

Office of the Insurance Commissioner
5000 Capitol Boulevard South
Tumwater, WA 98501

Submitted electronically to RulesCoordinator@oic.wa.gov

Re: Comments on Consolidated Health Care Rulemaking CR-101 (R 2023-07)

August 16, 2023

To whom it may concern,

On behalf of the undersigned organizations, we write today to comment on the Office of the Insurance Commissioner's (OIC) notice to start rulemaking (CR-101) on consolidated health care rulemaking (R 2023-07) and the implementation of SB 5242, which prohibits cost-sharing for abortion. We request the rulemaking on SB 5242 be patient-centric; ensure the prohibitions on cost-sharing extends to all services related to and provided in conjunction with an abortion as determined by the individual's provider; and prohibit medical management techniques or annual limitations when accessing abortion services. Thank you for your consideration of the following comments and for the opportunity to provide feedback.

We recommend clear and comprehensive guidelines for prohibiting cost-sharing for abortion care and all associated services. Consistent with the language of SB 5242, we ask OIC to ensure that health plans cover the broad range of services necessary to access abortion care. SB 5242 states that a health carrier "may not impose cost sharing for abortion of a pregnancy" (RCW 48.43.073(1)(b) and sec. 2, RCW 41.05(1)). We recommend that no cost-sharing for abortion includes all services related to and provided in conjunction with an abortion as determined by the patient's provider, including but not limited to associated diagnostics, counseling, supplies, and follow-up services. A patient should not be saddled with a bill paying out-of-pocket for counseling, ultrasounds, anesthesia, or other associated services provided in conjunction with an abortion, especially since these associated diagnostics and services can often be just as costly – if not more costly – than the medication or procedure itself. Including no cost-sharing for abortion and all related services is also consistent with the current standard for required coverage for abortion established under the Reproductive Parity Act and the Affordable Care Act's contraceptive coverage requirement.

Additionally, we recommend that the rulemaking prohibit insurers from employing unnecessary and burdensome medical management techniques or annual restrictions when covering no-cost abortion care. For example, we request that prior authorization of abortion services is prohibited in the final rule. We also request that the coverage not have quantity limits for covered abortion care (e.g. an insurer may attempt to only allow a patient one abortion a year without cost-sharing). These techniques that effectively deny or delay a person's access to abortion services not only limits reproductive autonomy, they also may lead to a delay in a time-sensitive procedure, which increases both the cost and risks to the patient. The OIC should strive to maximize timely access to these critical services and to make the process of accessing these services simple and consumer-friendly.

Thank you for the opportunity to comment. Please contact us with any questions regarding our comments. We look forward to continuing to engage in this process to promote meaningful access to sexual and reproductive health care coverage and services.

Sincerely,

Rachel Kuenzi
Public Policy Manager
Planned Parenthood Alliance Advocates

Lee Che P. Leong
Senior Policy Analyst
Northwest Health Law Advocates

Mercedes Sanchez
Deputy Executive Director
Cedar River Clinics

Alizeh Bhojani
Policy Counsel
Legal Voice