S-3842.1

SENATE BILL 6191

State of Washington 69th Legislature 2026 Regular Session

By Senator Christian

AN ACT Relating to limiting state medicaid coverage for transition-related surgical and nonsurgical interventions to only adults; and amending RCW 74.09.675.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 74.09.675 and 2021 c 280 s 4 are each amended to read as follows:

(1) In the provision of gender-affirming care services through programs under this chapter, the authority, managed care plans, and providers that administer or deliver such services may not discriminate in the delivery of a service provided through a program of the authority based on the covered person's gender identity or expression.

(2) Beginning January 1, 2022:

(a) The authority and any managed care plans delivering or administering services purchased or contracted for by the authority may not apply categorical cosmetic or blanket exclusions to gender-affirming treatment.

(b) Facial feminization surgeries and facial gender-affirming treatment, such as tracheal shaves, hair electrolysis, and other care such as mastectomies, breast reductions, breast implants, or any combination of gender-affirming procedures, including revisions to

prior treatment, when prescribed as gender-affirming treatment, may not be excluded as cosmetic.

(c) The authority and managed care plans administering services purchased or contracted for by the authority may not issue an adverse benefit determination denying or limiting access to gender-affirming treatment, unless a health care provider with experience prescribing or delivering gender-affirming treatment has reviewed and confirmed the appropriateness of the adverse benefit determination.

(d) If the authority and managed care plans administering services purchased or contracted for by the authority do not have an adequate network for gender-affirming treatment, they shall ensure the delivery of timely and geographically accessible medically necessary gender-affirming treatment at no greater expense than if they had an in-network, geographically accessible provider available. This includes, but is not limited to, providing case management services to secure out-of-network gender-affirming treatment options that are available to the enrollee in a timely manner within their geographic region. The enrollee shall pay no more than the same cost sharing that the enrollee would pay for the same covered services received from an in-network provider.

(3) The authority may not purchase or contract the following services for individuals under the age of 18 even if the individual has a gender dysphoria diagnosis: Breast augmentation procedures, including but not limited to breast reductions and breast implants; sex reassignment or confirmation surgery; puberty suppression therapy; and hormone therapy, including but not limited to presurgical and postsurgical hormone therapy.

(4) For the purposes of this section, "gender-affirming treatment" means a service or product that a health care provider, as defined in RCW 70.02.010, prescribes to an individual to support and affirm the individual's gender identity. Gender-affirming treatment includes, but is not limited to, treatment for gender dysphoria. Gender-affirming treatment can be prescribed to two spirit, transgender, nonbinary, and other gender diverse individuals.

((~~(4)~~)) (5) Nothing in this section may be construed to mandate coverage of a service that is not medically necessary.

((~~(5)~~)) (6) The authority shall adopt rules necessary to implement this section.

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