Washington DC Strategies to
Reduce Cost-Sharing for Patients

Reduced Cost-Sharing for Prescription Drugs

This section examines whether states have passed legislation to reduce the amount consumers pay out-of-pocket for select prescriptions drugs including insulin, epinephrine, and asthma inhalers, and specialty drugs. Strategies examined in this section include:

- Waived or Reduced Cost-Sharing for Diabetes Medications
- Waived or Reduced Cost-Sharing for Asthma Inhalers
- Waived or Reduced Cost-Sharing for Epinephrine Auto-Injectors
- Waived or Reduced Cost-Sharing for Specialty Drugs

Reduced Cost-Sharing for Behavioral Health Services

High out-of-pocket costs can limit access to behavioral health care. To address this, some states require insurers to waive or reduce cost-sharing for an annual behavioral health visit, ensuring more affordable access to essential mental health services. This section examines whether states have implemented reduced cost-sharing requirements through:

- Waived or Reduced Cost-Sharing for an Annual Behavioral Health Office Visit

Reduced Cost-Sharing for Preventive Care

Preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) are critical to early detection and management of health conditions. States can improve access by requiring insurers to waive or reduce cost-sharing for these services. Strategies examined in this section include:

- Waived or Reduced Cost-Sharing for United States Preventive Services Task Force (USPSTF) Recommended Preventive Services

Reduced Cost-Sharing for Maternal and Reproductive Health Services

Some states expand access to reproductive health care by requiring coverage of services such as fertility treatments, doula support, and abortion care without high cost-sharing barriers. These policies aim to improve maternal health outcomes and ensure equitable access to reproductive services. Strategies examined in this section include mandates requiring:

- Individual and Small Group Health Plans to Cover Fertility Treatments
- Individual and Small Group Health Plans to Cover Doula Services
- Individual and Small Group Health Plans to Cover Abortion Services

Reduced Cost-Sharing for Cancer Screening and Testing Services

Early detection of cancer improves outcomes but cost-sharing can be a barrier to recommended screenings. States may require insurers to waive or reduce cost-sharing for services such as colorectal, breast, cervical, lung, prostate, and ovarian cancer screenings, as well as biomarker testing. This section examines whether such requirements are in place to promote timely and affordable cancer screening. Strategies examined in this section include mandates requiring:

- Waived or Reduced Cost-Sharing for Colorectal Cancer Screenings
- Waived or Reduced Cost-Sharing for Follow-Up Colorectal Cancer Screenings
- Waived or Reduced Cost-Sharing for Lung Cancer Screenings
- Waived or Reduced Cost-Sharing for Breast Cancer Screenings
- Waived or Reduced Cost-Sharing for Supplementary Breast Cancer Screenings
- Waived or Reduced Cost-Sharing for Cervical Cancer Screenings
- Waived or Reduced Cost-Sharing for Ovarian Cancer Screenings
- Waived or Reduced Cost-Sharing for Prostate Cancer Screenings
- Waived or Reduced Cost-Sharing for Biomarker Testing

Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	The District of Columbia caps the out-of-pocket cost for a 30-day supply of insulin and all necessary covered diabetes devices at $30.00 and $100.00, respectively.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	D.C. limits the amount residents must pay for drugs used to treat complex conditions by capping cost-sharing for a 30-day and 90-day specialty drug prescription at $150 and $300, respectively, and operates the AccessRx program, which offers discounted prescriptions to elderly and uninsured residents.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	D.C. does not require insurers to cover annual behavioral health wellness exams without cost-sharing. However, since 2022, parents of children enrolled in the standard DC Health Link plans operated by the D.C. Health Benefit Exchange Authority are only required to pay a $5 copay (with no deductibles) for outpatient mental health visits, including specialist visits, with no limit on the number of visits.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	⊗ State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	● The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	Washington DC requires insurers offering large group and individual/small group plans to cover fertility preservation services and in-vitro fertilization (IVF).
Individual and Small Group Health Plans Required to Cover Doula Services	⊗ State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	● The state requires individual and small group health plans to cover abortion services	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening tests with no cost-sharing	Insurers in the District of Columbia are required to cover an annual cervical cytologic screening and any cervical cytologic screening that is medically necessary without cost-sharing, unless the provider is out-of-network.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening with no cost-sharing	Insurers in the District of Columbia are required to cover baseline mammograms and annual screening mammograms, including 3-D mammograms, without cost-sharing unless the provider is out-of-network.
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening with no cost-sharing	In October of 2024, The District of Columbia passed a law (B25-0229) eliminating out-of-pocket costs for prostate cancer screenings. Washington, D.C. has the highest per-capita fatality rate for prostate cancer in the country according to American Cancer Society data from 2024.
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State does not require coverage or waive cost-sharing for biomarker testing	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

November 2025

healthcarevaluehub.org

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all by applying research-based and field-tested solutions that transform our systems of health and health care.