
Health Care & Wellness Committee

HB 2252

Brief Description: Concerning student health plans.

Sponsors: Representative Thai.

Brief Summary of Bill

- Requires certain student health plans to provide coverage for the voluntary abortion of a pregnancy.

Hearing Date: 1/14/20

Staff: Jim Morishima (786-7191).

Background:

I. Insurance Coverage for Abortions.

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

II. Student Health Plans.

Certain student health plans are exempt from most requirements applicable to other health plans, including requirements relating to abortion coverage. In order to be exempt, a student health plan must be guaranteed renewable while the covered person is a student at an institution of higher education and must be approved by the Office of the Insurance Commissioner (OIC).

III. Objections Based on Conscience or Religion 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.

No individual health care provider, religiously sponsored health carrier, or health care facility may be required by law or contract in any circumstances to participate in the provision of or payment for a specific service if they object to so doing for reason of conscience or religion. No person may be discriminated against in employment or professional privileges because of such objection. No individual or organization with a religious or moral tenet opposed to a specific service may be required to purchase coverage for that service or services if they object to doing so for reason of conscience or religion.

The provisions allowing the exercise of conscientious objection are not intended to result in an enrollee being denied timely access to any services in the state's Basic Health Plan. A health carrier must:

- provide enrollees written notice of the services the carrier refuses to cover for reason of conscience or religion;
- provide written information describing how an enrollee may directly access services in an expeditious manner; and
- ensure that enrollees who are refused services have prompt access to information describing how they may directly access services in an expeditious manner.

The OIC must establish a mechanism to recognize the right of conscience while ensuring enrollees timely access to services and to ensure prompt payment to providers. Under rules adopted by the OIC, all carriers are required to file a description of the process they will use to recognize an organization or individual's exercise of conscience when purchasing coverage; the process may not affect a non-objecting enrollee's access to coverage for those services. A religiously sponsored carrier that elects not to cover certain benefits because of religious beliefs must file a description of the process by which its enrollees will have timely access to all Basic Health Plan services.

In 2006 the Attorney General issued an opinion regarding the OIC rule that requires carriers that cover prescription drugs to also cover contraceptives. According to the Attorney General's opinion, the rule did not supersede the statutory right of conscience; it only limited one of the ways in which the right could be exercised. This is because the rule did not require prescription drug coverage and did not apply directly to employers.

Summary of Bill:

A student health plan that is guaranteed renewable while the covered person is a student at an institution of higher education is subject to the abortion requirements applicable to other health plans. This requirement applies to student health plans issued or renewed on or after January 1, 2021.

Appropriation: None.

Fiscal Note: Requested on January 9, 2020.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.