

2021 -- S 0168

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

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A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Euer, Murray, Kallman, Goldin, Cano, Sosnowski, Gallo,
Lawson, DiMario, and Valverde

Date Introduced: February 05, 2021

Referred To: Senate Health & Human Services

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. FDA-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, 2022 shall provide coverage for ~~F.D.A.~~
7 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services and
8 contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate or
9 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, or
14 product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the same
15 definition as that set forth by the FDA.

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 FDA when prescribed by a licensed provider,
3 excluding male condoms;

4 (2) Voluntary sterilization procedures.

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

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

9 (b) A group or blanket policy subject to this section shall not impose a deductible,
10 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
11 to this section. For a qualifying high-deductible health plan for a health savings account, the carrier
12 shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the
13 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and
14 withdrawals from his or her health savings account under 26 U.S.C. § 223.

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 that 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 or
24 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) Hospital
26 confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare
27 supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8) Sickness or bodily
28 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)~~(i) Beginning on the first day of each plan year after April 1, 2019, every health-
33 insurance issuer offering group or individual health-insurance coverage that covers prescription
34 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive

1 up to three hundred sixty-five (365) days at a time.

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

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

8 **27-19-48. FDA-approved prescription contraceptive drugs and devices.**

9 (a) Every individual or group health-insurance contract, plan, or policy issued pursuant to
10 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,
11 amended or effective in this state on or after January 1, 2022 shall provide coverage for ~~F.D.A.~~
12 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services and
13 contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate or
14 require coverage for the prescription drug RU 486.

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

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

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

25 (iii) Coverage required by this section must include all over-the-counter contraceptive
26 drugs, devices and products approved by the FDA when prescribed by a licensed provider,
27 excluding male condoms;

28 (2) Voluntary sterilization procedures.

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

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

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

1 to this section. For a qualifying high-deductible health plan for a health savings account, the carrier
2 shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the
3 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and
4 withdrawals from his or her health savings account under 26 U.S.C. § 223.

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 hospital service corporation
10 may issue to a religious employer an individual or group health-insurance contract, plan, or policy
11 that excludes coverage for prescription contraceptive methods that 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 or
14 a qualified church-controlled organization" as defined in 26 U.S.C. § 3121.

15 ~~(d)~~(g) Every religious employer that invokes the exemption provided under this section
16 shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the
17 contraceptive health-care services the employer refuses to cover for religious reasons.

18 ~~(e)~~(h) Beginning on the first day of each plan year after April 1, 2019, every health-
19 insurance issuer offering group or individual health-insurance coverage that covers prescription
20 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
21 up to three hundred sixty-five (365) days at a time.

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. FDA-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, 2022 shall provide coverage for ~~F.D.A.~~
32 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services and
33 contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate or
34 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, or
5 product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the same
6 definition as that set forth by the FDA.

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 FDA when prescribed by a licensed provider,
13 excluding male condoms;

14 (2) Voluntary sterilization procedures.

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

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

19 (b) A group or blanket policy subject to this section shall not impose a deductible,
20 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
21 to this section. For a qualifying high-deductible health plan for a health savings account, the carrier
22 shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the
23 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and
24 withdrawals from his or her health savings account under 26 U.S.C. § 223.

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

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

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

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

1 ~~(d)~~(g) Every religious employer that invokes the exemption provided under this section
2 shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the
3 contraceptive health-care services the employer refuses to cover for religious reasons.

4 ~~(e)~~(h) Beginning on the first day of each plan year after April 1, 2019, every health-
5 insurance issuer offering group or individual health-insurance coverage that covers prescription
6 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
7 up to three hundred sixty-five (365) days at a time.

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

12 SECTION 4. Chapter 42-12.3 of the General Laws entitled "Health Care for Children and
13 Pregnant Women" is hereby amended by adding thereto the following section:

14 **42-12.3-17. FDA-approved prescription contraceptive drugs and devices.**

15 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to
16 this chapter that is delivered, issued for delivery, renewed, amended or effective in this state on or
17 after January 1, 2022 shall provide coverage for all of the following services and contraceptive
18 methods. Provided, that nothing in this subsection shall be deemed to mandate or require coverage
19 for the prescription drug RU 486.

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

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

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

30 (iii) Coverage required by this section must include all over-the-counter contraceptive
31 drugs, devices and products approved by the FDA when prescribed by a licensed provider,
32 excluding male condoms;

33 (2) Voluntary sterilization procedures.

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

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

4 (b) A group or blanket policy subject to this section shall not impose a deductible,
5 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
6 to this section. For a qualifying high-deductible health plan for a health savings account, the carrier
7 shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the
8 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and
9 withdrawals from his or her health savings account under 26 U.S.C. § 223.

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

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

14 (e) Notwithstanding any other provision of this section, any health maintenance
15 corporation may issue to a religious employer an individual or group health insurance contract,
16 plan, or policy that excludes coverage for prescription contraceptive methods that are contrary to
17 the religious employer's bona fide religious tenets.

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

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

23 (h) Beginning on the first day of each plan year after April 1, 2020, every health insurance
24 issuer offering group or individual health insurance coverage that covers prescription contraception
25 shall not restrict reimbursement for dispensing a covered prescription contraceptive up to three
26 hundred sixty-five (365) days at a time.

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

1 SECTION 5. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would require every individual or group health insurance contract effective on or
2 after January 1, 2022, 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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