

# The Direct Access to Reproductive Health Act

## AB 1954 (Burke)

### Overview

The Direct Access to Reproductive Health Act (AB 1954) prohibits commercial health insurance plans from requiring a referral prior to a patient accessing sexual and reproductive health care services. The legislation was authored by Assemblymember Autumn Burke (D-Inglewood) and co-sponsored by Essential Access Health (formerly California Family Health Council), California Latinas for Reproductive Justice, NARAL Pro-Choice California, and Black Women for Wellness. **The bill took effect January 1, 2017.**

### Background

The inability to access comprehensive reproductive and sexual health services in a timely manner can lead to negative health outcomes including increased risk for unintended pregnancy, sexually transmitted diseases and delayed care. Nearly three-quarters of women of reproductive age in the nation receive at least one sexual or reproductive health service each year. Understanding the importance of access to these services from a trained and trusted provider, Congress enabled women to access care provided by an obstetrician/gynecologist (OB/GYN) without a referral through the Affordable Care Act.

Commercial health plans operating in California widely vary in terms of referral policies. Variances in health plan referral policies created a patchwork of coverage and access to time-sensitive reproductive health services. For example, one health plan only allowed women to access their OB/GYN without a referral if the patient designated an OB/GYN as her primary care provider. Other commercial health plans required referrals from a primary care provider (PCP) prior to accessing these sensitive services from non-PCPs. Some didn't require referrals at all.

Requiring referrals also triggered potential confidentiality concerns that lead to further delays in obtaining care. For women seeking abortion services, referrals delay them from receiving time-sensitive information and services.

### The Solution: Direct Access

AB 1954 builds on these measures by allowing patients in commercial health plans to obtain family planning and sexual health services from other providers without referrals, including advanced-practice clinicians, like Nurse Practitioners and Certified Nurse-Midwives. Health insurance plans are prohibited from requiring enrollees to secure a referral prior to accessing services related to contraception, pregnancy, abortion and STI prevention and treatment. The measure removes unnecessary administrative burdens that cause delays in care, and levels the playing field to create greater, more equitable access to sexual and reproductive health care services by allowing access without referrals.

## The Direct Access to Reproductive Health Act (AB 1954) Frequently Asked Questions

### 1. When does AB 1954 take effect?

The Direct Access to Reproductive Health Act (AB 1954) took effect January 1, 2017.

### 2. How does AB 1954 remove barriers to sexual and reproductive health services?

AB 1954 removes administrative barriers for people enrolled in commercial/private health insurance by allowing them to obtain sexual and reproductive health services within the health plan network without a referral from their designated Primary Care Provider or designated OB/GYN. Enrollees could obtain the services from advanced practice clinicians, like Nurse Practitioners and Certified Nurse-Midwives, without a referral from a primary care provider. Commercial health plans cannot require enrollees to obtain a referral prior to accessing sexual and reproductive health services.

### 3. What sexual and reproductive health services can be accessed without a referral within a health plan's network?

- Pregnancy testing + pre-natal care
- Contraceptive services + counseling, including sterilization
- Abortion services
- Sexually transmitted disease screening, prevention services + treatment
- HIV/AIDS screening + prevention services (including PrEP + PEP services)

### 4. Under AB 1954, can I access sexual and reproductive health services outside of my health plan's network without a referral?

AB 1954 does not address services outside of a health plan's network. Contact your health plan to find out if you need a referral to access sexual and reproductive health services from providers that are outside of your plan's network.

### 5. Which type of health plans does AB 1954 apply?

AB 1954 applies to all commercial health insurance plans (including plans issued through Covered California) issued, amended, renewed, or delivered on or after January 1, 2017. AB 1954 does not apply to specialized health insurance, Medicare supplement insurance, short-term limited duration health insurance, CHAMPUS supplement insurance, or TRICARE supplement insurance, or to hospital indemnity, accident-only, or specified disease insurance.

### 6. Under AB 1954, can minors access sexual and reproductive health services from in-network providers without a referral?

Yes. California law allows minors to consent to receive sexual and reproductive health care and other sensitive health services without parent notification. AB 1954 does not impact existing laws regarding minor consent to these services.

### 7. Under AB 1954, can men access sexual and reproductive health services from in-network providers without a referral?

Yes. Men can access STD, HIV/AIDS and sterilization services and counseling from in-network providers without a referral.

For additional questions, contact Sylvia Castillo, Senior Manager of Government + Community Affairs at [scastillo@essentialaccess.org](mailto:scastillo@essentialaccess.org). For more information, visit [www.essentialaccess.org](http://www.essentialaccess.org).