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 Pre-Publication Draft (R 2023-07)

September 5th, 2023

To whom it may concern,

Planned Parenthood Alliance Advocates writes today to comment on the Office of the Insurance Commissioner's (OIC) pre-publication draft on consolidated health care rulemaking (R 2023-07) and the implementation of SB 5242, which prohibits cost-sharing for abortion. We are grateful to see the rule ensures that prohibitions on cost-sharing extends to all services related to and provided in conjunction with an abortion, and we request explicit language ensuring all associated services are covered without cost-sharing. We also request the rulemaking on SB 5242 prohibit medical management techniques and annual limitations when accessing abortion services. Thank you for your consideration of the following comments and for the opportunity to provide feedback.

When the Affordable Care Act (ACA) first required coverage of contraceptives without cost-sharing, advocates saw insurers erect a series of financial and logistical barriers on patients in accessing no-cost care. For example, despite crystal clear bill language that the intent of the legislation was to make all methods of contraception available without out-of-pocket costs, insurers found ways to impose cost-sharing by billing for services associated with contraception, such as the cost of administering or removing an IUD. Additionally, insurers restricted access to contraceptive methods by imposing medical management techniques, including mandating step-therapy or prior authorization. For example, an insurer might require prior authorization and force the patient to return for a second office visit to access their method of choice, regardless of what the provider and patient think is the best option. Even now, we continue to see too many hurdles to patients' accessing contraceptives without cost-sharing. OIC should consider the lessons-learned in the implementation of no cost-sharing for contraceptives when constructing their rules to limit the number of barriers – both financial and logistical – that patients face when accessing abortion services.

As such, **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 contain 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 limit 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.

We appreciate that the pre-publication draft rule indicates that health plans must include a range of services necessary to access abortion care. The pre-publication draft states that no cost-sharing should be provided for "services associated with completing the treatment, including but not limited to office visits, diagnostic and laboratory testing, and prescription drugs." **We recommend that this list also includes associated counseling, supplies, and follow-up services**; while we recognize the list is non-exhaustive, being as explicit as possible in this list will ensure the coverage is patient-centric, does not contain any gaps in coverage, and is determined by an individual's provider. 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.

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