

AN ACT

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend An Act To provide for regulation of certain insurance rates in the District of Columbia, and for other purposes to prohibit insurers from taking adverse action against a health care practitioner who provides certain healthcare; and to amend the Women’s Health and Cancer Rights Federal Law Conformity Act of 2000 to require insurance companies to cover certain health care procedures and services without imposing cost-sharing requirements.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Insurance Regulation Amendment Act of 2024”.

Sec. 2. An Act To provide for regulation of certain insurance rates in the District of Columbia, and for other purposes, approved May 20, 1948 (62 Stat. 242; D.C. Official Code § 31-2701 *et seq.*), is amended by adding a new section 3a to read as follows:

“Sec. 3a. Additional requirements for insurers.

“(a) A medical malpractice insurer or a medical professional liability insurer shall not take an adverse action, including refusing to issue or renew a medical malpractice or medical professional liability policy, charging a higher rate for a medical malpractice or medical professional liability policy, canceling or terminating a medical malpractice or medical professional liability policy, or imposing any sanctions, fines, penalties, or rate increases, against a health care practitioner based solely on the fact that:

“(1) The health care practitioner provided, facilitated, aided, or assisted, or attempted to provide, facilitate, aid, or assist (collectively “assistance”) a patient or client with reproductive health care or gender-affirming care, except to the extent that the assistance is prohibited under District law; or

“(2) The health care practitioner’s license, registration, or certification in another state had been revoked, suspended, or restricted based solely on the provision or facilitation of assistance to a patient or client with reproductive health care or gender-affirming care, except to the extent that the provision or facilitation of assistance of such care is prohibited under District law.

“(b) This section shall apply regardless of where the patient or client resides, including if the patient or client is a resident of a state where the provision or facilitation of certain reproductive health care or gender-affirming care is illegal.

“(c) Nothing in this section shall prohibit a medical malpractice insurer or a medical professional liability insurer from taking an adverse action against a health care practitioner for providing care that would otherwise constitute professional misconduct in the District.

“(d) For the purposes of this section, the term:

“(1) “Gender-affirming care” shall have the same meaning as provided in section 102(12A) of the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Official Code § 2-1401.02(12A)).

“(2) “Health care practitioner” means an individual, groups of individuals, partnership, or corporation, including a health care facility, that is licensed, certified, or otherwise authorized by law to provide professional health care services in the District to an individual.

“(3) “Medical professional liability insurer” means an insurer licensed to provide insurance coverage for claims brought against health care practitioners.

“(4) “Reproductive health care” means all supplies, care, and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medication, relating to pregnancy, contraception, assisted reproduction, pregnancy loss management, or the termination of a pregnancy, in accordance with the applicable standard of care as defined by major medical professional organizations and agencies with expertise in the relevant field.

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

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

(a) Section 2 (D.C. Official Code § 31-3831) is amended by adding new paragraphs (9), (10), and (11) to read as follows:

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

“(10) “Voluntary sterilization” means a vasectomy, tubal ligation, or any medical procedure to permanently prevent pregnancy.

“(11) “Voluntary sterilization procedures and services” means consultations, procedures, or follow-up appointments related to a voluntary sterilization, including up to 2 voluntary sterilization reversals.”.

(b) Section 5c(a)(1) (D.C. Official Code § 31-3834.03(a)(1)) is amended to read as follows:

“(1) Voluntary sterilization procedures and services;”.

(c) A new section 5c-1 is added to read as follows:

“Sec, 5c-1. Coverage of additional reproductive services.

“(a)(1) An individual health plan or group health plan shall provide coverage for abortion and abortion-care services, including follow-up services, to an enrollee.

“(2) No individual health plan or group health plan shall impose any deductible, coinsurance, copayment, or other cost-sharing requirement, on an enrollee for the coverage required by this section; except, that an individual health plan or group health plan may require a deductible, co-payment, or cost sharing for an enrollee covered by a high deductible health plan, as defined in 26 U.S.C. § 223(c)(2), if required by federal law.

“(b) No individual health plan or group health plan covered under subsection (a) of this section shall impose any medically unnecessary restrictions or delays on the coverage required by this section.

“(c) Coverage for services under this section shall be provided without discrimination on the basis of age, ancestry, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation.

“(d) This section shall not apply to health insurance coverage through Medicaid, the DC Healthcare Alliance program, or the Immigrant Children’s program.

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

(d) Section 5d (D.C. Official Code § 31-2834.04) is amended as follows:

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

(A) Paragraph (1) is amended by striking the phrase “and services under sections 5a, 5b, 5c, and 5f.” and inserting the phrase “and services, abortion and abortion-care services, or voluntary sterilization procedures and services under sections 5a, 5b, 5c, 5c-1, 5f, and 5g.” in its place.

(B) Paragraph (2) is amended by striking the phrase “and services” and inserting the phrase “and services, abortion and abortion-care services, or voluntary sterilization procedures and services” in its place.

(2) Subsection (b)(1) is amended by striking the phrase “and services” and inserting the phrase “and services, abortion and abortion-care services, or voluntary sterilization procedures and services” in its place.

(3) Subsection (c) is amended as follows:

(A) The lead-in language is amended by striking the phrase “sections 5a, 5b, 5c, or 5f” and inserting the phrase “sections 5a, 5b, 5c, 5c-1, 5f, or 5g” in its place.

(B) Paragraph (1) is amended by striking the phrase “or services” and inserting the phrase “or services, abortion and abortion-care services, or voluntary sterilization procedures and services” in its place.

(C) Paragraph (2) is amended by striking the phrase “or services” and inserting the phrase “or services, abortion and abortion-care services, or voluntary sterilization procedures and services” in its place.

(4) Subsection (d) is amended as follows:

(A) Paragraph (1) is amended by striking the phrase “or services” and inserting the phrase “or services, abortion and abortion-care services, or voluntary sterilization procedures and services” in its place.

(B) Paragraph (2) is amended by striking the phrase “5a, 5b, 5c, or 5f” and inserting the phrase “5a, 5b, 5c, 5c-1, 5f, or 5g” in its place.

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

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

(A) The lead-in language is amended by striking the phrase “sections 5a, 5b, or 5c” and inserting the phrase “sections 5a, 5b, 5c, 5c-1, 5f, or 5g” in its place.

(B) Paragraph (1) is amended by striking the phrase “contraceptive drugs, devices, products, and services” and inserting the phrase “contraceptive and fertility enhancing drugs, devices, products, and services, abortion and abortion-care services, and voluntary sterilization procedures and services” in its place.

(C) Paragraph (2) is amended by striking the phrase “sections 5a, 5b, or 5c” and inserting the phrase “sections 5a, 5b, 5c, 5c-1, 5f, and 5g” in its place.

(2) Subsection (c) is amended by striking the phrase “and services described in sections 5a, 5b, or 5c” and inserting the phrase “and services, abortion and abortion-care services, and voluntary sterilization procedures and services described in sections 5a, 5b, 5c, 5c-1, 5f, and 5g” in its place.

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

“Sec. 5g. Coverage of voluntary sterilization procedures and services.

“(a) Except as otherwise provided in subsection (b) of this section, an individual health plan or group health plan shall provide coverage for voluntary sterilization procedures and services and shall not impose any cost-sharing requirements or impose any medically unnecessary restrictions or delays.

“(b) An individual health plan or group health plan may require a deductible, co-payment, or cost sharing for coverage of voluntary sterilization procedures and services for an enrollee covered by a high deductible health plan, as defined in 26 U.S.C. § 223(c)(2), if required by federal law.

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

ENROLLED ORIGINAL

Sec. 4. Fiscal impact statement.

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

Sec. 5. Effective date.

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

Chairman
Council of the District of Columbia

Mayor
District of Columbia