

2018 -- H 7625

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LC004454  
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Kazarian, Tanzi, Fogarty, Hearn, and Ajello

Date Introduced: February 14, 2018

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-57 of the General Laws in Chapter 27-18 entitled "Accident  
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-57. F.D.A. approved prescription contraceptive drugs and devices.**

4 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
5 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
6 amended or effective in this state on or after January 1, 2019, in this state shall provide coverage  
7 for all of the following services and contraceptive methods. F.D.A. approved contraceptive drugs  
8 ~~and devices requiring a prescription.~~ Provided, that nothing in this subsection shall be deemed to  
9 mandate or require coverage for the prescription drug RU 486.

10 (1) All FDA-approved contraceptive drugs, devices, and other products. The following  
11 applies to this coverage:

12 (i) If there is a therapeutic equivalent of an FDA-approved contraceptive drug, device, or  
13 product, the contract must include either the original FDA-approved contraceptive drug, device,  
14 or product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the  
15 same definition as that set forth by the Federal Drug Administration.

16 (ii) If the covered therapeutic equivalent versions of a drug, device, or product are not  
17 available or are deemed medically inadvisable, a group or blanket policy shall provide coverage  
18 for an alternate therapeutic equivalent version of the contraceptive drug, device, or product, based  
19 on the determination of the health care provider, without cost-sharing;

1           (iii) Coverage required by this section must include all over-the-counter contraceptive  
2 drugs, devices and products approved by the United States Food and Drug Administration when  
3 prescribed by a licensed provider, excluding male condoms; and

4           (iv) Coverage required by this section must include the dispensing of a supply intended to  
5 last twelve (12) months at a time to enrollees with a valid prescription, unless a smaller supply is  
6 requested by an enrollee or the prescribing provider instructs that the enrollee must receive a  
7 smaller supply.

8           (2) Voluntary sterilization procedures, except that coverage for male sterilization does not  
9 apply to high-deductible health plans;

10           (3) Patient education and counseling on contraception; and

11           (4) Follow-up services related to the drugs, devices, products, and procedures covered  
12 under this section, including, but not limited to, management of side effects, counseling for  
13 continued adherence, and device insertion and removal.

14           (b) A group or blanket policy subject to this section shall not impose a deductible,  
15 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant  
16 to this section.

17           (c) Except as otherwise authorized under this subsection, a group or blanket policy shall  
18 not impose any restrictions or delays on the coverage required under this section.

19           (d) Benefits for an enrollee under this section shall be the same for an enrollee's covered  
20 spouse or domestic partner and covered non-spouse dependents.

21           ~~(b)~~(e) Notwithstanding any other provision of this section, any insurance company may  
22 issue to a religious employer an individual or group health insurance contract, plan, or policy that  
23 excludes coverage for prescription contraceptive methods which are contrary to the religious  
24 employer's bona fide religious tenets.

25           ~~(c)~~(f) As used in this section, "religious employer" means an employer that is a "church  
26 or a qualified church-controlled organization" as defined in 26 U.S.C. § 3121.

27           ~~(d)~~(g) This section does not apply to insurance coverage providing benefits for: (1)  
28 hospital confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5)  
29 Medicare supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of  
30 bodily injury or death by accident or both; and (9) other limited benefit policies.

31           ~~(e)~~(h) Every religious employer that invokes the exemption provided under this section  
32 shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
33 contraceptive health care services the employer refuses to cover for religious reasons.

34           (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,

1 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
2 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
3 preserve the life or health of an enrollee.

4 SECTION 2. Section 27-19-48 of the General Laws in Chapter 27-19 entitled "Nonprofit  
5 Hospital Service Corporations" is hereby amended to read as follows:

6 **27-19-48. F.D.A. approved prescription contraceptive drugs and devices.**

7 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
8 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
9 amended or effective in this state on or after January 1, 2019, in this state shall provide coverage  
10 for all of the following services and contraceptive methods. ~~F.D.A. approved contraceptive drugs~~  
11 ~~and devices requiring a prescription.~~ Provided, that nothing in this subsection shall be deemed to  
12 mandate or require coverage for the prescription drug RU 486.

13 (1) All FDA-approved contraceptive drugs, devices, and other products. The following  
14 applies to this coverage:

15 (i) If there is a therapeutic equivalent of an FDA-approved contraceptive drug, device, or  
16 product, the contract must include either the original FDA-approved contraceptive drug, device,  
17 or product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the  
18 same definition as that set forth by the Federal Drug Administration.

19 (ii) If the covered therapeutic equivalent versions of a drug, device, or product are not  
20 available or are deemed medically inadvisable, a group or blanket policy shall provide coverage  
21 for an alternate therapeutic equivalent version of the contraceptive drug, device, or product, based  
22 on the determination of the health care provider, without cost-sharing;

23 (iii) Coverage required by this section must include all over-the-counter contraceptive  
24 drugs, devices and products approved by the United States Food and Drug Administration when  
25 prescribed by a licensed provider, excluding male condoms; and

26 (iv) Coverage required by this section must include the dispensing of a supply intended to  
27 last twelve (12) months at a time to enrollees with a valid prescription, unless a smaller supply is  
28 requested by an enrollee or the prescribing provider instructs that the enrollee must receive a  
29 smaller supply.

30 (2) Voluntary sterilization procedures, except that coverage for male sterilization does not  
31 apply to high-deductible health plans;

32 (3) Patient education and counseling on contraception; and

33 (4) Follow-up services related to the drugs, devices, products, and procedures covered  
34 under this section, including, but not limited to, management of side effects, counseling for

1 continued adherence, and device insertion and removal.

2 (b) A group or blanket policy subject to this section shall not impose a deductible,  
3 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant  
4 to this section.

5 (c) Except as otherwise authorized under this subsection, a group or blanket policy shall  
6 not impose any restrictions or delays on the coverage required under this section.

7 (d) Benefits for an enrollee under this section shall be the same for an enrollee's covered  
8 spouse or domestic partner and covered non-spouse dependents.

9 ~~(b)~~(e) Notwithstanding any other provision of this section, any insurance company may  
10 issue to a religious employer an individual or group health insurance contract, plan, or policy that  
11 excludes coverage for prescription contraceptive methods which are contrary to the religious  
12 employer's bona fide religious tenets.

13 ~~(e)~~(f) As used in this section, "religious employer" means an employer that is a "church  
14 or a qualified church-controlled organization" as defined in 26 U.S.C. § 3121.

15 ~~(d)~~(g) This section does not apply to insurance coverage providing benefits for: (1)  
16 hospital confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5)  
17 Medicare supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of  
18 bodily injury or death by accident or both; and (9) other limited benefit policies.

19 ~~(e)~~(h) Every religious employer that invokes the exemption provided under this section  
20 shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
21 contraceptive health care services the employer refuses to cover for religious reasons.

22 (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
23 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
24 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
25 preserve the life or health of an enrollee.

26 SECTION 3. Section 27-20-43 of the General Laws in Chapter 27-20 entitled "Nonprofit  
27 Medical Service Corporations" is hereby amended to read as follows:

28 **27-20-43. F.D.A. approved prescription contraceptive drugs and devices.**

29 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
30 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
31 amended or effective in this state on or after January 1, 2019, in this state shall provide coverage  
32 for all of the following services and contraceptive methods. F.D.A. approved contraceptive drugs  
33 and devices requiring a prescription. Provided, that nothing in this subsection shall be deemed to  
34 mandate or require coverage for the prescription drug RU 486.

1           (1) All FDA-approved contraceptive drugs, devices, and other products. The following  
2 applies to this coverage:

3           (i) If there is a therapeutic equivalent of an FDA-approved contraceptive drug, device, or  
4 product, the contract must include either the original FDA-approved contraceptive drug, device,  
5 or product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the  
6 same definition as that set forth by the Federal Drug Administration.

7           (ii) If the covered therapeutic equivalent versions of a drug, device, or product are not  
8 available or are deemed medically inadvisable, a group or blanket policy shall provide coverage  
9 for an alternate therapeutic equivalent version of the contraceptive drug, device, or product, based  
10 on the determination of the health care provider, without cost-sharing;

11           (iii) Coverage required by this section must include all over-the-counter contraceptive  
12 drugs, devices and products approved by the United States Food and Drug Administration when  
13 prescribed by a licensed provider, excluding male condoms; and

14           (iv) Coverage required by this section must include the dispensing of a supply intended to  
15 last twelve (12) months at a time to enrollees with a valid prescription, unless a smaller supply is  
16 requested by an enrollee or the prescribing provider instructs that the enrollee must receive a  
17 smaller supply.

18           (2) Voluntary sterilization procedures, except that coverage for male sterilization does not  
19 apply to high-deductible health plans;

20           (3) Patient education and counseling on contraception; and

21           (4) Follow-up services related to the drugs, devices, products, and procedures covered  
22 under this section, including, but not limited to, management of side effects, counseling for  
23 continued adherence, and device insertion and removal.

24           (b) A group or blanket policy subject to this section shall not impose a deductible,  
25 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant  
26 to this section.

27           (c) Except as otherwise authorized under this subsection, a group or blanket policy shall  
28 not impose any restrictions or delays on the coverage required under this section.

29           (d) Benefits for an enrollee under this section shall be the same for an enrollee's covered  
30 spouse or domestic partner and covered non-spouse dependents.

31           ~~(b)~~(e) Notwithstanding any other provision of this section, any insurance company may  
32 issue to a religious employer an individual or group health insurance contract, plan, or policy that  
33 excludes coverage for prescription contraceptive methods which are contrary to the religious  
34 employer's bona fide religious tenets.

1           ~~(e)~~(f) As used in this section, "religious employer" means an employer that is a "church  
2 or a qualified church-controlled organization" as defined in 26 U.S.C. § 3121.

3           ~~(d)~~(g) This section does not apply to insurance coverage providing benefits for: (1)  
4 hospital confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5)  
5 Medicare supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of  
6 bodily injury or death by accident or both; and (9) other limited benefit policies.

7           ~~(e)~~(h) Every religious employer that invokes the exemption provided under this section  
8 shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
9 contraceptive health care services the employer refuses to cover for religious reasons.

10           (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
11 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
12 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
13 preserve the life or health of an enrollee.

14           SECTION 4. Section 27-41-59 of the General Laws in Chapter 27-41 entitled "Health  
15 Maintenance Organizations" is hereby amended to read as follows:

16           **27-41-59. F.D.A. approved prescription contraceptive drugs and devices.**

17           (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
18 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
19 amended or effective in this state on or after January 1, 2019, in this state shall provide coverage  
20 for all of the following services and contraceptive methods. ~~F.D.A. approved contraceptive drugs~~  
21 and devices requiring a prescription. Provided, that nothing in this subsection shall be deemed to  
22 mandate or require coverage for the prescription drug RU 486.

23           (1) All FDA-approved contraceptive drugs, devices, and other products. The following  
24 applies to this coverage:

25           (i) If there is a therapeutic equivalent of an FDA-approved contraceptive drug, device, or  
26 product, the contract must include either the original FDA-approved contraceptive drug, device,  
27 or product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the  
28 same definition as that set forth by the Federal Drug Administration.

29           (ii) If the covered therapeutic equivalent versions of a drug, device, or product are not  
30 available or are deemed medically inadvisable, a group or blanket policy shall provide coverage  
31 for an alternate therapeutic equivalent version of the contraceptive drug, device, or product, based  
32 on the determination of the health care provider, without cost-sharing;

33           (iii) Coverage required by this section must include all over-the-counter contraceptive  
34 drugs, devices and products approved by the United States Food and Drug Administration when

1 prescribed by a licensed provider, excluding male condoms; and

2 (iv) Coverage required by this section must include the dispensing of a supply intended to  
3 last twelve (12) months at a time to enrollees with a valid prescription, unless a smaller supply is  
4 requested by an enrollee or the prescribing provider instructs that the enrollee must receive a  
5 smaller supply.

6 (2) Voluntary sterilization procedures, except that coverage for male sterilization does not  
7 apply to high-deductible health plans;

8 (3) Patient education and counseling on contraception; and

9 (4) Follow-up services related to the drugs, devices, products, and procedures covered  
10 under this section, including, but not limited to, management of side effects, counseling for  
11 continued adherence, and device insertion and removal.

12 (b) A group or blanket policy subject to this section shall not impose a deductible,  
13 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant  
14 to this section.

15 (c) Except as otherwise authorized under this subsection, a group or blanket policy shall  
16 not impose any restrictions or delays on the coverage required under this section.

17 (d) Benefits for an enrollee under this section shall be the same for an enrollee's covered  
18 spouse or domestic partner and covered non-spouse dependents.

19 ~~(e)~~(e) Notwithstanding any other provision of this section, any insurance company may  
20 issue to a religious employer an individual or group health insurance contract, plan, or policy that  
21 excludes coverage for prescription contraceptive methods which are contrary to the religious  
22 employer's bona fide religious tenets.

23 ~~(f)~~(f) As used in this section, "religious employer" means an employer that is a "church  
24 or a qualified church-controlled organization" as defined in 26 U.S.C. § 3121.

25 ~~(g)~~(g) This section does not apply to insurance coverage providing benefits for: (1)  
26 hospital confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5)  
27 Medicare supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of  
28 bodily injury or death by accident or both; and (9) other limited benefit policies.

29 ~~(h)~~(h) Every religious employer that invokes the exemption provided under this section  
30 shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
31 contraceptive health care services the employer refuses to cover for religious reasons.

32 (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
33 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
34 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to

1 [preserve the life or health of an enrollee.](#)

2 SECTION 5. Chapter 42-12.3 of the General Laws entitled "Health Care for Children and  
3 Pregnant Women" is hereby amended by adding thereto the following section:

4 **42-12.3-3.1. Medical assistance expansion for women -- Full year coverage for**  
5 **contraception.**

6 [\(a\) Within one hundred eighty \(180\) days from January 1, 2019, the department of human](#)  
7 [services shall develop and implement a system by which the Medicaid program reimburses for,](#)  
8 [and Medicaid pharmacies, health care providers, and pharmacy benefit managers dispense:](#)

9 [\(1\) Twelve \(12\) months of prescription contraception at a time to enrollees with a valid](#)  
10 [prescription, unless a smaller supply is requested by an enrollee or the prescribing provider](#)  
11 [instructs that the enrollee must receive a smaller supply.](#)

12 [\(b\) This section shall apply to all Medicaid programs, including managed care.](#)

13 [\(c\) The department of human services may issue rules and regulations to implement the](#)  
14 [provisions of this section.](#)

15 [\(d\) This section shall serve as legislative approval for any Medicaid State Plan](#)  
16 [Amendment that is required by the Centers for Medicare and Medicaid Services to implement this](#)  
17 [section.](#)

18 SECTION 6. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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1           This act would require every individual or group health insurance contract effective on or  
2 after January 1, 2019, to provide coverage to the insured and the insured's spouse and dependents  
3 for all FDA-approved contraceptive drugs, devices and other products, voluntary sterilization  
4 procedures, patient education and counseling on contraception and follow-up services as well as  
5 Medicaid coverage for a twelve (12) month supply for Medicaid recipients.

6           This act would take effect upon passage.

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