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2 Chairman Phil Mendelson

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Councilmember Charles Allen

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6 Councilmember David Grosso

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Councilmember Kenyan R. McDuffie

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10 Councilmember Robert C. White, Jr.

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Councilmember Elissa Silverman

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14 Councilmember Brianne K. Nadeau

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17 A PROPOSED RESOLUTION

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22 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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27 To declare the existence of an emergency with respect to the need to amend the Women’s Health  
28 and Cancer Rights Federal Law Conformity Act of 2000 to require insurers to cover  
29 preventive services for women without cost-sharing, and to require insurers to provide  
30 information regarding that coverage to participants and beneficiaries and potential  
31 participants and beneficiaries.

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33 RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
34 resolution may be cited as the “Defending Access to Women’s Health Care Services Emergency  
35 Declaration Resolution of 2017”.

36 Sec. 2. (a) On March 23, 2010, the Patient Protection and Affordable Care Act (“ACA”)  
37 was signed into law by President Barack Obama. The ACA and its implementing regulations,  
38 guidelines, and recommendations prohibit cost-sharing for a variety of women’s preventive health  
39 care services, including breast and cervical cancer screening; breastfeeding services and supplies;

40 screening for gestational diabetes; screening and counseling for sexually transmitted infections  
41 and HIV; the full-range of FDA-approved contraceptives; well-woman visits; and screening and  
42 counseling for interpersonal and domestic violence.

43 (b) Since the ACA's passage, 9.5 million previously uninsured women have health care  
44 coverage, and 55 million women now have access to preventive health care.

45 (c) The rates of teen births, abortions, and unintended pregnancies have dropped. The teen  
46 birth rate in the United States is at a record low of below 25 births per 1,000 teen females. Abortion  
47 rates dropped 26 percent between 2008 and 2014. The proportion of pregnancies in the United  
48 States that were unintended dropped 6 percent between 2006 and 2013.

49 (d) The law's prohibition on cost-sharing for contraceptives affords women of reproductive  
50 age better access to effective forms of contraception, such as intrauterine devices ("IUDs"),  
51 patches, and oral contraceptive pills. Use of long-acting reversible contraceptives, such as the IUD,  
52 more than tripled between 2007 and 2012, and since the November 2016 general election, data  
53 show a 19 percent increase in the number of doctor's visits related to IUDs.

54 (e) Insurers must also offer breast-feeding support and equipment, such as pumps, without  
55 cost-sharing. Studies have shown that employers recoup two to three dollars for every dollar they  
56 spend on workplace lactation resources due to greater employee productivity, less turnover, and  
57 less time mothers must take off to care for sick children.

58 (f) Access to preventive services saves women and District taxpayers money and improves  
59 health outcomes. For example, in 2013, women in the United States saved nearly \$1.4 billion  
60 dollars in out-of-pocket costs for oral contraception, and the most recently available data from  
61 2010 indicated that the District government spent \$13.3 million on unintended pregnancies.

62 (g) If the ACA is repealed, many low- and moderate-income women, young women, and  
63 women of color in the District may have to choose between making ends meet and staying healthy.  
64 By enshrining the ACA's covered women's preventive services in District law, this emergency  
65 legislation will ensure that, in the event that the ACA or its implementing regulations,  
66 recommendations, or guidelines are repealed or rescinded, women in the District of Columbia will  
67 not face a gap in coverage.

68 (h) Similar permanent legislation (Bill 22-0106, the Defending Access to Women's Health  
69 Care Services Amendment Act of 2017) is pending before the Council, and the Committee on  
70 Health held a public hearing on the bill on March 20, 2017.

71 (g) The Council has historically expanded access to women's health care services,  
72 including contraception. In passing this emergency legislation, it will continue those efforts,  
73 notwithstanding threats by the federal government that jeopardize the health of District women.

74 Sec. 3. The Council of the District of Columbia determines that the circumstances  
75 enumerated in section 2 constitute emergency circumstances making it necessary that the  
76 Defending Access to Women's Health Care Services Emergency Amendment Act of 2017 be  
77 adopted after a single reading.

78 Sec. 4. This resolution shall take effect immediately.