

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred House Bill No.
3 663 entitled “An act relating to expanding access to contraceptives”
4 respectfully reports that it has considered the same and recommends that the
5 bill be amended by striking out all after the enacting clause and inserting in
6 lieu thereof the following:

7 * * * Purpose * * *

8 Sec. 1. PURPOSE

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

1 seeks to provide further opportunities for Vermonters to learn about and obtain
2 contraceptives in order to prevent or reduce unintended pregnancies and
3 sexually transmitted diseases in this State.

4 * * * Expanding Access to Contraceptives * * *

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

6 § 4099c. REPRODUCTIVE HEALTH EQUITY IN HEALTH INSURANCE
7 COVERAGE

8 (a) 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 by a health
12 insurer, as defined by 18 V.S.A. § 9402. The term shall not include benefit
13 plans providing coverage for a specific disease or other limited benefit
14 coverage.

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

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

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

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

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

19 (B) If an insured's health care provider recommends a particular
20 service or FDA-approved drug, device, or other product for the insured based
21 on a determination of medical necessity, the health insurance plan shall defer

1 to the provider’s determination and judgment and shall provide coverage
2 without cost-sharing for the drug, device, or product prescribed by the provider
3 for the insured.

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

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

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

13 Sec. 7. 26 V.S.A. § 2022 is amended to read:

14 § 2022. DEFINITIONS

15 As used in this chapter:

16 * * *

17 (15)(A) “Practice of pharmacy” means:

18 * * *

19 (vii) ~~optimizing drug therapy through~~ the practice of clinical
20 pharmacy; and

21 * * *

1 (B) “Practice of clinical pharmacy” or “clinical pharmacy” means:

2 (i) the health science discipline in which, in conjunction with the
3 patient’s other practitioners, a pharmacist provides patient care to optimize
4 medication therapy and to promote disease prevention and the patient’s health
5 and wellness;

6 (ii) providing patient care services within the pharmacist’s
7 authorized scope of practice, including medication therapy management,
8 comprehensive medication review, and postdiagnostic disease state
9 management services; ~~or~~

10 (iii) practicing pharmacy pursuant to a collaborative practice
11 agreement; or

12 (iv) prescribing self-administered hormonal contraceptives as
13 provided under section 2023 of this subchapter.

14 * * *

15 (21) “Self-administered hormonal contraceptive” means a contraceptive
16 medication or device approved by the U.S. Food and Drug Administration that
17 prevents pregnancy by using hormones to regulate or prevent ovulation and
18 that uses an oral, transdermal, or vaginal route of administration.

1 Sec. 8. 26 V.S.A. § 2023 is amended to read:

2 § 2023. CLINICAL PHARMACY; PHARMACISTS PRESCRIBING
3 CONTRACEPTIVES

4 (a) In accordance with rules adopted by the Board, a pharmacist may
5 engage in the practice of clinical pharmacy, including prescribing self-
6 administered hormonal contraceptives as set forth in subsection (b) of this
7 section.

8 (b)(1) A pharmacist may prescribe self-administered hormonal
9 contraceptives in a manner consistent with a valid State protocol approved by
10 the Commissioner of Health after consultation with the Director of
11 Professional Regulation and the Board and the ability for public comment.

12 (2) A State protocol shall be valid if signed by the Commissioner of
13 Health and the Director of Professional Regulation, and the Board of Pharmacy
14 shall feature the active protocol conspicuously on its website.

15 (c) The Board's rules shall:

16 (1) prohibit conflicts of interest and inappropriate commercial incentives
17 related to prescribing, such as reimbursement based on brands or numbers of
18 prescriptions filled, renewing prescriptions without request by a patient,
19 steering patients to particular brands or selections of products based on any
20 commercial relationships, or acceptance of gifts offered or provided by a
21 manufacturer of prescribed products in violation of 18 V.S.A. § 4631a; and

1 (2) establish minimum standards for patient privacy in clinical
2 consultation.

3 Sec. 9. PROTOCOL IMPLEMENTATION; RULEMAKING

4 (a) On or before January 1, 2021, the Commissioner of Health shall
5 approve a State protocol for pharmacists to prescribe self-administered
6 hormonal contraceptives in accordance with 26 V.S.A. § 2023(b) as set forth in
7 Sec. 8 of this act.

8 (b) On or before January 1, 2021, the Board of Pharmacy shall adopt rules
9 consistent with the provisions of 26 V.S.A. § 2023(c) as set forth in Sec. 8 of
10 this act. If the Board is unable to adopt rules by that date, the Board shall
11 adopt an emergency rule until such time as it completes the rulemaking
12 process.

13 Sec. 10. COMPREHENSIVE HEALTH EDUCATION; REPORT

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

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* * * Effective Dates * * *

Sec. 11. EFFECTIVE DATES

(a) Secs. 1 (8 V.S.A. § 4099c), 7 (26 V.S.A. § 2022), and 8 (26 V.S.A. § 2023) shall take effect on January 1, 2021.

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

(Committee vote: _____)

Representative _____

FOR THE COMMITTEE