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H.869

Introduced by Representatives Pugh of South Burlington, Haas of Rochester,
Krowinski of Burlington, and Sibia of Dover

Referred to Committee on

Date:

Subject: Health; health insurance; contraceptives

Statement of purpose of bill as introduced: This bill proposes to expand the
requirement for health insurance coverage of contraceptives without cost-
sharing to include most over-the-counter contraceptive methods.

An act relating to insurance coverage for over-the-counter contraceptives
without cost-sharing

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

1 plans providing coverage for a specific disease or other limited benefit
2 coverage.

3 (b) A health insurance plan shall provide coverage for outpatient
4 contraceptive services including sterilizations, and shall provide coverage for
5 the purchase of all prescription and nonprescription contraceptives and all
6 prescription and nonprescription contraceptive devices approved by the ~~federal~~
7 U.S. Food and Drug Administration (FDA), excluding male condoms, except
8 that a health insurance plan that does not provide coverage of prescription
9 drugs is not required to provide coverage of prescription or nonprescription
10 contraceptives ~~and~~ or prescription or nonprescription contraceptive devices. A
11 health insurance plan providing coverage required under this section shall not
12 establish any rate, term, or condition that places a greater financial burden on
13 an insured or beneficiary for access to contraceptive services, prescription and
14 nonprescription contraceptives, and prescription and nonprescription
15 contraceptive devices than for access to treatment, prescriptions, or devices for
16 any other health condition.

17 (c) A health insurance plan shall provide coverage without any deductible,
18 coinsurance, co-payment, or other cost-sharing requirement for all
19 nonprescription contraceptives and nonprescription contraceptive devices,
20 excluding male condoms, and for at least one drug, device, or other product
21 within each method of contraception for women identified by the ~~U.S. Food~~

1 ~~and Drug Administration (FDA)~~ and prescribed by an insured's health care
2 provider.

3 (1) ~~The~~ For prescription drugs, devices, and other products, the coverage
4 provided pursuant to this subsection shall include patient education and
5 counseling by the patient's health care provider regarding the appropriate use
6 of the contraceptive method prescribed.

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

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

19 * * *

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

5 * * *

6 Sec. 2. EFFECTIVE DATE

7 This act shall take effect on October 1, 2018 and shall apply to all health
8 insurance plans on and after October 1, 2018 on such date as a health insurer
9 offers, issues, or renews the health insurance plan, but in no event later than
10 October 1, 2019.