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## Health Care & Wellness Committee

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### HB 1902

**Brief Description:** Promoting consumer ease, administrative simplification, and cost efficiency by requiring a single bill for health services covered by a qualified health plan.

**Sponsors:** Representatives Cody, Appleton, Santos, Pollet and Macri.

<p style="text-align: center;"><b>Brief Summary of Bill</b></p> <ul style="list-style-type: none"><li>• Requires health carriers offering qualified health plans to bill enrollees through a single invoice.</li></ul>
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**Hearing Date:** 2/19/19

**Staff:** Jim Morishima (786-7191).

**Background:**

State-regulated health plans that provide coverage for maternity care or services, must also provide substantially equivalent coverage to permit the voluntary termination of a pregnancy. The plans may not limit a woman's access to services related to the voluntary termination of a pregnancy, except for generally applicable terms and conditions, including cost-sharing. Health plans are not required to cover abortions that would be illegal under state law.

Under the federal Patient Protection and Affordable Care Act (ACA), any health plan offered on the Health Benefit Exchange that covers abortions must collect two separate payments, one for the abortion services and one for all other benefits. A plan that covers abortions must segregate the funds attributable to the abortion benefit in a separate account. The actuarial value of the abortion benefit must be at least \$1 per month and may not take into account any savings that may accrue due to an abortion.

Generally, the ACA preempts state laws that prevent its application. However, the ACA does not preempt or affect state laws regarding the prohibition of (or requirement of) coverage, funding, or procedural requirements on abortion.

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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.*

Rules proposed in 2018 by the United States Department of Health and Human Services, if enacted, would require qualified health plans to send two separate monthly bills to enrollees, one for premiums attributable to abortion coverage and one for premiums attributable to all other coverage. Enrollees would be instructed to pay each bill separately, but the qualified health plan may not terminate coverage if the enrollee pays both bills together.

**Summary of Bill:**

In accordance with state requirements for coverage and funding of abortion services, a health carrier offering a qualified health plan must bill enrollees and collect payment through a single invoice that includes all benefits and services covered by the qualified health plan. The health carrier must include in its segregation plan a certification that the health carrier's billing and payment processes meet these requirements.

**Appropriation:** None.

**Fiscal Note:** Requested on February 13, 2019.

**Effective Date:** The bill contains an emergency clause and takes effect immediately.