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H.663

Representatives McFaun of Barre Town, Brumsted of Shelburne, Gregoire of Fairfield, Haas of Rochester, Nicoll of Ludlow, Noyes of Wolcott, Pajala of Londonderry, Pugh of South Burlington, Redmond of Essex, and Wood of Waterbury move that the House concur with the Senate proposal of amendment with further proposal of amendment by striking out all after the enacting clause and inserting in lieu thereof the following:

\* \* \* Purpose \* \* \*

Sec. 1. PURPOSE

Vermont has taken many steps to improve access to effective methods of contraception, including requiring health insurance to cover at least one drug, device, or product in each of the 18 methods of contraception for women without cost-sharing, as well as covering voluntary sterilizations for men and women without cost sharing and allowing a patient to have a 12-month supply of oral contraceptives dispensed all at once, as codified at 8 V.S.A. § 4099c, and directing Medicaid reimbursement policies that encourage the use of long-acting reversible contraceptives, as found in 2015 Acts and Resolves No. 120, Sec. 2 and in 33 V.S.A. § 1901j. The General Assembly finds, however, that some of these initiatives have not been implemented consistently across the State. In addition to a request that the Department of Financial Regulation investigate compliance with existing State and federal laws regarding access to

1 contraceptives and take appropriate enforcement action as needed, this bill  
2 seeks to provide further opportunities for Vermonters to learn about and obtain  
3 contraceptives in order to prevent or reduce unintended pregnancies and  
4 sexually transmitted diseases in this State.

5 \* \* \* Expanding Access to Contraceptives \* \* \*

6 Sec. 2. 8 V.S.A. § 4099c is amended to read:

7 § 4099c. REPRODUCTIVE HEALTH EQUITY IN HEALTH INSURANCE  
8 COVERAGE

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

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

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

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

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

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

20 (B) If an insured's health care provider recommends a particular  
21 service or FDA-approved drug, device, or other product for the insured based

1 on a determination of medical necessity, the health insurance plan shall defer  
2 to the provider’s determination and judgment and shall provide coverage  
3 without cost-sharing for the drug, device, or product prescribed by the provider  
4 for the insured.

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

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

16 (f)(1) A health insurance plan shall provide coverage for a supply of  
17 prescribed contraceptives intended to last over a 12-month duration, which  
18 may be furnished or dispensed all at once or over the course of the 12 months  
19 at the discretion of the health care provider. The health insurance plan shall  
20 reimburse a health care provider or dispensing entity per unit for furnishing or  
21 dispensing a supply of contraceptives intended to last for 12 months.

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

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

6           (h) The coverage requirements of this section shall apply to self-  
7           administered hormonal contraceptives prescribed for an insured by a  
8           pharmacist in accordance with 26 V.S.A. § 2023.

9           Sec. 3. 16 V.S.A. § 131 is amended to read:

10          § 131. ~~DEFINITIONS~~ DEFINITION

11          ~~For purposes of~~ As used in this subchapter title, “comprehensive health  
12          education” means a systematic and extensive elementary and secondary  
13          educational program designed to provide a variety of learning experiences  
14          based upon knowledge of the human organism as it functions within its  
15          environment. The term includes the study of:

16               (1) Body structure and function, including the physical, psychosocial,  
17               and psychological basis of human development, sexuality, and reproduction.

18               (2) Community health to include environmental health, pollution, public  
19               health, and world health.

20               (3) Safety, including:

21                   (A) first aid, disaster prevention, and accident prevention; and

1 (B) information regarding and practice of compression-only  
2 cardiopulmonary resuscitation and the use of automated external defibrillators.

3 (4) Disease, such as HIV infection, other sexually transmitted diseases,  
4 as well as other communicable diseases, and the prevention of disease.

5 (5) Family health and mental health, including instruction that promotes  
6 the development of responsible personal behavior involving decision making  
7 about sexual activity, including abstinence; skills that strengthen existing  
8 family ties involving communication, cooperation, and interaction between  
9 parents and students; and instruction to aid in the establishment of strong  
10 family life in the future, thereby contributing to the enrichment of the  
11 community; and which promotes an understanding of depression and the signs  
12 of suicide risk in a family member or fellow student that includes how to  
13 respond appropriately and seek help and provides an awareness of the available  
14 school and community resources such as the local suicide crisis hotline.

15 (6) Personal health habits, including dental health.

16 (7) Consumer health, including health careers, health costs, and utilizing  
17 health services.

18 (8) Human growth and development, including understanding the  
19 physical, emotional, and social elements of individual development and  
20 interpersonal relationships, including instruction in parenting methods and  
21 styles. This shall include information regarding the possible outcomes of

1 premature sexual activity, contraceptives, adolescent pregnancy, childbirth,  
2 adoption, and abortion.

3 (9) Drugs, including education about alcohol, caffeine, nicotine, and  
4 prescribed drugs.

5 (10) Nutrition.

6 (11) How to recognize and prevent sexual abuse and sexual violence,  
7 including developmentally appropriate instruction about promoting healthy and  
8 respectful relationships, developing and maintaining effective communication  
9 with trusted adults, recognizing sexually offending behaviors, and gaining  
10 awareness of available school and community resources. An employee of the  
11 school shall be in the room during the provision of all instruction or  
12 information presented under this subdivision.

13 Sec. 4. 16 V.S.A. § 132 is added to read:

14 § 132. SECONDARY SCHOOLS; PROVISION OF CONTRACEPTIVES

15 In order to prevent or reduce unintended pregnancies and sexually  
16 transmitted diseases, each school district shall make condoms available to all  
17 students in its secondary schools, free of charge. School district administrative  
18 teams, in consultation with school district nursing staff, shall determine the  
19 best manner in which to make condoms available to students. At a minimum,  
20 condoms shall be placed in locations that are safe and readily accessible to  
21 students, including the school nurse’s office.

1 Sec. 5. 18 V.S.A. § 12 is added to read:

2 § 12. PROVISION OF INFORMATION REGARDING CONTRACEPTIVES

3 In order to prevent or reduce unintended pregnancies and sexually  
4 transmitted diseases, the Department of Health, in partnership with health care  
5 providers and health insurers, shall communicate to adolescents and other  
6 individuals of reproductive age information regarding contraceptive access and  
7 coverage.

8 \* \* \* Exception to Mandatory Reporting for School Employees

9 Providing Condoms \* \* \*

10 Sec. 6. 33 V.S.A. § 4913 is amended to read:

11 § 4913. REPORTING CHILD ABUSE AND NEGLECT; REMEDIAL

12 ACTION

13 (a) A mandated reporter is any:

14 \* \* \*

15 (2) individual who is employed by a school district or an approved or  
16 recognized independent school, or who is contracted and paid by a school  
17 district or an approved or recognized independent school to provide student  
18 services, including any:

19 (A) school superintendent;

20 (B) headmaster of an approved or recognized independent school as  
21 defined in 16 V.S.A. § 11;

- 1 (C) school teacher;
- 2 (D) student teacher;
- 3 (E) school librarian;
- 4 (F) school principal; and
- 5 (G) school guidance counselor;

6 \* \* \*

7 (I) A mandated reporter as described in subdivision (a)(2) of this section  
8 shall not be deemed to have violated the requirements of this section solely on  
9 the basis of making condoms available to a secondary school student in  
10 accordance with 16 V.S.A. § 132.

11 Sec. 7. [Deleted.]

12 Sec. 8. [Deleted.]

13 Sec. 9. [Deleted.]

14 Sec. 10. COMPREHENSIVE HEALTH EDUCATION; REPORT

15 On or before April 15, 2021, the Agency of Education and Department of  
16 Health shall report to the House Committees on Human Services and on  
17 Education and the Senate Committees on Health and Welfare and on Education  
18 regarding their continued efforts to support schools and school districts in  
19 providing comprehensive health education to Vermont students, as required by  
20 16 V.S.A. § 906(b)(3) and as defined in 16 V.S.A. § 131, including sexual  
21 health and safety.

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\* \* \* Effective Dates \* \* \*

Sec. 11. EFFECTIVE DATES

(a) Secs. 2 (8 V.S.A. § 4099c), 4 (16 V.S.A. § 132), and 6 (33 V.S.A. § 4913) shall take effect on July 1, 2021.

(b) The remainder of this act shall take effect on November 1, 2020.