

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2019

A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Euer, Goldin, Lynch Prata, Murray, and Valverde

Date Introduced: February 27, 2019

Referred To: Senate Judiciary

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. [Effective**
4 **April 1, 2019.]**

5 (a) Every individual or group health-insurance contract, plan, or policy issued pursuant to
6 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,
7 amended or effective in this state on or after January 1, 2020 shall provide coverage for ~~F.D.A.~~
8 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services
9 and contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate
10 or require coverage for the prescription drug RU 486.

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

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

17 (ii) If the covered therapeutic equivalent versions of a drug, device, or product are not
18 available or are deemed medically inadvisable, a group or blanket policy shall provide coverage
19 for an alternate therapeutic equivalent version of the contraceptive drug, device, or product, based

1 on the determination of the health care provider, without cost-sharing;

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

5 (2) Voluntary sterilization procedures.

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

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

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

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

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

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

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

26 ~~(e)~~(g) This section does not apply to insurance coverage providing benefits for: (1)
27 Hospital confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care;
28 (5) Medicare supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8)
29 Sickness or bodily injury or death by accident or both; and (9) Other limited-benefit policies.

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

33 ~~(e)~~(i) Beginning on the first day of each plan year after April 1, 2019, every health-
34 insurance issuer offering group or individual health-insurance coverage that covers prescription

1 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
2 up to three hundred sixty-five (365) days at a time.

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

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

9 **27-19-48. FDA-approved prescription contraceptive drugs and devices. [Effective**
10 **April 1, 2019.]**

11 (a) Every individual or group health-insurance contract, plan, or policy issued pursuant to
12 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,
13 amended or effective in this state on or after January 1, 2020 shall provide coverage for ~~F.D.A.~~
14 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services
15 and contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate
16 or require coverage for the prescription drug RU 486.

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

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

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

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

30 (2) Voluntary sterilization procedures.

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

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

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

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

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

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

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

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

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

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

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

30 **27-20-43. FDA-approved prescription contraceptive drugs and devices. [Effective**
31 **April 1, 2019.]**

32 (a) Every individual or group health-insurance contract, plan, or policy issued pursuant to
33 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,
34 amended or effective in this state on or after January 1, 2020 shall provide coverage for ~~F.D.A.~~

1 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services
2 and contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate
3 or require coverage for the prescription drug RU 486.

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

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

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

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

17 (2) Voluntary sterilization procedures.

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

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

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

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

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

32 ~~(b)~~(e) Notwithstanding any other provision of this section, any medical service
33 corporation may issue to a religious employer an individual or group health-insurance contract,
34 plan, or policy that excludes coverage for prescription contraceptive methods which are contrary

1 to the religious employer's bona fide religious tenets.

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

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

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

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

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

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

18 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to
19 this chapter that is delivered, issued for delivery, renewed, amended or effective in this state on or
20 after January 1, 2020 shall provide coverage for all of the following services and contraceptive
21 methods. Provided, that nothing in this subsection shall be deemed to mandate or require
22 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, or
27 product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the same
28 definition as that set forth by the FDA.

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 FDA when prescribed by a licensed provider,

1 excluding male condoms;
2 (2) Voluntary sterilization procedures.
3 (3) Patient education and counseling on contraception; and
4 (4) Follow-up services related to the drugs, devices, products, and procedures covered
5 under this section, including, but not limited to, management of side effects, counseling for
6 continued adherence, and device insertion and removal.
7 (b) A group or blanket policy subject to this section shall not impose a deductible,
8 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
9 to this section. For a qualifying high-deductible health plan for a health savings account, the
10 carrier shall establish the plan's cost-sharing for the coverage provided pursuant to this section at
11 the minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions
12 and withdrawals from his or her health savings account under 26 U.S.C. § 223.
13 (c) Except as otherwise authorized under this subsection, a group or blanket policy shall
14 not impose any restrictions or delays on the coverage required under this section.
15 (d) Benefits for an enrollee under this section shall be the same for an enrollee's covered
16 spouse or domestic partner and covered non-spouse dependents.
17 (e) Notwithstanding any other provision of this section, any health maintenance
18 corporation may issue to a religious employer an individual or group health insurance contract,
19 plan, or policy that excludes coverage for prescription contraceptive methods that are contrary to
20 the religious employer's bona fide religious tenets.
21 (f) As used in this section, "religious employer" means an employer that is a "church or a
22 qualified church-controlled organization" as defined in 26 U.S.C. § 3121.
23 (g) Every religious employer that invokes the exemption provided under this section shall
24 provide written notice to prospective enrollees prior to enrollment with the plan, listing the
25 contraceptive health care services the employer refuses to cover for religious reasons.
26 (h) Beginning on the first day of each plan year after April 1, 2019, every health
27 insurance issuer offering group or individual health insurance coverage that covers prescription
28 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
29 up to three hundred sixty-five (365) days at a time.
30 (j) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,
31 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of
32 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to
33 preserve the life or health of an enrollee.

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

LC001748

EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
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, 2020, 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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