

WASHINGTON STATE DEPARTMENT OF HEALTH

Report to the Governor on Executive Order 25-01



Recommendations to Protect and Facilitate Access to Reproductive Health and Gender-Affirming Care in Washington State



DOH 141-222 June 2025

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For more information on this report, please contact:
Office of Family and Community Health Improvement
PO Box 47855
Olympia, Washington 98504-7880
SRHP@doh.wa.gov

Report Authors

Dax Tate
Margo Franz, BSN, RN
Rizza Cea, DNP, MA, ARNP, CNM
Cindil Redick-Ponte, MSSW

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Acknowledgements

We acknowledge the individuals who have come before us in this work, including those who have died from lack of access to critical reproductive health and gender-affirming care, the loved ones they left behind, and the communities that cared for them.

The work represented in these recommendations is done to protect Washingtonians who have been historically marginalized, reduce disparities in health outcomes, and improve the health of all people across the state. These recommendations would not have been made possible without the participants of the Strategic Convening for Reproductive Health and Gender-Affirming Care held in March 2025. The contributions of the Convening Report Workgroup—a smaller group of convening participants who volunteered their time and expertise to improve reproductive health and gender affirming care in Washington have also been crucial. The Washington State Department of Health (DOH) is grateful for their work. Refer to Appendix B for the full list of workgroup members, convening participants, and DOH staff who contributed to this report.

Executive Summary

Governor Ferguson signed Executive Order 25-01 with the aim of ensuring access and safety for sexual and reproductive health care in Washington state in the face of nationwide challenges to this care. In March 2025, the Department of Health convened a group of more than 70 experts, including medical providers, public health practitioners, academics, policymakers, legal advocates, and community-based organizations to craft recommendations that promote access and safety for individuals seeking, receiving, or providing reproductive health and gender-affirming care services. Executive Order 25-01 requires the Department to submit a report with recommendations upon completion of the convening. This report includes the full set of recommendations, along with appendices containing relevant data and additional recommendations beyond the scope of Executive Order 25-01.

Key Recommendations:

Recommendations to Ensure Safety	Recommendations to Facilitate Access
(1) Examine public disclosure laws and update to protect patient and provider safety.	(9) Explore the feasibility of leveraging DOH's standing order process to increase access to medications for reproductive and gender-affirming care.
(2) Enhance protections under the Shield Law by increasing penalties for violation or increasing number of provider types that may be eligible.	(10) Amend RCW 9.02.110 to strengthen reproductive care access.
(3) Require state agencies to create and enhance policies that ensure safety for transgender people who are incarcerated.	(11) Require state agencies to improve transparency and ease of applying and contracting for community-based organizations.
(4) Minimize data collection and sharing that put protected health services at risk in Washington. Limit data sharing to the minimum necessary.	(12) Explore the opportunity for new funding for reproductive care services through surplus funds from ACA-mandated insurance premiums.
(5) Create a protected clearinghouse or repository of clinical information on gender-affirming care and abortion for providers.	(13) Ensure the implementation of state-level protections similar to those in the federal Emergency Medical Treatment and Labor Act (EMTALA).
(6) Strengthen current laws against interference with health care facilities or providers to protect providers and individuals accessing care.	
(7) Issue a consumer advisory regarding crisis pregnancy centers.	
(8) Establish a multi-state coalition to protect and coordinate gender-affirming care.	

Background

As of the writing of this report, the environment for reproductive health and gender-affirming care in the United States is marked by significant federal actions, state-level legislation, and ongoing legal battles, reflecting deep divisions on these critical public health issues. Washington has several policies in place to protect access to reproductive health and gender-affirming care, but gaps in our laws and public health system remain.

In January 2025, Governor Ferguson signed [Executive Order 25-01](#) with the aim of ensuring access and safety for sexual and reproductive health care in Washington state in the face of nationwide challenges to this care. The order directed the Washington State Department of Health (DOH) to convene a roundtable to explore strategies for protecting and facilitating access to reproductive health care in the state of Washington. In further conversation, it was determined that the convening discussion should include the closely intertwined strategies for protecting and facilitating access to gender-affirming care, which faces similar challenges nationwide.

DOH hosted this convening discussion on March 15, 2025, gathering over 70 experts in clinical care, insurance coverage, public health, public policy, and medical providers, health experts, policymakers, and community-based organizations representing community needs to collect their recommendations to promote access and safety for reproductive health and gender-affirming care services. The discussion spanned legal, clinical, and community considerations for how to ensure Washingtonians have key protections and equitable access to care. A graphic notetaker captured key points from throughout the day.





The daylong event resulted in over 190 recommendations for DOH to consider for this report. After the convening, DOH worked to collate and refine recommendations and sent all participants a revised list of approximately 75 for feedback and additional review. Due to the deep level of interest and high volume of recommendations, DOH invited all participants to join a workgroup to further refine them and draft this report. Eighteen participants agreed to continue with this work. This initial feedback gave DOH and the workgroup a strong foundation to enhance and prioritize recommendations. These were then sorted by their focus (ensuring safety and promoting access), compared with other recommendations and strategies that have been made to the state, and compiled into this report with priority placed on actionable and low-cost strategies.



Additionally, experts, providers, and community members emphasized the importance of several key themes shared throughout the day. These messages fall into three categories: centering community voices, protecting critical funding, and coordinating through collective impact models. These messages came up continuously throughout the day and are captured in participant quotes:

“This is not the time to work how we’ve always done things. How can we set new expectations on how we do things? How will community be included in a new way? Listen to the communities. There must be action behind the words.”

“Now is the time for investment to maintain and enhance access to critical services. We need investment in community infrastructure – hyperlocal services – to maintain this. This will build trust in institutions.”

“We (Washington State) can remind the world about collective values to build collective power and abundance.”

Convening and workgroup participants shared that they appreciate the Governor’s executive order and support of reproductive and gender-affirming health care, while also acknowledging the challenges of limited time and budget constraints. They offered their continued support and expertise to the Governor, and are open to participating in further discussions, research, and action around specific recommendations relevant to their work.

The convening and this report build on previous work accomplished in this space, including strategies from the 2020 Dr. Robert Bree Collaborative [Sexual and Reproductive Health Report](#) and fourteen recommendations put forward in the Governor’s Interagency Council on Health Disparities’ 2018 report to the legislature, [Literature Review on Inequities in](#)

[Reproductive Health Access](#). While several recommendations have been incorporated, this 2025 convening highlights strategies to address ongoing problems and new challenges that have emerged since 2018 and 2020.

Definitions used for this report

DOH uses the terms **sexual and reproductive health** and **gender-affirming care** throughout this report.

Sexual and Reproductive Health (SRH) refers to a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. The full scope of SRH includes a satisfying and safe sex life, and for those that have the capability to reproduce, the freedom to decide if, when, and how to do so.ⁱ

Gender-Affirming Care (GAC) encompasses a range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual’s gender identity when it conflicts with the gender they were assigned at birth. The interventions help transgender and gender nonconforming (TGNC) people align various aspects of their lives – emotional, interpersonal, and biological – with their gender identity.ⁱⁱ

Recommendations

The following recommendations were developed by convening participants and DOH staff after the March 2025 event. The Report Workgroup then collaborated with DOH staff to refine and prioritize this final set. Each recommendation includes legal, policy, and evidence-based strategies, plus rationale, expected outcome, and recommended actions.

Recommendations are grouped by purpose: those that **ensure safety** for people seeking, receiving, or providing reproductive and gender-affirming care, and those that **facilitate access** to these services. Recommendations in each group are listed in priority order, from highest to lowest, based on input from the Report Workgroup.

Recommendations to Ensure Safety

1: Examine public disclosure laws and update to protect patient and provider safety.

Participants expressed significant concerns about weaknesses in Washington’s public disclosure laws. Public disclosure laws are sometimes used to obtain sensitive information like provider addresses, patient numbers, types of care received, and more, particularly when tied to Medicaid reimbursement. Reviewing and strengthening these laws to better protect health and demographic information is critical to ensuring patient and provider safety.

Recommended Actions:

1. Issue a directive to the Public Records Exemptions Accountability Committee ([RCW 42.56.140](#)) to examine and enhance public disclosure laws for patient and provider safety.
2. Support legislative action to amend the Public Records Act ([chapter 42.56 RCW](#)) to update and codify public disclosure protections.

Expected Outcome: Improved safety for patients and providers through stronger protection of sensitive and personally identifiable information held by state agencies.

2: Enhance protections under the Shield Law by increasing penalties for violation or increasing number of provider types that may be eligible.

Providers shared concerns that Washington’s Shield Law ([RCW 7.115.050](#)) does not yet offer sufficient protection. While [SB 5632](#), passed in 2025, strengthened the existing law by extending its reach to agents of certain state entities (adding reporting requirements for Washington businesses that provide electronic communication services to notify the Attorney General of missing attestation form

data, and clarifying the meaning of “assistance” as protected under the law), significant gaps remain.

For example, Washington’s Shield Law does not provide protection for providers’ professional liability insurance and participation in health plans.ⁱⁱⁱ Sharp increases in insurance costs or lack of health plan access can also be a significant barrier. Workgroup members pointed to New York’s Shield Law as a potential model, which prohibits medical malpractice insurers from taking adverse actions against a provider solely for providing reproductive or gender-affirming care services.^{iv}

Recommended Actions:

1. Direct DOH, Health Care Authority (HCA), and the Office of the Insurance Commissioner (OIC) to assess the potential impacts of adding professional liability insurance protections to the state’s Shield Law.
2. Support legislation to increase penalties for violations and expand the types of providers eligible for protection under the Shield Law.

Expected Outcome: Increased safety for patients and providers under the Shield Law by reducing legal and financial risks associated with delivering reproductive and gender-affirming care.

3: Require state agencies to create and enhance policies that ensure safety for transgender people who are incarcerated.

Transgender individuals in prison or Juvenile Rehabilitation experience much higher rates of violence, sexual assault, discrimination, and mental health challenges than the general incarcerated population. Convening discussions emphasized that the safety of transgender individuals in carceral settings is a critical priority. The challenges faced by transgender people in prison lead to increased rates of depression, anxiety, and death by suicide.^v

Workgroup members also underscored the importance of identifying and addressing specific challenges for transgender minors in Juvenile Rehabilitation through the Department of Children, Youth, and Families (DCYF).

While the Washington State Department of Corrections has [policies](#) and a [toolkit](#) in place to protect the rights of transgender individuals, and DCYF has [policies](#) to support LGBTQIA+ youth in Juvenile Rehabilitation, gaps remain in how these are implemented. Strengthening existing policies and consistently applying them can lead to better health and safety outcomes.

Recommended Actions:

1. Issue a directive to the Department of Corrections and DCYF to review and enhance policies protecting transgender people who are incarcerated or in Juvenile Rehabilitation (refer to [National Center for Transgender Equality](#) for policy samples).

2. Support legislative action to codify protections or amend existing statute to protect transgender people who are incarcerated or in Juvenile Rehabilitation.

Expected Outcome: Improved health and safety for transgender people in prison or Juvenile Rehabilitation.

4: Minimize data collection and sharing that put protected health services at risk in Washington. Limit data sharing to the minimum necessary.

Convening participants noted the need to reduce unnecessary state-level data collection, especially when it could expose people seeking reproductive or gender-affirming care. While reducing data collection for required public health reporting may limit provider access, it can also protect individuals' privacy and reduce the risk of misuse.

For instance, it would be valuable to revisit requirements to report induced terminations of pregnancies for vital statistics under [WAC 246-490-100](#) and mandatory reporting of gender identity and sexual orientation in hospital patient discharge information reported under [WAC 246-455-025](#). [Resources](#) from the Guttmacher Institute outline potential drawbacks of abortion reporting requirements and offer possible policy solutions.^{vi}

Expanding patient consent rules for health data sharing, such as the requirements in the My Health My Data Act ([chapter 19.373 RCW](#)), is another strategy for safeguarding sensitive health information.

Recommended Actions:

1. Direct DOH, HCA, and other relevant state agencies to assess current data collection practices and revise rules to better protect sensitive health data.
2. Support legislative action to update and expand protections in statute around health data sharing.

Expected Outcome: Improved patient and provider safety by protecting health information across platforms.

5: Create a protected clearinghouse or repository of clinical information on gender-affirming care and abortion for providers.

Public health experts and providers elevated the need for an easy to access centralized repository of scientific clinical information. As a trusted entity for providers, DOH is well-positioned to consolidate best practice clinical guidelines and resources for SRH and GAC through the secure area of the [Healthier Washington Collaboration Portal \(WAPortal\)](#). The Department's [Abortion Access webpages](#) published in 2025

established the agency as the go-to resource for patients seeking abortion in Washington. The community centered creation of these webpages can serve as a model to further organize and refine SRH and GAC information for providers. A password-protected repository reference could help providers better navigate evolving practice delivery guidelines and legal requirements.

Recommended Actions:

1. Direct DOH to coordinate with public health partners and leverage existing work to create a repository of scientific clinical information. DOH could use the [Healthier Washington Collaboration Portal \(WAPortal\)](#) to collect existing trusted resources and develop a secure, centralized library.

Expected Outcome: Increase support for clinical providers in accessing evidence-based best practices for providing gender-affirming and abortion care, which would contribute to improved quality of care and increased assurance of patient safety for pregnant and gender diverse people.

6: Strengthen current laws against interference with health care facilities or providers to protect providers and individuals accessing care.

Convening participants noted a rise in aggressive protests and the increasing risk or occurrence of violence against providers and recipients of reproductive or gender-affirming care. Participants and member organizations for abortion providers report increased threats to providers following the reversal of *Roe v. Wade* and in light of recent federal actions such as the Department of Justice announcing that it will no longer enforce violations of the [Freedom of Access to Clinic Entrances \(FACE\) Act](#) except for extraordinary circumstances.^{vii} Acts of intimidation, obstruction, and violence pose real barriers to accessing lawful protected services and threaten the safety of those providing, seeking, or receiving care.

Washington's existing law [RCW 9A.50.030](#) makes it a gross misdemeanor to physically obstruct, make unreasonable noise that disturbs facility peace, trespass or repeatedly call the facility, threaten injury against facility owners, agents, patients, employees, or property. Increasing penalties for violations and providing training on existing statute would ensure consistent enforcement and help increase the safety of patients and providers.

Recommended Action:

1. Support legislative action to raise penalties listed under RCW 9A.50.030 for obstructing access to protected health services.
2. Support legislative action to ensure proper training for law enforcement to enhance implementation of penalties under RCW 9A.50.030.

Expected Outcome: Reduced threats and barriers to care through stronger enforcement and deterrence against interference with protected health services.

7: Issue a consumer advisory regarding crisis pregnancy centers.

Crisis pregnancy centers (CPCs), also called pregnancy resource centers, present themselves as medical clinics or health centers offering pregnancy care, but do not provide or refer for abortion or offer other sexual and reproductive health services. In 2024, Washington passed [ESB 6151](#) to require that ultrasounds be performed by licensed health care professionals. However, CPCs with licensed health care professionals on staff may still offer pregnancy diagnosis services without providing all-options pregnancy counseling.

To reduce the spread of misinformation and disinformation about CPCs, some states have launched public awareness campaigns to direct patients to [medically accurate resources](#) and safe, legal abortion services. While this solution would require budget investments, a consumer alert about CPCs from the state Office of the Attorney General could help raise awareness using existing communication channels. Other states which have released similar resources, such as New Jersey, could serve as a useful model.

Recommended Action:

1. Work with the Office of the Attorney General to issue a consumer alert to raise awareness of the practices of crisis pregnancy centers and guide Washingtonians to medically accurate information and the full spectrum of reproductive care options.

Expected Outcome: Greater public awareness of CPC practices to support informed decision-making and improve access to accurate reproductive health information.

8: Establish a multi-state coalition to protect and coordinate gender-affirming care.

Participants at the convening emphasized the importance of sustained coordination and intentional relationships to expand access to gender-affirming care. They cited the [Reproductive Freedom Alliance](#) as a possible model for building multi-state partnerships that share resources, amplify visibility, and improve representation in key policy discussions.

While coalitions take time to establish, they can be a highly effective tool for both safety and access for individuals across state lines and strengthen collective impact among states committed to protecting gender-affirming care.^{viii}

Recommended Actions:

1. Initiate executive-level outreach and coordination with allied states to form a coalition on gender-affirming care.

2. Issue an Executive Order to establish a multi-state coalition to formalize Washington's role.
3. Direct state agencies to participate in a multi-state coalition effort and share resources.

Expected Outcome: Improved coordination and leveraging of key strategies across partner states, contributing to increased safety and access to health care for people seeking gender-affirming care services.

Recommendations to Facilitate Access

9: Explore the feasibility of leveraging DOH's standing order process to increase access to medications for reproductive and gender-affirming care.

Access to medication is one of the biggest barriers for people seeking reproductive and gender-affirming care. [Standing orders](#) for medication can be an effective tool for improving the quality, efficiency, and cost-effectiveness of care by reducing the administrative burden of obtaining a physician order. For instance, public health has seen significant improvements in preventive health care delivery with standing orders for immunizations.

However, workgroup members pointed out possible barriers to using standing orders for certain kinds of medications that require specific considerations by a patient and their provider. Directing DOH to explore whether standing orders, or other models, like Collaborative Drug Therapy Agreements, could be adapted to expand access while maintaining clinical requirements.

Recommended Actions:

1. Direct DOH to explore whether standing orders or other prescribing models can be used to reduce administrative burdens and increase access to medications for reproductive and gender-affirming care.

Expected Outcome: Reduced barriers to accessing medication for patients. Increased protection for health care providers due to reduced risk of liability.

10: Amend RCW 9.02.110 to strengthen reproductive care access.

Participants noted that current Washington law ([RCW 9.02.110](#)) pertaining to abortion access still limits a pregnant person's ability to receive an abortion. This limitation relates to the fact that people have the right to abortion before the point of fetal viability, which provides a small window of opportunity to limit a person's access to critical abortion services.^{ix} Current language states that *"The state may not deny or interfere with a pregnant individual's right to choose to have an abortion prior to*

viability of the fetus, or to protect the pregnant individual's life or health.”

Recommended Actions:

1. Support legislative action to amend RCW 9.02.110, updating language to reduce limits on the right to access abortion care. Potential alternatives include *“The state may not deny or interfere with a pregnant individual's right to choose to have an abortion.”*

Expected Outcome: Improved access to abortion services for patients and enhanced decision-making autonomy for the patient and provider.

11: Require state agencies to improve transparency and ease of applying and contracting for community-based organizations.

Increasing access to funding that goes directly to communities through community-based organizations was a recommendation made several times throughout the convening. A key action that would support this would be to make it easier for community-based organizations to apply for funding and make state contracting processes more transparent. State policies and procedures including risk determinations, reporting requirements, and state contract payment models are onerous and restrictive for potential care providers, particularly independent or community-based providers.

Simplifying these processes would reduce administrative barriers, increase access to culturally relevant services and support independent and community-based providers to deliver reproductive and gender-affirming care in their communities.

Recommended Actions:

1. Issue directive to state agencies to improve and simplify funding and contracting processes and procedures.

Expected Outcome: Decreased administrative barriers for providers and increased access to funds for community-based organizations providing care directly to communities most impacted.

12: Explore the opportunity for new funding for reproductive care services through surplus funds from ACA-mandated insurance premiums.

Workgroup members highlighted the state of Maryland’s approach of using surplus funds from mandated insurance premiums under the Affordable Care Act as a noteworthy example of funding reproductive care services.

The program was funded through a provision of the Affordable Care Act which

required qualified health plans to charge a \$1-per-member premium, placed in a separate account designated exclusively for abortion clinical services for which federal funds are prohibited.^x Over time, these premiums accumulated to nearly \$25 million in Maryland and were generating roughly \$3 million per year. However, the accrued funds exceeded what could be spent. As a solution, the state used these funds to establish a grant program in the Maryland Department of Health (MDH) to reimburse providers for abortions offered to uninsured and underinsured individuals, and those facing confidentiality barriers when using their health care coverage for these services.^{xi}

Washington could consider a similar strategy by reallocating ACA-mandated insurance premiums to support state-level abortion programs and generate new funding from a currently unused source.

Recommended Actions:

1. Direct OIC, DOH, and other relevant agencies to explore the possibility of creating a grant program or otherwise using ACA-related surplus funds to support increasing access to abortion services.

Expected Outcome: Create additional funding streams to support access to reproductive care services for uninsured and underinsured individuals.

13: Ensure the implementation of state-level protections similar to those in the federal Emergency Medical Treatment and Labor Act (EMTALA).

Participants stressed the importance of codifying protections in the federal Emergency Medical Treatment and Labor Act (EMTALA) in state law. Protections in EMTALA ensure that hospitals providing emergency services offer appropriate treatment for a pregnant individual, including abortion, if arriving in an emergency medical condition or, if authorized and with informed consent, transfer the individual to a hospital capable of providing the treatment.

Washington codified these protections during the 2025 legislative session with [ESSB 5557](#). While much of the recommendation from ESSB 5557 has been implemented, workgroup members emphasized ensuring compliance and full implementation of the law, which can be promoted through adequate training for DOH staff.

Recommended Actions:

1. Direct DOH to provide adequate and proper training for agency staff to ensure effective implementation of protections required by ESSB 5557 (2025).

Expected Outcome: Maintain access and safety for pregnant people by requiring hospital emergency services to provide applicable treatment to a pregnant person who presents with an emergency medical condition or, if authorized by the patient, to transfer the patient to another hospital capable of providing the treatment.

Conclusion

This report provides a set of actionable strategies and recommendations to ensure that Washington remains a safe, dignified place to receive reproductive health and gender-affirming care, with a focus on actions the Governor's Office can implement or support. The recommendations outlined here focus on both immediate and long-term opportunities to improve and enhance access and safety to reproductive health and gender-affirming care. Acting on these recommendations will significantly improve health and safety for all Washingtonians, but especially for people seeking reproductive care and those who are members of the LGBTQIA+ community.

Convening discussions also led to three broader areas of opportunity beyond the specific recommendations in this report:

1. Remain committed to centering community voice and sharing decision making power with those most directly impacted by the issues raised in these conversations.
2. Work diligently to protect critical funding to ensure Washingtonians can access the care they have a right to.
3. Focus efforts on coordination and collaboration to ensure success not just in this moment, but in the decades to come.

After submitting this report to the Office of the Governor, DOH will continue working with the March 2025 convening participants to ensure we center community in our work, align with all critical partners, and collaborate to improve our collective impact. Over the next year, DOH plans to meet regularly with the report workgroup to refine and update these recommendations and provide timely, relevant updates to the Office of the Governor ahead of the 2027-2029 biennium legislative session.

Appendix A: Executive Order 25-01, “Strategic Convening to Protect Access to Reproductive Health Care”

[Link to Executive Order 25-01](#)

WHEREAS, the sovereign people of Washington have declared that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions, RCW 9.02.100; and

WHEREAS, it is the longstanding public policy of this state to promote access to affordable, high-quality sexual and reproductive health care, including abortion care, without unnecessary burdens or restrictions on patients or providers; and

WHEREAS, all people deserve to make their own decisions about their pregnancies, including deciding to end a pregnancy; and

WHEREAS, it is the public policy of the state of Washington to continue to protect and advance equal rights to access abortion care that meets each individual’s needs, regardless of gender or gender identity, race, ethnicity, income level, or place of residence; and

WHEREAS, access to the full spectrum of reproductive health care—including health care services and products related to pregnancy, assisted reproduction, contraception, miscarriage management, and pregnancy termination—is of paramount importance for individual and public health; and

WHEREAS, the United States Supreme Court’s overturning of *Roe v. Wade* was the catalyst for a nationwide reproductive care-access crisis, particularly as to abortion care; and

WHEREAS, despite its longstanding commitment to robustly protecting reproductive freedom, Washington is not immune from this nationwide crisis, and must be proactive in taking steps to preserve reproductive freedom within this state;

NOW, THEREFORE, I, Bob Ferguson, Governor of the state of Washington, by the power vested in me by the Constitution and the statutes of the state of Washington, do hereby order and direct the Department of Health to convene a roundtable of medical providers, reproductive health experts, and policymakers to explore strategies for protecting and facilitating access to reproductive health care in the state of Washington.

This Executive Order shall be implemented consistent with applicable law. Provisions of this Order are not intended to alter any existing collective bargaining agreements. This Order is

not intended to confer and does not confer any legal right or entitlement and shall not be used as a basis for legal challenges to any rule or any other action or inaction of the governmental entities and employees subject to it.

This Order shall take effect immediately.

Signed and sealed with the official seal of the state of Washington on this 15th day of January, AD, Two Thousand and Twenty-Five, at Olympia, Washington.

Appendix B: Report Contributors

Convening Report Workgroup

WORKGROUP MEMBER	PROFESSIONAL TITLE	ORGANIZATION
<i>Abigail Echo-Hawk, MA</i>	<i>Director</i>	<i>Urban Indian Health Institute</i>
<i>Alex Wehinger</i>	<i>Associate Director, Legislative Advocacy Director</i>	<i>Washington State Medical Association</i>
<i>Alizeh Bhojani, JD</i>	<i>Policy Counsel</i>	<i>Legal Voice</i>
<i>Gabriel Neuman, JD</i>	<i>Policy Counsel and Government Relations Manager</i>	<i>GSBA, Washington State's LGBTQ+ and Allied Chamber of Commerce</i>
<i>Kevin Wang, MD</i>	<i>Medical Director, Providence-Swedish LGBTQIA+ Program</i>	<i>Providence-Swedish</i>
<i>Lindsay Morgan Tracy</i>	<i>Innovator-in-Chief, Economic Justice</i>	<i>Washington State Department of Social and Health Services</i>
<i>Mercedes Sanchez</i>	<i>Executive Director</i>	<i>Cedar River Clinics</i>
<i>Rita Hsu, MD</i>	<i>Chair and OB Clinical Lead, Physician Informaticist</i>	<i>Washington State Perinatal Collaborative and Confluence Health</i>
<i>Shane Morrison, MD, MS</i>	<i>Plastic Surgeon and Assistant Professor</i>	<i>Seattle Children's Hospital</i>
<i>Shelley Little, BSN, RN</i>	<i>Public Health Nurse</i>	<i>Benton-Franklin Health District</i>
<i>Tanzania Zenzali-Marshall</i>	<i>Program Manager Interagency Coordination</i>	<i>Washington State Women's Commission</i>
<i>Taya Briley, RN, MN, JD</i>	<i>Executive Vice President and General Counsel</i>	<i>Washington State Hospital Association</i>
<i>Ying Zhang, MD, MPH</i>	<i>Family Physician and Assistant Professor</i>	<i>UW School of Medicine, Department of Family Medicine</i>

Additional Participants from the Strategic Convening on Reproductive Health and Gender-Affirming Care

<i>Adrianna Suluai</i>	<i>Policy Director, UTOPIA WA</i>
<i>Alisha Halverson</i>	<i>Associate Director of Legislative Advocacy, Washington Board of Nursing</i>
<i>Alison Bradywood DNP, MN/MPH, RN, NEA-BC</i>	<i>Executive Director, Washington State Board of Nursing</i>
<i>Angie Francis</i>	<i>Regional Director of Clinical Services, Planned Parenthood of Greater Washington and North Idaho</i>
<i>Atlas Fernandez</i>	<i>Manager, Community Capacity Building and Grantmaking, Building Changes</i>
<i>Atousa Salehi, MD</i>	<i>Chief Science Officer, Washington State Department of Health</i>
<i>Ben Danielson, MD</i>	<i>Chair, Governor's Interagency Council on Health Disparities</i>
<i>Caitlin Safford, MHA</i>	<i>Senior Health Policy Advisor, Washington State Office of the Governor</i>
<i>Charissa Fotinos, MD</i>	<i>State Medicaid and Behavioral Health Medical Director, Washington State Health Care Authority</i>
<i>Charlie Brenner</i>	<i>WA State Coordinator for Abortion Access, Advocates for Youth</i>
<i>Senator Claire Wilson</i>	<i>Chair, Human Services Committee; Vice Chair, Early Learning and K-12 Committee; Washington State Senate (D-30th)</i>
<i>Colleen Melody, JD</i>	<i>Chief, Civil Rights Division, Washington State Office of the Attorney General</i>
<i>Danni Askini</i>	<i>Executive Director, Gender Justice League</i>
<i>David Frockt, JD</i>	<i>Deputy Policy Director, Washington State Office of the Governor</i>
<i>David Keepnews</i>	<i>Executive Director, Washington State Nurses Association</i>
<i>Don Downing, RPH</i>	<i>Clinical Professor, UW School of Pharmacy</i>
<i>Gina Fino, MD</i>	<i>Medical Consultant, Washington Medical Commission</i>
<i>Heather Maisen, MPH</i>	<i>Sexual and Reproductive Health Services Administrator, Public Health –Seattle & King County</i>
<i>Jac Davies</i>	<i>Director of Member Programs, Rural Collaborative</i>
<i>Jackie Vaughn</i>	<i>Executive Director, Surge Reproductive Justice</i>
<i>Jaelynn Scott</i>	<i>Executive Director, Lavender Rights Project</i>
<i>Jaime Bowman, MD</i>	<i>Vice Chair, Family Medicine, WSU College of</i>

Medicine

<i>Representative Jamila Taylor</i>	<i>Chair, Civil Rights & Judiciary Committee; Washington State House of Representatives (D-30th)</i>
<i>Jane Beyer, JD</i>	<i>Senior Health Policy Advisor, Washington State Office of the Insurance Commissioner</i>
<i>Jarel Sanders</i>	<i>Board Chair, Equal Rights Washington</i>
<i>Jennifer Allen</i>	<i>Chief Executive Officer, Planned Parenthood Alliance Advocates</i>
<i>Jennifer Helseth</i>	<i>Health Systems Analyst, Washington State Department of Children, Youth, and Families</i>
<i>Council Member Jorge L. Barón</i>	<i>King County Council, District 4 Representative</i>
<i>Juanita Hodax</i>	<i>Co-Director, Gender Clinic, Seattle Children's Hospital</i>
<i>Julia Marks, JD</i>	<i>Attorney, Legal Voice</i>
<i>Kalika Curry</i>	<i>Executive Director, Eastside Pathways Backbone</i>
<i>Kelly Cooper</i>	<i>Director of Policy and Legislative Relations, Department of Health</i>
<i>Kelse Lopez de Victoria</i>	<i>LGBTQIA+ Health Program Coordinator, Providence-Swedish</i>
<i>Kristin Peterson, JD</i>	<i>Chief of Policy, Planning, and Evaluation, Washington State Department of Health</i>
<i>Kyle Karinen, JD, LLM</i>	<i>Executive Director, Washington Medical Commission</i>
<i>Lacy Fehrenbach, MPH, CPH</i>	<i>Chief of Prevention, Safety, and Health, Washington State Department of Health</i>
<i>Leah White</i>	<i>Deputy Director, Washington State Women's Commission</i>
<i>LinhPhung Huynh</i>	<i>Manager, Governor's Interagency Council on Health Disparities</i>
<i>Lisa Keating</i>	<i>Executive Director, WA State LGBTQ Commission</i>
<i>Lori Pfingst, PhD</i>	<i>Executive Director, Economic Justice Alliance, Washington State Department of Social and Health Services</i>
<i>Senator Manka Dhingra</i>	<i>Deputy Majority Leader, Washington State Senate (D-45th)</i>
<i>Marlee O'Neill, JD</i>	<i>Executive Director, Pharmacy Quality Assurance Commission</i>
<i>Michelle Davis</i>	<i>Executive Director, Washington State Board of Health</i>
<i>Molly Parker, MD, MPH</i>	<i>Chief Medical Officer, Population Health, Jefferson Healthcare</i>
<i>Representative Nicole Macri</i>	<i>Vice Chair, Appropriations Committee; Co-Chair Legislative LGBTQ Caucus, Washington State</i>

Sabrina Kimm	House of Representatives (D-43rd) Executive Vice President, SEIU Healthcare 1199NW
Sami Alloy Sara Ainsworth, JD	Executive Director, Pro-Choice Washington Chief Legal & Policy Director, If/When/How: Lawyering for Reproductive Justice
Sarah Sullivan, MJ, MPH	Health Policy Director, Swinomish didg ^w álič Wellness Center
Shelley Means	Co-Coordinator, Native American Women's Dialog on Infant Mortality
Stephaine Courtney Tao Kwan-Gett, MD, MPH	Executive Director, Shades of Motherhood State Health Officer, Washington State Department of Health
Vivienne Meljen, MD	Obstetrician-Gynecologist, Sea Mar Vancouver Women's Clinic
Senator Vandana Slatter, PharmD	Vice Chair, Environment, Energy & Technology Committee, Washington State Senate (D-48th)
Wendy Heipt, JD	Senior Reproductive Justice Council, Legal Voice

Additional Contributors at the Washington State Department of Health

Colleen Thompson	Director of Policy and Legislative Relations, Prevention and Community Health
Cynthia Harris	Sexual and Reproductive Health Program Manager, Office of Family and Community Health Improvement
Ellie Navidson, RN	Public Health Nurse Consultant, Office of Behavioral Health
Jaspreet Chahal	Communications Consultant for Office of Family and Community Health Improvement, Office of Public Affairs and Equity
Katie Eilers, MPH	Director, Office of Family and Community Health Improvement
Kristin Sukys	Policy Project Manager, Office of Policy, Planning, and Evaluation
Megan Veith, JD Michele Roberts, MPH, MCHES	Policy Director, Health Systems Quality Assurance Assistant Secretary, Prevention and Community Health
Paing Phyto Htut, MPH	Title X Supervisor, Office of Family and Community Health Improvement
Sarah Keefe	Senior Policy Analyst, Prevention and Community Health

Appendix C: Current Protections in Washington State

Washington state has several policies currently in place to protect and facilitate access to reproductive health and gender-affirming care. The Washington State Office of the Attorney General has detailed these protections with “Know Your Rights” pamphlets, available for both [Reproductive Care](#) and [Gender-Affirming Care](#).

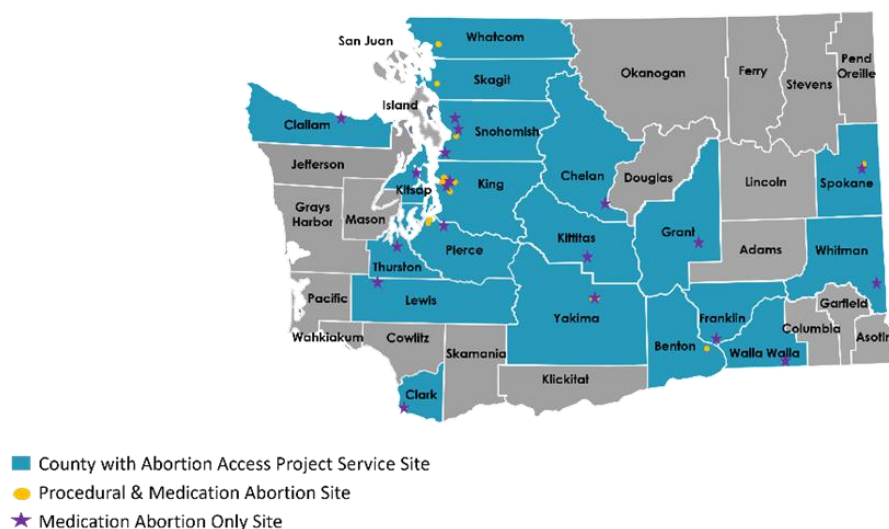
Appendix D: Landscape Data

Reproductive Health Services

Abortion

The most recent year for which the [Washington State Department of Health](#) has finalized abortion care data is 2022. The total number of Washington facilities that reported providing abortions in 2022 is 48. The Department of Health contracts with 5 abortion care agencies that have 31 of the 48 service sites that provide abortions in Washington.

Figure 1. Abortion Access Project Provider Network Clinic Map



- In 2022, there were a total of 20,193 abortions in Washington, with 18,739 abortions among Washington residents, out of 103,169 reported pregnancies.

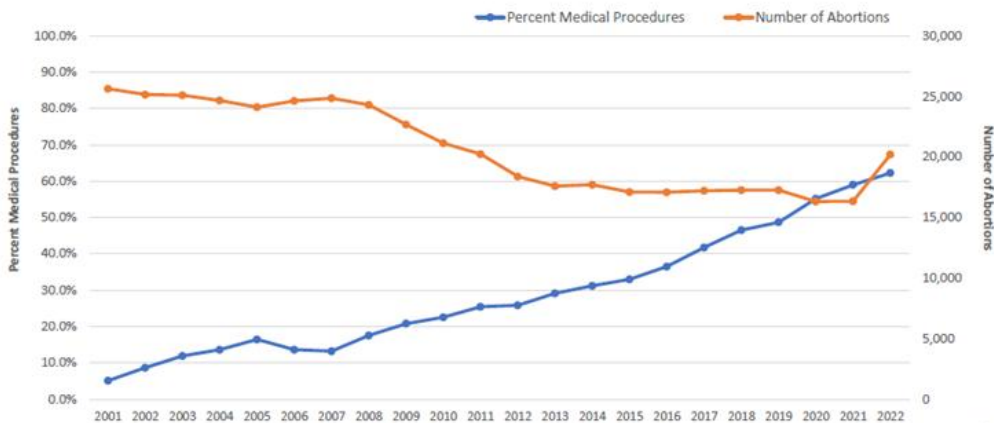
- There was an increase in abortions in Washington by nearly 23% (3,800) from 2021 to 2022. This increase reverses a decade-long decline in abortions following the June 2022 US Supreme Court decision to overturn Roe v. Wade through Dobbs v. Jackson.
- In addition to abortions among Washington residents, 1,454 abortions were provided to non-residents who traveled to Washington from out-of-state in 2022, a 46% increase from 2021.
- Non-residents seeking abortion care in Washington came from 42 states, as well as the District of Columbia, Guam, Puerto Rico, Canada, and Australia, with the primary inflow coming from Idaho, Oregon, Alaska, and Texas.^{xii}
- In 2022, 62% of the abortions that occurred in Washington were medical abortions.
- Since their inception in 2000, less than 3% of medical abortions done in Washington had complications. The rate of complications has not changed over time.

Figure 2. Number and Percentage of Medical Abortions that Occurred, 2001- 2022 Induced Termination of Pregnancy (ITOP) data, Center for Health Statistics

WA Occurrence¹ Abortion Medical Procedures 2001-2022

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Occurrence Abortions	25,620	25,148	25,084	24,664	24,108	24,627	24,850	24,297	22,672	21,124	20,225	18,386	17,592	17,710	17,098	17,080	17,207	17,264	17,262	16,317	16,349	20,193
# Medical	1,309	2,183	2,985	3,364	3,969	3,360	3,284	4,269	4,716	4,766	5,147	4,749	5,127	5,523	5,640	6,232	7,182	8,031	8,405	8,998	9,646	12,569
% Medical	5.1%	8.7%	11.9%	13.6%	16.5%	13.6%	13.2%	17.6%	20.8%	22.6%	25.4%	25.8%	29.1%	31.2%	33.0%	36.5%	41.7%	46.5%	48.7%	55.1%	59.0%	62.2%

WA Occurrence¹ Abortions Medical Procedures 2001-2022



¹ Occurred in WA State, does not include WA State residents having procedures out of state

Source: WA DOH Center for Health Statistics, 2/2024



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Data from the [Guttmacher Institute](https://www.guttmacher.org/) for 2023, the first full year after the US Supreme Court

overturned *Roe v. Wade*, show:

- An estimated total of 24,130 clinician-provided abortions took place in Washington.
- Since 2020, there has been a 34.2% increase in clinician-provided abortions in Washington.
- Pre-*Dobbs*, about 8% of abortions in the state were prescribed through telehealth for medication abortion (TMAB); by March 2023, nearly 12% of Washington's abortions were prescribed through TMAB.
- The most recent nine months of data (January-September 2024) show an average of 2,086 clinician-provided abortions took place each month in Washington.

Increased numbers of abortions in Washington likely represent people traveling from states where they cannot access care due to legal restrictions or geographic barriers, along with an increase in abortions among Washington residents. Such volume increases are likely influenced by reductions of barriers to abortion care, including reduced burden of cost and travel by use of telehealth, increased financial support for low-income abortion seekers, and improved access via navigation from practical support groups.^{xiii}

Contraception, Testing and Treatment for Sexually Transmitted Infections (STI)

As of May 2025, there are 14 organizations in the Department of Health's Sexual and Reproductive Health Network. They operate 97 clinics across the state that provide sexual and reproductive health services on a sliding fee scale. Washington provides funding to make sure people with low-income and people who are uninsured or underinsured can access these services.

Data from Clinic Visit Records in 2024 show:

- Providers served 84,740 clients over 116,350 clinic visits across the state, representing a 3% increase in clients and a 0.6% increase in clinic visits from 2023.
- An estimated 86% of female clients of reproductive age were on some form of contraceptive method, resulting in a lower risk of unintended pregnancy, unplanned births, and abortions.
- 6,839 clients received a clinical breast exam.
- 55,424 tests for gonorrhea, 19,274 tests for syphilis, 47,447 tests for chlamydia, 21,186 confidential HIV tests, and 8,804 Pap tests were performed.

Sexual and reproductive health services as part of DOH's Sexual and Reproductive Health Program averted unwanted reproductive health outcomes and saved health care-related

expenses by providing contraceptive services, STI testing and treatment, and vaccination against HPV to prevent cervical cancer.

Most notably, in 2024 the program's services prevented an estimated:

- 16,140 unintended pregnancies
- 7,600 unplanned births
- 5,460 abortions
- 960 chlamydia infections
- 150 gonorrhea infections

An estimated net savings of over \$86 million is associated with maternal and birth-related care, miscarriages, ectopic pregnancies, and abortions prevented.^{xiv}

Gender Affirming Care Services

The 2021 Gender Affirming Treatment Act, [2SSB 5313](#), directs the Office of the Insurance Commissioner, in consultation with the Health Care Authority, and the Department of Health, to issue a biannual report on geographical access to gender affirming treatment (GAT) across Washington state. The initial 2SSB 5313 GAT [report](#)* was submitted to the legislature in November 2022 using the Washington state All-Payer Claims Database as the data source to:

- Identify transgender patients based on diagnosis.
- Identify gender affirming procedures and drugs.
- Analyze claims for gender affirming procedures and drugs.
- Identify gender affirming treatment providers, regions of care, and carriers.

Key findings from the report:

- The transgender population was concentrated in those younger than 40 years of age.
- In 2023, 16,818 patients received GAT either in Washington (Washington residents and non-residents) or in other states (Washington state residents only).
- Patients received care from 8,445 providers and retail pharmacies. This included 7,424 providers within Washington, 448 providers in Oregon, and 733 providers in other states. See Table 8 of the report.
- Twenty-one commercial plans paid for GAT in 2023. Kaiser Foundation Health Plan of Washington (18,146) and Regence BlueShield (16,997) paid the highest numbers of

* Please note that some language used in the GAT report may be outdated. The writers of this report to the Governor wish to express that the reference to the GAT report does not equate to an endorsement of all language contained within.

claims.

- Seven Medicaid managed care plans paid for GAT, with Caremark paying the highest number of claims (23,994). See Table 10 of the report for detailed data regarding the carriers that paid for GAT.
- The highest volume of GAT services were provided in the King County rating area.
- For each category of service, the King County rating area had the highest number of providers offering GAT, with 2,914 providers across all service categories. See Figure 7 of the report.
- The Southeast rating area had the lowest number of providers with GAT service claims across almost all service categories.
- For each rating area, office visits were provided by the highest number of distinct providers compared to other service categories, followed by behavioral health visits and retail pharmacies. The number of distinct providers billing for pharmacy in medical claims or for procedures was much lower.
- Transgender patients received most of their GAT within Washington but were more likely to travel out of state for GAT-related procedures than for other types of GAT services.

Key Trends from 2021 to 2023:

- The number of transgender patients with primary coverage under a commercial or Medicaid plan increased from 14,562 in 2021 to 21,180 in 2023.
- The number of patients who received GAT services in Washington (residents and non-residents) or in other states (Washington residents only) increased from 11,723 in 2021 to 16,818 in 2023. This increase could reflect more individuals coming to Washington for care, more Washington state residents accessing care, more affordable care or other reasons.
- The total number of claims billed to commercial or Medicaid plans for GAT services increased from 110,437 in 2021 to 169,564 in 2023.
- The percentage of in-network GAT claims for Medicaid Managed Care Organizations went from 69% in 2021 to 79% in 2023. The percentage of in-network GAT claims for commercial plans remained the same at 98%.
- The total number of claims for GAT services provided out-of-state decreased from 15,816 in 2021 to 4,166 in 2023.
- The number of providers and retail pharmacies providing care increased from 6,895 in 2022 to 8,445 in 2024.

Appendix E: Recommendations Requiring Budget Investment

Convening discussions yielded many recommendations requiring new or expanded funding, but current state and federal budget constraints required DOH to prioritize actionable and low-cost recommendations for this report. The following recommendations, which require budget investment as a recommended action, are included here for future reference, out of appreciation for the work of the convening and workgroup members, and due to the possibility of identifying and incorporating iterative steps that may not require significant investment.

Ensuring and Improving Access:

14. Consider state obligation to ensure abortion access for Tribal communities in the context of restrictions to Indian Health Services.
15. Assess unique access barriers to gender-affirming care for people who are incarcerated and improve access to care.
16. Continue to maintain funding for doula Medicaid benefit.
17. Ensure access to transportation for reproductive and gender-affirming care services through innovative approaches like using state fleet vehicles.
18. Use state funds to back-fill any loss of federal investments.
19. Increase investment in and coordination with Indian Health Services, Tribal Health Services, and Urban Indian Health Programs to ensure access to care for indigenous people.
20. Expand and innovate new models of direct care, such as school-based health centers.
21. Preserve COVID-era telehealth payment models and protections for providers.
22. Install vending machines on college and high school campuses, and other access deserts, especially in rural areas offering over-the-counter contraceptive care.
23. Train community-based workforce to help expand access to care and provide needed services.
24. Create a grant program for community-based organizations to increase access to reproductive and gender-affirming care.
25. Recruit, retain, and advance a diverse workforce to deliver reproductive care.
26. Examine licensing regulations and identify opportunities to remove barriers to expand licensure access.
27. Create a funding pool for small and medium sized grants to community partners to support patients who have been denied coverage for gender-affirming care by payors.
28. Examine how provider licensure compact laws could impact provision of care in Washington and address those impacts.
29. Complete audit of non-covered and denied Medicaid and private insurer services to inform policy changes.

30. Analyze how denials of medication coverage from out-of-state pharmacies impact medication access for Washingtonians and determine if these barriers can be addressed.
31. Conduct research on the intersection of racism and transgender care access.
32. Work with community to conduct service landscape analysis on reproductive health care and gender-affirming care across Washington.
33. Develop a technical assistance call line for live support for providers of gender-affirming care and abortion, like the Partnership Access Line.
34. Provide support for people coming to Washington for gender-affirming care, similar to the function of the Northwest Abortion Access Fund navigation support.
35. Launch Know Your Rights campaign for consumers about their rights and how to file complaints to the Office of the Insurance Commissioner and the Attorney General's Office.

Ensuring and Improving Safety:

36. Reduce process and cost barriers to name changes in Washington. Ensure critical staff (courts, clerks, etc.) involved in name-changing are aware of legal allowances for name changes. Enhance public awareness of consequences of sealing records.
37. Provide protocols for safety, and funding to implement, for providers of protected health services.
38. Direct state agencies to launch public information and education campaign to help destigmatize abortion and gender-affirming care.

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