

SENATE BILL REPORT

SB 5242

As Reported by Senate Committee On:
Health & Long Term Care, January 31, 2023
Ways & Means, February 20, 2023

Title: An act relating to prohibiting cost sharing for abortion.

Brief Description: Prohibiting cost sharing for abortion.

Sponsors: Senators Cleveland, Robinson, Dhingra, Frame, Hasegawa, Hunt, Keiser, Lovelett, Nobles, Pedersen, Randall, Saldaña, Salomon, Stanford, Valdez, Wellman and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 1/24/23, 1/31/23 [DP-WM, DNP, w/oRec].

Ways & Means: 2/13/23, 2/20/23 [DP, DNP, w/oRec].

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| <p>Brief Summary of Bill</p> <ul style="list-style-type: none">• Prohibits cost-sharing for the coverage of abortion services. |
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SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Conway, Dhingra, Randall and Van De Wege.

Minority Report: Do not pass.

Signed by Senators Muzzall, Assistant Ranking Member; Holy and Padden.

Minority Report: That it be referred without recommendation.

Signed by Senator Rivers, Ranking Member.

Staff: Greg Attanasio (786-7410)

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.

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass.

Signed by Senators Rolfes, Chair; Robinson, Vice Chair, Operating & Revenue; Mullet, Vice Chair, Capital; Billig, Conway, Dhingra, Hasegawa, Hunt, Keiser, Nguyen, Pedersen, Saldaña, Van De Wege and Wellman.

Minority Report: Do not pass.

Signed by Senators Wilson, L., Ranking Member, Operating; Gildon, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Warnick, Assistant Ranking Member, Capital; Boehnke, Braun, Muzzall, Torres and Wagoner.

Minority Report: That it be referred without recommendation.

Signed by Senator Rivers, Assistant Ranking Member, Capital.

Staff: Amanda Cecil (786-7460)

Background: A health plan, including student health plans, 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.

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 reasons 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 reasons of conscience or religion. 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 Office of the Insurance Commissioner (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 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 nonobjecting

enrollee's access to coverage for those services.

Summary of Bill: For health plans issued or renewed on or after January 1, 2024, including health plans offered to public employees, a health carrier may not impose cost sharing for abortion of a pregnancy.

For a health plan that provides coverage for abortion of a pregnancy, and is offered as a qualifying health plan for a health savings account, the health carrier shall establish the plan's cost sharing for the coverage of abortion services at the minimum level necessary to preserve the tax exempt status of contributions and withdrawals from the health savings account.

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 (Health & Long Term Care): PRO: Cost sharing requirements increase the financial burden on patients and force patients to delay or forgo care. Abortion care is time sensitive and access to funds to cover cost sharing should not be a barrier to access.

CON: It is wrong for taxpayers and private insurance havers to shoulder the cost of abortion care. Abortion should not receive special status and there should be a discussion of cost sharing for maternity care as well.

Persons Testifying (Health & Long Term Care): PRO: Senator Annette Cleveland, Prime Sponsor; Jody Disney, LWVWA; Lee Che Leong, Northwest Health Law Advocates (NoHLA); Jane Beyer, Office of the Insurance Commissioner; Courtney Normand, Planned Parenthood Alliance Advocates; Hilary Whitmore; Alexa Brenner, Planned Parenthood Alliance Advocates; Stephanie Simpson, Patient Coalition of Washington; Kathryn Lewandowsky.

CON: Julie Barrett, Conservative Ladies of Washington; Dr. Al Oliva, Alliance for Hippocratic Medicine; Lauren O'Bannan.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony (Ways & Means): PRO: Washington State requires that health insurance companies cover abortion if they cover maternity care. That puts a lot of cost on patients for coinsurance, copays, and deductibles. The average cost for a patient

is \$218 and can double later in pregnancy. For many patients, that is a significant amount of their monthly income. Out of pocket costs worsen existing racial and socioeconomic health disparities as many states enact abortion restrictions and bans. Washington should ensure they are leaders in providing access to abortion care so no patient is prohibited from care due to healthcare coverage. The expenses for the Office of the Insurance Commissioner are very limited. As of January 1st, 2023, several components of maternity care services are provided without cost sharing under federal law.

CON: The elimination of cost sharing doesn't mean the elimination of cost. The average citizen is paying more for gas, groceries, and utilities, and most without an increase in income to keep up with record inflation. This wrongly forces taxpayers to shoulder the cost of abortion which is an elective and controversial procedure. In the name of equity, if cost sharing is limited for abortion, it should be for pregnancy as well. The cost of medical care for citizens should not be raised to advance the pro-abortion agenda of Washington politicians.

Persons Testifying (Ways & Means): PRO: Jane Beyer, Office of the Insurance Commissioner; Nicole Kern, Planned Parenthood Alliance Advocates; Alex Wehinger, WA State Medical Association (WSMA).

CON: Julie Barrett, Conservative Ladies of Washington.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.