

Section by section summary of H.620 - An act relating to health insurance and Medicaid coverage for contraceptives

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Sec. 1. Health insurance coverage for contraceptives

- Requires commercial 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 FDA and prescribed by a health care provider
 - There are currently 18 methods
 - Coverage includes patient education and counseling by the patient's health care provider about appropriate use of the contraceptive method prescribed
 - If products have therapeutic equivalents, a plan can provide coverage for more than one drug, device, or other product for a method as long as at least one is available without cost-sharing
 - If the patient's health care provider recommends a particular product based on medical necessity, the plan must cover that product for the patient without cost-sharing
- Requires health insurance plans to 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 IRS code
 - Vasectomies are not considered covered preventive services under the Affordable Care Act, so a high-deductible plan would require patients to pay cost-sharing for a vasectomy
- Requires health insurance plans to provide coverage with no cost-sharing for clinical services associated with providing the covered drugs, devices, products, and procedures and related follow-up services
- Requires health insurance plans, including Medicaid for this provision, 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
 - dispensing decision is at the discretion of the health care provider
- Contraceptive coverage benefits apply to the insured and his or her spouse and other covered dependents

Sec. 2. Value-based payments for long-acting reversible contraceptives (LARCs)

- Requires Department of Vermont Health Access (DVHA) to establish and implement value-based payments to health care providers for insertion and removal of LARCs
- Payments must reflect LARCs' high efficacy rate of reducing unintended pregnancies and corresponding decrease in State expenses for fewer pregnancies
- Payments must create parity between LARC reimbursement rates and oral contraceptive reimbursement rates

Sec. 3. Appropriation

- \$_____ is appropriated to DVHA to increase LARC reimbursement rates

Sec. 4. Effective dates

- Contraceptive coverage takes effect for health insurance plans on October 1, 2016 and rolls out over the course the next year as plans are issued, offered, or renewed, but not later than October 1, 2017
- 12-month supply of contraceptives for Medicaid and the LARC provisions take effect on October 1, 2016
- Appropriations and effective date sections take effect on July 1, 2016