

FINAL BILL REPORT

HB 1651

C 122 L 22
Synopsis as Enacted

Brief Description: Allowing providers to bill separately for immediate postpartum contraception.

Sponsors: Representatives Thai, Macri, Bateman, Ryu, Berry, Ramel, Duerr, Valdez, Callan, Cody, Davis, Simmons, Bergquist, Kloba, Pollet, Frame, Harris-Talley and Taylor.

House Committee on Health Care & Wellness
Senate Committee on Health & Long Term Care

Background:

Most insurers are required to provide coverage for intrauterine devices and contraceptive implants, also known as long-acting reversible contraception (LARC). The state Medicaid program reimburses for immediate, postpartum LARC insertion if billed separately, as opposed to as part of the global obstetric procedure. This does not include facility services, which may not be unbundled from a hospital's facility claim.

Summary:

For births taking place in a hospital or birthing center, a health plan, including a health plan offered to public employees, must allow a provider to bill separately for devices, implants, or professional services associated with immediate postpartum contraception and may not consider such devices, implants, or services to be part of any payments for general obstetric procedures. The requirement applies to plans issued or renewed on or after January 1, 2023, but does not apply to facility services associated with the contraception.

"Immediate postpartum contraception" is defined as the postpartum insertion of intrauterine devices or contraceptive implants performed before the patient is discharged from the hospital or birthing center and includes the devices or implants themselves.

Votes on Final Passage:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

House 95 2
Senate 45 2

Effective: June 9, 2022