

Act No. 120 (H.620). Health; health insurance; Medicaid; contraceptives

An act relating to health insurance and Medicaid coverage for contraceptives

This act requires health insurance plans to provide coverage with no deductible, coinsurance, co-payment, or other cost-sharing for at least one drug, device, or other product in each contraceptive method for women identified by the U.S. Food and Drug Administration and prescribed by a health care provider. Plans also must provide coverage for voluntary sterilization procedures for men and women with no cost-sharing, except if the coverage would disqualify a high-deductible health plan from eligibility for a health savings account under the federal tax code. The act requires health insurance plans and Medicaid to provide coverage for a 12-month supply of prescribed contraceptives, which may be dispensed all at once or over the course of the 12 months at the discretion of the health care provider. The act directs the Department of Vermont Health Access to establish and implement value-based payments to health care providers for insertion and removal of long-acting reversible contraceptives and appropriates funds to increase the reimbursement rates. It also requires health insurance plans offered through the Vermont Health Benefit Exchange to allow a pregnant woman and her family to enroll at any time after her pregnancy begins, with coverage starting on the first of the month after she selects a health plan.

Multiple effective dates, beginning on July 1, 2016