



COUNCIL OF THE DISTRICT OF COLUMBIA  
THE JOHN A. WILSON BUILDING  
1350 PENNSYLVANIA AVENUE, NW  
WASHINGTON, D.C. 20004

**CHRISTINA HENDERSON**  
Councilmember, At-Large  
Chairperson, Committee on Health

**Committee Member**  
Hospital and Health Equity  
Judiciary and Public Safety  
Transportation and the Environment

**Statement of Introduction on the  
Advancing the Range of Reproductive Options for Washingtonians  
Amendment Act of 2024  
February 14, 2024**


Today, along with Councilmembers Anita Bonds, Janeese Lewis George, Brianne K. Nadeau, and Brooke Pinto, I am introducing the Advancing the Range of Reproductive Options for Washingtonians Amendment Act of 2024, or the “ARROW Act”. This bill would require private insurers, Medicaid, and the DC HealthCare Alliance to cover vasectomy procedures and services and impose no cost-sharing requirements on these services. Introducing this legislation on Valentine’s Day is the perfect opportunity to reinforce that the responsibility of pregnancy prevention should not fall solely on the partner with a uterus, and that there is nothing more romantic than being a considerate, equal partner in healthcare decisions.

A vasectomy is one of the most safe and effective kinds of birth control, and yet is underutilized in the United States. Vasectomies are almost 100% effective at preventing pregnancy, very low-risk, and are up to six times cheaper than female sterilization procedures. Yet only 5% of men ages 18 to 45 have undergone a vasectomy in the United States, a much lower rate than in Canada and the United Kingdom (17% and 22%, respectively). In contrast, almost 20% of women in the U.S. have undergone the comparable procedure, tubal ligation.

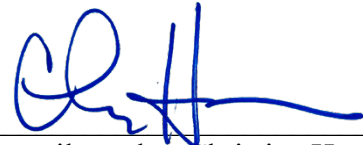
There is increasing interest in vasectomies in the United States and in the District since the Supreme Court issued the decision *Dobbs v. Jackson Women’s Health Organization* in June 2022, overturning 50 years of court precedent protecting the Constitutional right to abortion and returning the power to regulate abortion to states. Planned Parenthood of Metropolitan Washington, DC saw such a significant increase in vasectomy requests that it started a new practice focused on this service, where they have seen patients pay up an average of \$600 out-of-pocket and \$425 in deductibles for these services. Yet currently in the District, there is no requirement that private or public insurance plans cover vasectomy services and no requirements regarding cost-sharing.

This legislation would align the District with nine other states that require health insurance plans to cover vasectomies at no cost to the patient. The bill exempts non-profit organizations who qualify for a religious exemption and enrollees of high deductible health plans, to align with federal requirements.

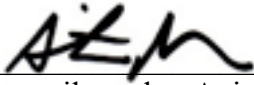
I look forward to working with my Council colleagues and other stakeholders to advance and pass this legislation which will help improve access to equitable reproductive health services in the District.

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2 Councilmember Brooke Pinto



Councilmember Christina Henderson

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6 Councilmember Anita Bonds



Councilmember Brianne K. Nadeau

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10 Councilmember Janeese Lewis George

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17 A BILL

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22 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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27 To amend the Women's Health and Cancer Rights Federal Law Conformity Act of 2000 to  
28 require private insurance companies and Medicaid and DC Healthcare Alliance to cover  
29 vasectomy procedures and services without imposing cost-sharing requirements.

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31 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
32 act may be cited as the “Advancing the Range of Reproductive Options for Washingtonians  
33 Amendment Act of 2024.”

34 Sec. 2. The Woman's Health and Cancer Rights Federal Law Conformity Act of 2000,  
35 effective April 3, 2001 (D.C. Law 13-254; D.C. Official Code 31-3831 *et seq.*), is amended as  
36 follows:

37 (a) Section 2 (D.C. Official Code § 31-3831) is amended by adding new paragraphs (9)  
38 and (10) to read as follows:

39                   “(9) “Vasectomy” means a medical procedure to cut or seal the vas deferens tubes  
40 that carry a person’s sperm to permanently prevent pregnancy.

41                   “(10) “Vasectomy procedures and services” means consultations, procedures, or  
42 follow-up appointments related to a vasectomy.”.

43                   (b) Section 5d (D.C. Official Code § 31-3834.04) is amended as follows:

44                   (1) Subsection (a)(1) is amended by striking the phrase “and 5f” and inserting the  
45 phrase “5f, and 5g” in its place.

46                   (2) The lead-in language for subsection (c) is amended by striking the phrase  
47 “sections 5a, 5b, 5c, or 5f” and inserting the phrase “sections 5a, 5b, 5c, 5f, or 5g” in its place.

48                   (3) Subsection (d)(2) is amended by striking the phrase “5a, 5b, 5c, or 5f.” and  
49 inserting the phrase “5a, 5b, 5c, 5f, or 5g.” in its place.

50                   (c) Section 5e (D.C. Official Code § 31-3834.05) is amended as follows:

51                   (1) Subsection (a) is amended as follows:

52                   (A) The lead-in language is amended by striking the phrase "sections 5a,  
53 5b, or 5c" and inserting “5a, 5b, 5c, 5f, and 5g” in its place.

54                   (B) Paragraph (1) is amended by striking the phrase “contraceptive drugs,  
55 devices, products, and services” and inserting the phrase “contraceptive and fertility-enhancing  
56 drugs, devices, products, and services” in its place.

57                   (C) Paragraph (2) is amended by striking the phrase "drugs, devices,  
58 products, and services described in sections 5a, 5b, and 5c" and inserting the phrase “drugs,  
59 devices, products, and services described in sections 5a, 5b, 5c, 5f, and 5g” in its place.

60                   (2) Subsection (c) is amended by striking the phrase "drugs, devices, products,  
61 and services described in sections 5a, 5b, 5c, 5f, and 5g" in its place.

62 (d) A new section 5g is added to read as follows:

63 “Sec. 5g. Coverage of vasectomy procedures and services.

64 “(a) Except as otherwise provided in subsection (c) of this section, an individual health  
65 plan or group health plan and health insurance coverage through Medicaid or the D.C.  
66 Healthcare Alliance program shall provide coverage for, and shall not impose any cost-sharing  
67 requirements on, vasectomy procedures and services.

68 “(b) Any health plan or health coverage covered under subsection (a) of this section shall  
69 not impose any restrictions or delays, including a requirement to seek prior authorization, on  
70 vasectomy procedures and services.

71 “(c) An individual health plan or group health plan may require a co-payment or cost  
72 sharing for coverage of vasectomy procedures and services for an enrollee covered by a high  
73 deductible health plan, as defined in section 1201(a) of the Medicare Prescription Drug,  
74 Improvement, and Modernization Act of 2003, approved December 8, 2003 (117 Stat. 2066; 26  
75 U.S.C. § 223(c)(2)).

76 “(d) The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure  
77 Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue  
78 rules to implement the provisions of this section.”.

79 Sec. 3. Fiscal impact statement.

80 The Council adopts the fiscal impact statement in the committee report as the fiscal  
81 impact statement required by section 4a of the General Legislative Procedures Act of 1975,  
82 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

83 Sec. 4. Effective date.

84           This act shall take effect following approval by the Mayor (or in the event of veto by the  
85 Mayor, action by the Council to override the veto), a 30-day period of congressional review as  
86 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December  
87 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of  
88 Columbia Register.