



# Literature Review on Inequities in Reproductive Health Access

January 9, 2019

# Overview

- ▶ Legislative request SSB 6219
- ▶ Scope
- ▶ Process/timeline
- ▶ Report by the numbers
- ▶ Priority populations
- ▶ Access barriers
- ▶ Recommendations

# Reproductive Parity Act (SSB 6219)

An act relating to improving access to reproductive health

- ▶ Chapter 119, Laws of 2018
- ▶ The bill required the Governor's Interagency Council on Health Disparities to:
  1. Conduct a **literature review** on disparities in **access to reproductive health**, and
  2. Propose **recommendations for the legislature** to eliminate/reduce identified inequities.

# Reproductive health

- ▶ SSB 6219 defines reproductive health as the...  
“care necessary to support the reproductive system, the capability to reproduce, and the freedom and services necessary to decide if, when, and how often to do so, which can include contraception, cancer and disease screenings, abortion, preconception, maternity, prenatal, and postpartum care”

# Scope

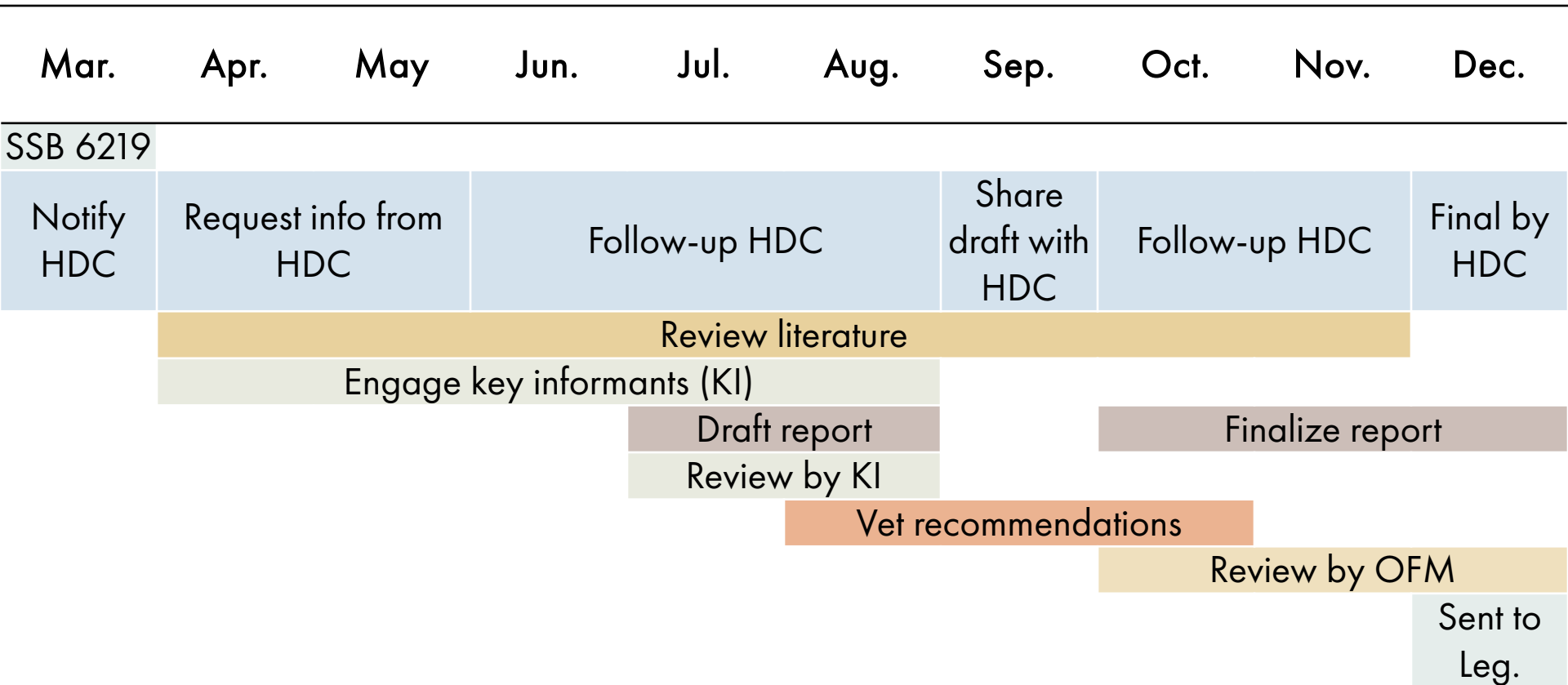
## This report is/does...

- Literature review
- Reproductive health specific
- Healthcare access focused
- Include recommendations to the Legislature and state agencies

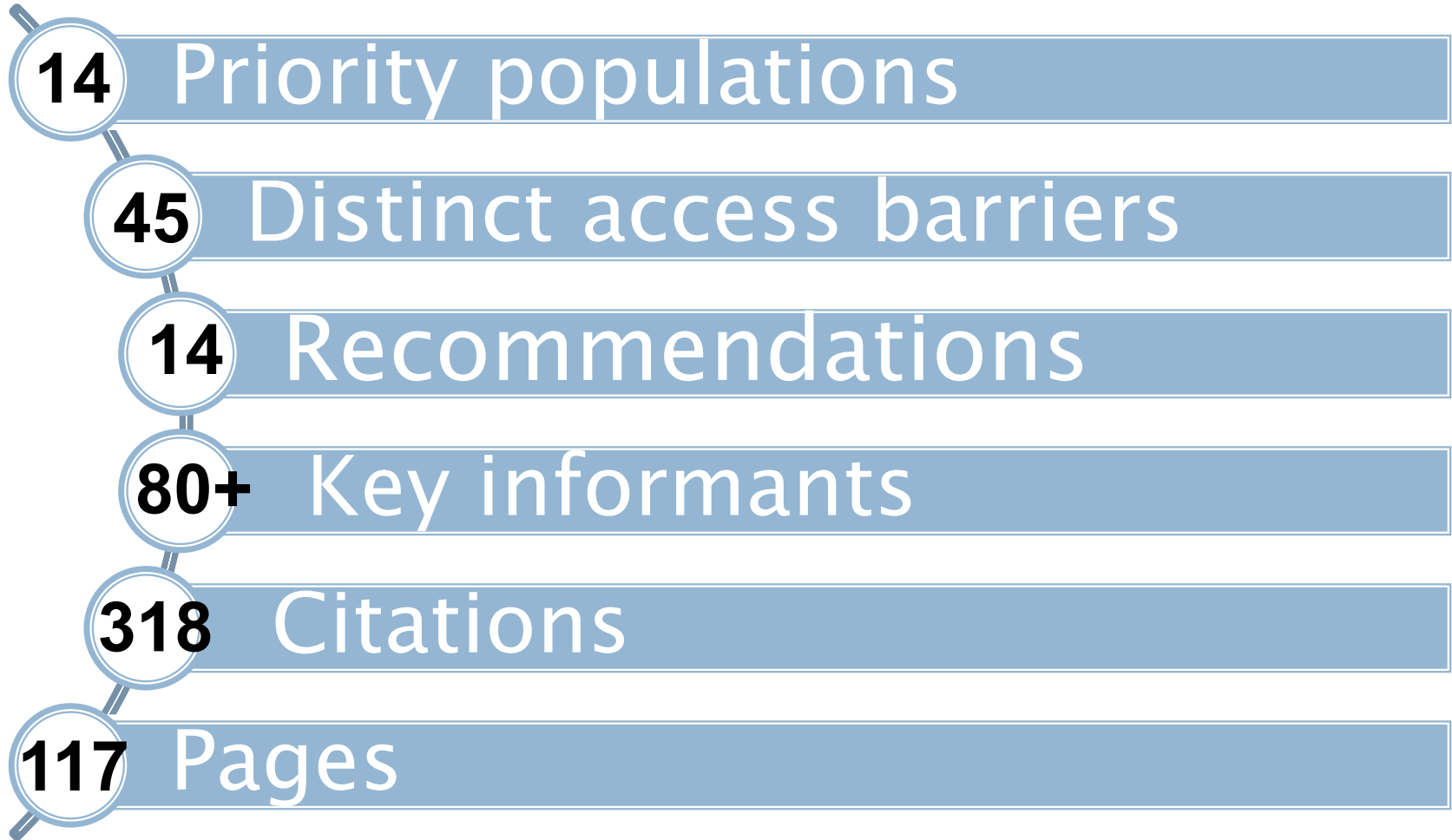
## It is/does NOT...

- Health Impact Review
- Healthcare generally
- Health outcome focused
- Include recommendations to any other non-state entity

# Process / Timeline



# Report by the numbers



# Priority populations

## Identified by legislation

1. Gender identity
2. Sexual orientation
3. People who live in rural areas (geography)
4. Individuals of low socioeconomic status
5. People of color experiencing systematic racism (race/ethnicity)

## Added by staff

6. Adolescents/young adults
7. Older adults
8. Individuals with behavioral health disorders
9. Individuals with a disability
10. Individuals with unstable housing
11. Immigrants and refugees
12. Individuals who are incarcerated
13. Active duty military members and Veterans
14. Victims/survivors of violence



# Access barriers

**5**

Economic

**21**

Structural

**19**

Social

# Recommendations

# Recommendation 1

The Departments of Corrections and Children, Youth, and Families should cooperate with state prisons, county jail systems, and juvenile detention centers to create a continuum of care that spans incarceration and return to the community.

# Recommendation 2

The Washington State Legislature should convene a workgroup to develop recommendations to reduce/eliminate barriers to healthcare services experienced by victims and survivors of human trafficking.

# Recommendation 3

The Washington State Legislature should require (rather than make voluntary) that all public schools in Washington State teach age-appropriate, culturally-appropriate, comprehensive, medically accurate, and LGBTQIA-inclusive sexual health education.

# Recommendation 4

The Washington State Legislature should allocate state funds for Department of Health to provide pass-through funding to community-based organizations to conduct age-appropriate, culturally-appropriate, comprehensive, medically accurate, and LGBTQIA-inclusive sexual health education in community settings for adolescents and young adults, older adults, immigrants and refugees, individuals with behavioral health disorders, individuals with disabilities, individuals experiencing homelessness, individuals with limited English proficiency (LEP), and tribes and urban Indian communities to expand health literacy related to reproductive health and navigating the healthcare system to access services.

# Recommendation 5

The Health Care Authority and Departments of Corrections, Labor and Industries, and Social and Health Services should fully implement the Dr. Robert Bree Collaborative’s “LGBTQ Health Care Report and Recommendations 2018” to improve healthcare and health equity for LBGTQIA persons.

# Recommendation 6

The Department of Health should propose that the Dr. Robert Bree Collaborative identify and endorse separate sets of guidelines to improve the reproductive healthcare of: 1) people of color, 2) immigrants and refugees, 3) victims and survivors of violence, and 4) people with disabilities.



# Recommendation 7

The Office of the Insurance Commissioner should determine a common process and establish consistency of forms for health plans to redirect communications containing personal health information.

# Recommendation 8

The Washington State Legislature should work with the Office of the Insurance Commissioner to determine a common process for health plans to automatically suppress communications containing personal health information related to reproductive health services (e.g., contraception, pregnancy tests, Pap smears, sexually transmitted diseases [STD], HIV testing, PrEP, and HIV treatment), and grant the agency the authority necessary to implement and enforce the protocol.

# Recommendation 9

The Washington State Legislature should develop and implement a health insurance option for lawfully present immigrants that do not meet the 5-year-bar, other immigrants not qualified for federal benefits, and for individuals who are undocumented.

# Recommendation 10

The Washington State Legislature should grant authority to the Office of the Insurance Commissioner, Health Care Authority, Department of Social and Health Services, and other relevant agencies to update health insurance and medical forms to include non-gendered language and to allow individuals to indicate both sex assigned at birth and gender identity.

# Recommendation 11

The Washington State Legislature should increase state Medicaid reimbursement rates for reproductive health services to improve service and provider availability.

# Recommendation 12

The Washington State Legislature should dedicate additional state funds to provide family planning services in Washington State, and should replace federal Title X funding with state funding in the event that Title X is cut at the federal level or future requirements do not meet Washington State law.

# Recommendation 13

The Washington State Legislature should review the Community Health Worker Task Force final report regarding training and education recommendations (anticipated June 2019) and should identify opportunities and strategies for CHWs to address barriers in accessing reproductive healthcare.

# Recommendation 14

Key informants shared opportunities for future research that the Washington State Legislature or state agencies and institutions of higher education should consider to improve access to reproductive health services in Washington State.



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