

SENATE BILL REPORT

HB 1651

As of February 16, 2022

Title: An act relating to allowing providers to bill separately for immediate postpartum contraception.

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.

Brief History: Passed House: 1/26/22, 95-2.

Committee Activity: Health & Long Term Care: 2/16/22.

Brief Summary of Bill

- Requires health plans to allow providers to bill separately for devices or professional services associated with immediate postpartum contraception.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Greg Attanasio (786-7410)

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 of Bill: 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

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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.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: LARC is effective with few contraindications. Administration of postpartum LARC prior to discharge is the best practice and reduces unwanted pregnancy and short turnaround pregnancies. This has many positive outcomes, including higher patient satisfaction, longer use, cost savings, and fewer adverse outcomes. Commercial payers should align with current Medicaid practice.

Persons Testifying: PRO: Liz Elwart, Upstream USA; Ginny Weir, Bree Collaborative; Kate McLean, American College of Obstetricians & Gynecologists.

Persons Signed In To Testify But Not Testifying: No one.