

HOUSE BILL REPORT

HB 1902

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to promoting consumer ease, administrative simplification, and cost efficiency by requiring a single bill for health services covered by a qualified health plan.

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.

Brief History:

Committee Activity:

Health Care & Wellness: 2/19/19, 2/20/19 [DP].

Brief Summary of Bill

- Requires health carriers offering qualified health plans to bill enrollees through a single invoice.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 10 members: Representatives Cody, Chair; Macri, Vice Chair; Davis, Harris, Jinkins, Riccelli, Robinson, Stonier, Thai and Tharinger.

Minority Report: Do not pass. Signed by 4 members: Representatives Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Chambers and Maycumber.

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.

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.

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.

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: Available.

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

Staff Summary of Public Testimony:

(In support) Unnecessary barriers to abortion do not stop abortions, but make them inaccessible to poor and working people. The proposed federal rule, which will be finalized this year, would create just such a barrier. Consumers would have to write two separate premium checks, which could cause confusion. The federal rules will also increase premiums because of the increased administrative costs to carriers and may cause people to lose coverage. This bill will preserve the status quo by allowing a single bill, but require carriers to separate payments into different accounts. The approach taken by this bill will be the least disruptive to consumers. Premium funds should be used consistently to ensure access to care. This bill will protect access to reproductive health and support reproductive freedom for all.

(Opposed) None.

Persons Testifying: Morgan Steele Dykeman, NARAL Pro-Choice Washington; Molly Voris, Washington Health Benefit Exchange; and Lonnie Johns-Brown, Office of the Insurance Commissioner.

Persons Signed In To Testify But Not Testifying: None.