

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred House Bill No. 620  
3 entitled “An act relating to health insurance and Medicaid coverage for  
4 contraceptives” respectfully reports that it has considered the same and  
5 recommends that the bill be amended by striking out all after the enacting  
6 clause and inserting in lieu thereof the following:

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

8 § 4099c. REPRODUCTIVE HEALTH EQUITY IN HEALTH INSURANCE  
9 COVERAGE

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

17 (b) A health insurance plan shall provide coverage for outpatient  
18 contraceptive services including sterilizations, and shall provide coverage for  
19 the purchase of all prescription contraceptives and prescription contraceptive  
20 devices approved by the federal Food and Drug Administration, except that a  
21 health insurance plan that does not provide coverage of prescription drugs is

1 not required to provide coverage of prescription contraceptives and  
2 prescription contraceptive devices. A health insurance plan providing  
3 coverage required under this section shall not establish any rate, term or  
4 condition that places a greater financial burden on an insured or beneficiary for  
5 access to contraceptive services, prescription contraceptives and prescription  
6 contraceptive devices than for access to treatment, prescriptions or devices for  
7 any other health condition.

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

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

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

4           (2)(A) If there is a therapeutic equivalent of a drug, device, or other  
5           product for an FDA-approved contraceptive method, a health insurance plan  
6           may provide coverage for more than one drug, device, or other product and  
7           may impose cost-sharing requirements as long as at least one drug, device, or  
8           other product for that method is available without cost-sharing.

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

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

20           (e) A health insurance plan shall provide coverage without any deductible,  
21           coinsurance, co-payment, or other cost-sharing requirement for clinical

1 services associated with providing the drugs, devices, products, and procedures  
2 covered under this section and related follow-up services, including  
3 management of side effects, counseling for continued adherence, and device  
4 insertion and removal.

5 (f)(1) A health insurance plan shall provide coverage for a supply of  
6 contraceptives intended to last over a 12-month duration, which may be  
7 furnished or dispensed all at once or over the course of the 12 months at the  
8 discretion of the health care provider. The health insurance plan shall  
9 reimburse a health care provider or dispensing entity per unit for furnishing or  
10 dispensing a supply of contraceptives intended to last for 12 months.

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

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

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

18 The Department of Vermont Health Access shall establish and implement  
19 value-based payments to health care providers for the insertion and removal of  
20 long-acting reversible contraceptives. The payments shall reflect the high  
21 efficacy rate of long-acting reversible contraceptives in reducing unintended

1 pregnancies and the correlating decrease in costs to the State as a result of  
2 fewer unintended pregnancies. The payments shall create parity between the  
3 fees for insertion and removal of long-acting reversible contraceptives and  
4 those for oral contraceptives.

5 Sec. 3. APPROPRIATION

6 The sum of \$1.00 is appropriated to the Department of Vermont Health  
7 Access from the General Fund in fiscal year for purposes of increasing  
8 reimbursement rates for long-acting reversible contraceptives pursuant to Sec.  
9 2 of this act.

10 EFFECTIVE DATES

11 (a) Sec. 3 (appropriation) and this section shall take effect on July 1, 2016.

12 (b) Sec. 1 shall take effect on October 1, 2016 and shall apply to Medicaid  
13 on that date and shall apply to health insurance plans on or after October 1,  
14 2016 on such date as a health insurer issues, offers, or renews the health  
15 insurance plan, but in no event later than October 1, 2017.

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

18 (Committee vote: \_\_\_\_\_)

19 \_\_\_\_\_

20 Representative \_\_\_\_\_

21 FOR THE COMMITTEE