

H.620

An act relating to health insurance and Medicaid coverage for
contraceptives

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 8 V.S.A. § 4099c is amended to read:

§ 4099c. REPRODUCTIVE HEALTH EQUITY IN HEALTH INSURANCE
COVERAGE

(a) As used in this section, “health insurance plan” means any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract, or any other health benefit plan offered, issued, or renewed for any person in this State by a health insurer, as defined by 18 V.S.A. § 9402. The term shall not include benefit plans providing coverage for specific disease or other limited benefit coverage.

(b) A health insurance plan shall provide coverage for outpatient contraceptive services including sterilizations, and shall provide coverage for the purchase of all prescription contraceptives and prescription contraceptive devices approved by the federal Food and Drug Administration, except that a health insurance plan that does not provide coverage of prescription drugs is not required to provide coverage of prescription contraceptives and prescription contraceptive devices. A health insurance plan providing coverage required under this section shall not establish any rate, term or condition that places a greater financial burden on an insured or beneficiary for

access to contraceptive services, prescription contraceptives and prescription contraceptive devices than for access to treatment, prescriptions or devices for any other health condition.

~~(b) As used in this section, “health insurance plan” means any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract or any other health benefit plan offered, issued, or renewed for any person in this state by a health insurer, as defined by 18 V.S.A. § 9402. The term shall not include benefit plans providing coverage for specific disease or other limited benefit coverage.~~

(c) A health insurance plan shall provide coverage without any deductible, coinsurance, co-payment, or other cost-sharing requirement for at least one drug, device, or other product within each method of contraception for women identified by the U.S. Food and Drug Administration (FDA) and prescribed by an insured’s health care provider.

(1) The coverage provided pursuant to this subsection shall include patient education and counseling by the patient’s health care provider regarding the appropriate use of the contraceptive method prescribed.

(2)(A) If there is a therapeutic equivalent of a drug, device, or other product for an FDA-approved contraceptive method, a health insurance plan may provide coverage for more than one drug, device, or other product and

may impose cost-sharing requirements as long as at least one drug, device, or other product for that method is available without cost-sharing.

(B) If an insured's health care provider recommends a particular service or FDA-approved drug, device, or other product for the insured based on a determination of medical necessity, the health insurance plan shall defer to the provider's determination and judgment and shall provide coverage without cost-sharing for the drug, device, or product prescribed by the provider for the insured.

(d) A health insurance plan shall provide coverage for voluntary sterilization procedures for men and women without any deductible, coinsurance, co-payment, or other cost-sharing requirement, except to the extent that such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223.

(e) A health insurance plan shall provide coverage without any deductible, coinsurance, co-payment, or other cost-sharing requirement for clinical services associated with providing the drugs, devices, products, and procedures covered under this section and related follow-up services, including management of side effects, counseling for continued adherence, and device insertion and removal.

(f)(1) A health insurance plan shall provide coverage for a supply of prescribed contraceptives intended to last over a 12-month duration, which

may be furnished or dispensed all at once or over the course of the 12 months at the discretion of the health care provider. The health insurance plan shall reimburse a health care provider or dispensing entity per unit for furnishing or dispensing a supply of contraceptives intended to last for 12 months.

(2) This subsection shall apply to Medicaid and any other public health care assistance program offered or administered by the State or by any subdivision or instrumentality of the State.

(g) Benefits provided to an insured under this section shall be the same for the insured's covered spouse and other covered dependents.

Sec. 2. VALUE-BASED PAYMENTS FOR LONG-ACTING REVERSIBLE CONTRACEPTIVES

The Department of Vermont Health Access shall establish and implement value-based payments to health care providers for the insertion and removal of long-acting reversible contraceptives. The payments shall reflect the high efficacy rate of long-acting reversible contraceptives in reducing unintended pregnancies and the correlating decrease in costs to the State as a result of fewer unintended pregnancies. The payments shall create parity between the fees for insertion and removal of long-acting reversible contraceptives and those for oral contraceptives.

Sec. 3. APPROPRIATION

The sum of \$34,864.00 in Global Commitment funds is appropriated to the Department of Vermont Health Access in fiscal year 2017 for the purposes of increasing reimbursement rates for long-acting reversible contraceptives pursuant to Sec. 2 of this act.

Sec. 4. 33 V.S.A. § 1811(l) is added to read:

(l) A registered carrier shall allow for the enrollment of a pregnant individual, and of any individual who is eligible for coverage under the terms of the health benefit plan because of a relationship to the pregnant individual, at any time after the commencement of the pregnancy. Coverage shall be effective as of the first of the month following the individual's selection of a health benefit plan.

Sec. 5. EFFECTIVE DATES

(a) Secs. 3 (appropriation), 4 (Exchange special enrollment period for pregnancy), and this section shall take effect on July 1, 2016.

(b) Sec. 1 shall take effect on October 1, 2016 and shall apply to Medicaid on that date and shall apply to health insurance plans on or after October 1, 2016 on such date as a health insurer issues, offers, or renews the health insurance plan, but in no event later than October 1, 2017.

(c) Sec. 2 (long-acting reversible contraceptives; payments) shall take effect on October 1, 2016.