in a 30 percent decrease in unintended pregnancies. The costs for one pregnancy and delivery dwarf the costs of providing birth control. One in four women have missed pills because they were unable to get to the pharmacy. There is no medical reason to restrict access to birth control. Give patients control to decide when and if they want to become pregnant. The model of providing a one month supply is a real barrier for many women. It is not always possible to get to the pharmacy and even then, the pharmacy can be out of stock and produce a delay in getting a refill. The monthly dance with the pharmacy is burdensome and compromises women's health. Accessing a 12-month supply of birth control was a huge relief. When I studied in France for a year, I was able to get a supply in advance but my employer coverage restricts access to one month at a time. It is very burdensome. Rural access can be particularly difficult and the reduced access can result in unplanned pregnancies. This is vital

to our communities and to women. The savings with increased access result in fewer pregnancies and deliveries. A consistent supply of birth control is more efficient, safer for women, and saves time and transportation.

**Persons Testifying:** PRO: Senator Steve Hobbs, Prime Sponsor; Lauren Owens, Dr., MD, MPH - AGOG, Family Planning Fellow, UW Department of Gynecology and Obstetrics; Jessie Turner, National Organization for Women; Christina Pedersen, citizen; Ashleigh DeBuse, citizen; Shana Keen, citizen; Linda Micheel, citizen; Ashley-Nichole Holland, citizen; Linda Malanchuk-Finnan, Washington State National Organization for Women; Jo Rodman, League of Women Voters.

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