
Health Care & Wellness Committee

2SSB 5602

Brief Description: Eliminating barriers to reproductive health care for all.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Randall, Wilson, C., Nguyen, Das, Saldaña, Cleveland, Takko, Kuderer, Hasegawa, Rolfes, Van De Wege, Keiser, Hunt, Wellman, Billig, Dhingra, Conway, Pedersen, Frockt, Salomon, Palumbo, Darneille, McCoy, Liias, Mullet and Carlyle).

Brief Summary of Second Substitute Bill

- Establishes a program to provide family planning and related services for persons over 19 years old who would be eligible for family planning services under Medicaid, except for the person's status as an undocumented or nonqualified resident.
- Prohibits the Health Care Authority, Medicaid managed care plans, health plans, and student health plans from automatically denying coverage for reproductive health care services that are ordinarily or exclusively available to individuals of one gender based on the fact that the individual's gender assigned at birth, gender identity, or gender recorded in government documents is different from the gender for which the services are ordinarily or exclusively available.
- Requires that health plans and student health plans provide coverage for condoms, screening and services for health needs arising from a sexual assault, well-person preventive visits, prenatal vitamins, breast pumps, screening for certain sexually-transmitted diseases, and pre-exposure prophylaxis and postexposure prophylaxis.
- Requires medical assistance and state and school employee health plans to cover screening for gonorrhea, chlamydia, syphilis, and human immunodeficiency virus, pre-exposure prophylaxis and postexposure prophylaxis, and condoms, regardless of the gender or sexual orientation of the covered person.

Hearing Date: 3/20/19

Staff: Chris Blake (786-7392).

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.

Background:

Washington State Family Planning Waiver.

The Health Care Authority administers a family planning demonstration and research program, known as "Take Charge," through a federal waiver. For women, the Take Charge program covers annual exams, an office visit related to a family planning problem, prescription and nonprescription contraceptive methods, over-the-counter family planning drugs and devices, sterilization procedures, screening for sexually-transmitted infections, and education and supplies for contraceptives, natural family planning, and abstinence. Covered services for men include over-the-counter contraceptive supplies, sterilization procedures, screening and treatment for sexually-transmitted infections, education and supplies for contraceptives, education and counseling for risk reduction for men whose female partners are at moderate to high risk for unintended pregnancy.

To be eligible for the Take Charge program, a person must: (1) be a United States citizen or qualified alien; (2) be a resident of Washington; (3) have an income at or below 260 percent of the federal poverty level; (4) not be covered by other public or private insurance; (5) need family planning services; and (6) have applied for categorically needy Medicaid coverage, unless specifically exempted.

Coverage Requirements for Preventive Services.

The federal Patient Protection and Affordable Care Act requires health plans to cover the following preventive services with no cost sharing:

- items or services with an "A" or "B" rating from the United States Preventive Services Task Force;
- immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- preventive care and screenings for children recommended by the United States Health Resources and Services Administration's (HRSA) Bright Futures Project; and
- additional services supported by the HRSA.

Discrimination in Health Insurance.

The Washington Law Against Discrimination (WLAD) provides a person has the right to be free from discrimination based on race, creed, color, national origin, sex, marital or family status, age, disability, or the use of a trained dog guide. This right applies to public accommodation, employment, real estate transactions, credit and insurance transactions, and commerce. The Washington State Human Rights Commission (HRC) is responsible, in part, for administering and enforcing WLAD.

Health service contractors are further prohibited from denying coverage to a person on the basis of race, religion, national origin, or the presence of a sensory, mental, or physical disability, unless the denial or limitation of coverage relates to a medical condition that does not meet coverage requirements. In addition, insurers may not refuse to issue, or cancel or decline to renew, a contract because of a person's sex, marital status, sexual orientation, or the presence of a sensory, mental, or physical condition.

Summary of Bill:

Family Planning Program.

By January 1, 2020, the Health Care Authority (Authority) must establish a program for persons over 19 years old who would be eligible for services under the Washington State Family Planning Waiver program, known as Take Charge, except for the person's status as an undocumented or nonqualified resident. The services under the program must be identical to the services under the Family Planning Waiver as of August 2018. The Authority shall establish a comprehensive community education and outreach campaign to provide culturally and linguistically accessible information to facilitate participation in the program.

Non Discrimination.

In Medical Assistance programs, the Authority, Medicaid managed care organizations, and health care providers are prohibited from discriminating in the delivery of reproductive health care services based on the covered person's gender identity or expression. The Authority, Medicaid managed care organizations, health plans, and student health plans are prohibited from automatically denying coverage for reproductive health care services that are ordinarily or exclusively available to individuals of one gender based on the fact that the individual's gender assigned at birth, gender identity, or gender recorded in government documents is different from the gender for which the services are ordinarily or exclusively available. Such denials are prohibited discrimination under Washington's Law Against Discrimination. "Reproductive health care services" are defined as any medical treatment, including pharmaceutical care, of reproductive processes, functions, systems, and body parts involved in reproduction, in all stages of life.

Health Plan Coverage.

Private health plans.

Student health plans must meet the same requirements that apply to health plans to cover all contraceptive drugs, devices, and other products; voluntary sterilization procedures; and the consultations, examinations, procedures, and medical services related to the use of contraceptive or sterilization drugs, devices, and other products or services. The requirements apply to student health plans that have been deemed by the Insurance Commissioner to have a short-term limited purpose or duration or to be guaranteed renewable while the covered person is enrolled as a full-time student at an accredited higher education institution.

For health plans and student health plans issued or renewed on or after January 1, 2021, coverage must be provided for:

- condoms, regardless of the gender or sexual orientation of the covered person;
- screening for physical, mental, sexual, and reproductive health care needs that arise from a sexual assault;
- medically necessary services and prescription medications for the treatment of physical, mental, sexual, and reproductive care needs that arise from a sexual assault;
- well-person preventive visits, defined as preventive annual visits recommended by the federal Health Resources and Services Administration Women's Preventive Services Guidelines;
- reproductive health-related over-the-counter prenatal vitamins for pregnant persons;

- reproductive health-related over-the-counter breast pumps for covered persons expecting the birth or adoption of a child;
- screening for gonorrhea, chlamydia, syphilis, and human immunodeficiency virus; and
- pre-exposure prophylaxis and postexposure prophylaxis.

The term "reproductive health care services" is defined as medical treatment of reproductive processes, functions, systems, and body parts involved in reproduction, in all stages of life.

The benefits must be provided without requirements for copayments, deductibles, or other forms of cost sharing, except for: (1) medically necessary services and prescriptions related to treatment of physical, mental, sexual, and reproductive care needs that arise from a sexual assault; and (2) prenatal vitamins and breast pumps.

Publicly-financed health care.

Beginning January 1, 2021, medical assistance programs must cover screening for gonorrhea, chlamydia, syphilis, and human immunodeficiency virus, pre-exposure prophylaxis and postexposure prophylaxis, and condoms, regardless of the gender or sexual orientation of the covered person.

Beginning January 1, 2021, health plans offered to state employees and school employees must cover screening for gonorrhea, chlamydia, syphilis, and human immunodeficiency virus, pre-exposure prophylaxis and postexposure prophylaxis, and condoms, regardless of the gender or sexual orientation of the covered person.

Legislative Findings and Declarations.

Legislative findings and declarations are made related to state policy regarding reproductive health care and coverage, barriers to accessing reproductive health care faced by different populations, federal prohibitions against certain immigrants receiving health benefits through federally-funded programs and the negative effects on their health, the unmet reproductive health care needs of transgender and gender nonconforming due to stigma, the number of transgender people who did not see a doctor because of affordability, the need for coverage and timely access to reproductive health care, and the need to prohibit discrimination in health care services and health plan coverage for reproductive health care services.

Appropriation: None.

Fiscal Note: Not requested.

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