

2025 -- S 0268

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Euer, DiMario, Urso, Lauria, Kallman, Valverde, Quezada,
Lawson, Mack, and Sosnowski

Date Introduced: February 13, 2025

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. 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, 2026 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 shall 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 not tolerated by the patient, or are deemed medically inadvisable, a group or
18 blanket policy shall provide coverage for an alternate therapeutic equivalent version of the
19 contraceptive drug, device, or product, based on the determination of the health care provider,

1 without cost-sharing; and

2 (iii) A plan shall not require a prescription to trigger coverage of FDA-approved over-the-
3 counter contraceptive drugs, devices, and products, and shall provide point-of-sale coverage for
4 over-the-counter contraceptives at in-network pharmacies without cost-sharing or medical
5 management restrictions;

6 (2) Voluntary sterilization procedures;

7 (3) Clinical services related to the provision or use of contraception, including
8 consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient
9 education, referrals, and counseling; and

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

13 (b) A group or blanket policy subject to this section shall not impose a deductible,
14 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
15 to this section. For a qualifying high-deductible health plan for a health savings account, the carrier
16 shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the
17 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and
18 withdrawals from their health savings account under 26 U.S.C. § 223. A health plan shall not
19 impose utilization control or other forms of medical management limiting the supply of FDA-
20 approved contraception that may be dispensed or furnished by a provider or pharmacist, or at a
21 location licensed or otherwise authorized to dispense drugs or supplies in an amount that is less
22 than a twelve (12) month supply, and shall not require an enrollee to make any formal request for
23 such coverage other than a pharmacy claim.

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

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

28 ~~(b)~~(e) Notwithstanding any other provision of this section, any insurance company may
29 issue to a religious employer an individual or group health insurance contract, plan, or policy that
30 excludes coverage for prescription contraceptive methods that are contrary to the religious
31 employer's bona fide religious tenets. The exclusion from coverage under this subsection shall not
32 apply to contraceptive services or procedures provided for purposes other than contraception, such
33 as decreasing the risk of ovarian cancer or eliminating symptoms of menopause.

34 ~~(e)~~(f) As used in this section, "religious employer" means an employer that is a "church or

1 a qualified church-controlled organization” as defined in 26 U.S.C. § 3121.

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

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

9 ~~(i)~~ Beginning on the first day of each plan year after April 1, 2019, every health insurance
10 issuer offering group or individual health insurance coverage that covers prescription contraception
11 shall not restrict reimbursement for dispensing a covered prescription contraceptive up to three
12 hundred sixty-five (365) days at a time that may be furnished or dispensed all at once or over the
13 course of the twelve (12) month period at the discretion of the prescriber.

14 (j) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,
15 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of
16 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to
17 preserve the life or health of an enrollee. A plan that violates this section is subject to penalties, in
18 accordance with § 27-18-20. The department may base its determinations on findings from onsite
19 surveys, enrollee or other complaints, financial status, or any other source.

20 (k) The department shall monitor plan compliance in accordance with this section and shall
21 adopt rules and regulations for the implementation of this section, including the following:

22 (1) In addition to any requirements under state administrative procedures, the department
23 shall engage in a stakeholder process prior to the adoption of rules and regulations that include
24 health care service plans, pharmacy benefit plans, consumer representatives, including those
25 representing youth, low-income people, and communities of color, and other interested parties. The
26 department shall hold stakeholder meetings for stakeholders of different types to ensure sufficient
27 opportunity to consider factors and processes relevant to contraceptive coverage. The department
28 shall provide notice of stakeholder meetings on the department's website, and stakeholder meetings
29 shall be open to the public.

30 (2) The department shall conduct random reviews of each plan and its subcontractors to
31 ensure compliance with this section.

32 (3) The department shall submit an annual report to the general assembly and any other
33 appropriate entity with its findings from the random compliance reviews detailed in this section
34 and any other compliance or implementation efforts. This report shall be made available to the

1 [public on the department's website.](#)

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

4 **27-19-48. FDA approved prescription contraceptive drugs and devices.**

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, 2026](#) shall provide coverage for ~~FDA~~
8 ~~approved contraceptive drugs and devices requiring a prescription~~ [all of the following services and](#)
9 [contraceptive methods](#). Provided, that nothing in this subsection shall be deemed to mandate or
10 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 shall 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 not tolerated by the patient, or are deemed medically inadvisable, a group or](#)
19 [blanket policy shall provide coverage for an alternate therapeutic equivalent version of the](#)
20 [contraceptive drug, device, or product, based on the determination of the health care provider,](#)
21 [without cost-sharing; and](#)

22 [\(iii\) A plan shall not require a prescription to trigger coverage of FDA-approved over-the-](#)
23 [counter contraceptive drugs, devices, and products, and shall provide point-of-sale coverage for](#)
24 [over-the-counter contraceptives at in-network pharmacies without cost-sharing or medical](#)
25 [management restrictions;](#)

26 [\(2\) Voluntary sterilization procedures;](#)

27 [\(3\) Clinical services related to the provision or use of contraception, including](#)
28 [consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient](#)
29 [education, referrals, and counseling; 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 their health savings account under 26 U.S.C. § 223. A health plan shall not
5 impose utilization control or other forms of medical management limiting the supply of FDA-
6 approved contraception that may be dispensed or furnished by a provider or pharmacist, or at a
7 location licensed or otherwise authorized to dispense drugs or supplies in an amount that is less
8 than a twelve (12) month supply, and shall not require an enrollee to make any formal request for
9 such coverage other than a pharmacy claim.

10 (c) Except as otherwise authorized under this section, a group or blanket policy shall not
11 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 ~~(b)~~(e) Notwithstanding any other provision of this section, any hospital service corporation
15 may issue to a religious employer an individual or group health insurance contract, plan, or policy
16 that excludes coverage for prescription contraceptive methods that are contrary to the religious
17 employer's bona fide religious tenets.

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

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

23 ~~(e)~~(h) Beginning on the first day of each plan year after April 1, 2019, every health
24 insurance issuer offering group or individual health insurance coverage that covers prescription
25 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
26 up to three hundred sixty-five (365) days at a time that may be furnished or dispensed all at once
27 or over the course of the twelve (12) month period at the discretion of the prescriber.

28 (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,
29 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of
30 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to
31 preserve the life or health of an enrollee. A plan that violates this section is subject to penalties, in
32 accordance with § 27-19-38. The department may base its determinations on findings from onsite
33 surveys, enrollee or other complaints, financial status, or any other source.

34 (j) The department shall monitor plan compliance in accordance with this section and shall

1 adopt rules and regulations for the implementation of this section, including the following:

2 (1) In addition to any requirements under state administrative procedures, the department
3 shall engage in a stakeholder process prior to the adoption of rules and regulations that include
4 health care service plans, pharmacy benefit plans, consumer representatives, including those
5 representing youth, low-income people, and communities of color, and other interested parties. The
6 department shall hold stakeholder meetings for stakeholders of different types to ensure sufficient
7 opportunity to consider factors and processes relevant to contraceptive coverage. The department
8 shall provide notice of stakeholder meetings on the department's website, and stakeholder meetings
9 shall be open to the public.

10 (2) The department shall conduct random reviews of each plan and its subcontractors to
11 ensure compliance with this section.

12 (3) The department shall submit an annual report to the general assembly and any other
13 appropriate entity with its findings from the random compliance reviews detailed in this section
14 and any other compliance or implementation efforts. This report shall be made available to the
15 public on the department's website.

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

18 **27-20-43. FDA approved prescription contraceptive drugs and devices.**

19 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to
20 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,
21 amended or effective in this state on or after January 1, 2026 in this state shall provide coverage
22 for ~~FDA-approved contraceptive drugs and devices requiring a prescription~~ all of the following
23 services and contraceptive methods. Provided, that nothing in this subsection shall be deemed to
24 mandate or require coverage for the prescription drug RU 486.

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

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

31 (ii) If the covered therapeutic equivalent versions of a drug, device, or product are not
32 available, or are not tolerated by the patient, or are deemed medically inadvisable, a group or
33 blanket policy shall provide coverage for an alternate therapeutic equivalent version of the
34 contraceptive drug, device, or product, based on the determination of the health care provider,

1 without cost-sharing; and

2 (iii) A plan shall not require a prescription to trigger coverage of FDA-approved over-the-
3 counter contraceptive drugs, devices, and products, and shall provide point-of-sale coverage for
4 over-the-counter contraceptives at in-network pharmacies without cost-sharing or medical
5 management restrictions;

6 (2) Voluntary sterilization procedures;

7 (3) Clinical services related to the provision or use of contraception, including
8 consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient
9 education, referrals, and counseling; and

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

13 (b) A group or blanket policy subject to this section shall not impose a deductible,
14 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
15 to this section. For a qualifying high-deductible health plan for a health savings account, the carrier
16 shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the
17 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and
18 withdrawals from their health savings account under 26 U.S.C. § 223. A health plan shall not
19 impose utilization control or other forms of medical management limiting the supply of FDA-
20 approved contraception that may be dispensed or furnished by a provider or pharmacist, or at a
21 location licensed or otherwise authorized to dispense drugs or supplies in an amount that is less
22 than a twelve (12) month supply, and shall not require an enrollee to make any formal request for
23 such coverage other than a pharmacy claim.

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

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

28 ~~(b)~~(e) Notwithstanding any other provision of this section, any medical service corporation
29 may issue to a religious employer an individual or group health insurance contract, plan, or policy
30 that excludes coverage for prescription contraceptive methods that are contrary to the religious
31 employer's bona fide religious tenets. The exclusion from coverage under this subsection, shall not
32 apply to contraceptive services or procedures provided for purposes other than contraception, such
33 as decreasing the risk of ovarian cancer or eliminating symptoms of menopause.

34 ~~(e)~~(f) As used in this section, "religious employer" means an employer that is a "church or

1 a qualified church-controlled organization” as defined in 26 U.S.C. § 3121.

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

5 ~~(h)~~ Beginning on the first day of each plan year after April 1, 2019, every health
6 insurance issuer offering group or individual health insurance coverage that covers prescription
7 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
8 up to three hundred sixty-five (365) days at a time. that may be furnished or dispensed all at once
9 or over the course of the twelve (12) month period at the discretion of the prescriber.

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. A plan that violates this section is subject to penalties, in
14 accordance with § 27-20-33. The department may base its determinations on findings from onsite
15 surveys, enrollee or other complaints, financial status, or any other source.

16 (j) The department shall monitor plan compliance in accordance with this section and shall
17 adopt rules and regulations for the implementation of this section, including the following:

18 (1) In addition to any requirements under state administrative procedures, the department
19 shall engage in a stakeholder process prior to the adoption of rules and regulations that include
20 health care service plans, pharmacy benefit plans, consumer representatives, including those
21 representing youth, low-income people, and communities of color, and other interested parties. The
22 department shall hold stakeholder meetings for stakeholders of different types to ensure sufficient
23 opportunity to consider factors and processes relevant to contraceptive coverage. The department
24 shall provide notice of stakeholder meetings on the department's website, and stakeholder meetings
25 shall be open to the public.

26 (2) The department shall conduct random reviews of each plan and its subcontractors to
27 ensure compliance with this section.

28 (3) The department shall submit an annual report to the general assembly and any other
29 appropriate entity with its findings from the random compliance reviews detailed in this section
30 and any other compliance or implementation efforts. This report shall be made available to the
31 public on the department's website.

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

34 **27-41-59. FDA approved prescription contraceptive drugs and devices.**

1 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to
2 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,
3 amended or effective in this state on or after January 1, 2026 shall provide coverage for ~~FDA~~
4 ~~approved contraceptive drugs and devices requiring a prescription; provided, all of the following~~
5 services and contraceptive methods. Provided, that nothing in this subsection shall be deemed to
6 mandate or require coverage for the prescription drug RU 486.

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

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

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

18 (iii) A plan shall not require a prescription to trigger coverage of FDA-approved over-the-
19 counter contraceptive drugs, devices, and products, and shall provide point-of-sale coverage for
20 over-the-counter contraceptives at in-network pharmacies without cost-sharing or medical
21 management restrictions;

22 (2) Voluntary sterilization procedures;

23 (3) Clinical services related to the provision or use of contraception, including
24 consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient
25 education, referrals, and counseling; and

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

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

1 impose utilization control or other forms of medical management limiting the supply of FDA-
2 approved contraception that may be dispensed or furnished by a provider or pharmacist, or at a
3 location licensed or otherwise authorized to dispense drugs or supplies in an amount that is less
4 than a twelve (12) month supply, and shall not require an enrollee to make any formal request for
5 such coverage other than a pharmacy claim.

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

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

10 ~~(b)~~(e) Notwithstanding any other provision of this section, any health maintenance
11 corporation may issue to a religious employer an individual or group health insurance contract,
12 plan, or policy that excludes coverage for prescription contraceptive methods that are contrary to
13 the religious employer's bona fide religious tenets. The exclusion from coverage under this
14 subsection shall not apply to contraceptive services or procedures provided for purposes other than
15 contraception, such as decreasing the risk of ovarian cancer or eliminating symptoms of
16 menopause.

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

19 ~~(d)~~(g) 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 healthcare services the employer refuses to cover for religious reasons.

22 ~~(e)~~(h) Beginning on the first day of each plan year after April 1, 2019, every health
23 insurance issuer offering group or individual health insurance coverage that covers prescription
24 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
25 up to three hundred sixty-five (365) days at a time that may be furnished or dispensed all at once
26 or over the course of the twelve (12) month period at the discretion of the prescriber.

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. A plan that violates this section is subject to penalties, in
31 accordance with § 27-41-21. The department may base its determinations on findings from onsite
32 surveys, enrollee or other complaints, financial status, or any other source.

33 (j) The department shall monitor plan compliance in accordance with this section and shall
34 adopt rules and regulations for the implementation of this section, including the following:

1 (1) In addition to any requirements under state administrative procedures, the department
2 shall engage in a stakeholder process prior to the adoption of rules and regulations that include
3 health care service plans, pharmacy benefit plans, consumer representatives, including those
4 representing youth, low-income people, and communities of color, and other interested parties. The
5 department shall hold stakeholder meetings for stakeholders of different types to ensure sufficient
6 opportunity to consider factors and processes relevant to contraceptive coverage. The department
7 shall provide notice of stakeholder meetings on the department's website, and stakeholder meetings
8 shall be open to the public.

9 (2) The department shall conduct random reviews of each plan and its subcontractors to
10 ensure compliance with this section.

11 (3) The department shall submit an annual report to the general assembly and any other
12 appropriate entity with its findings from the random compliance reviews detailed in this section
13 and any other compliance or implementation efforts. This report shall be made available to the
14 public on the department's website.

15 SECTION 5. Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby
16 amended by adding thereto the following section:

17 **40-8-33. F.D.A. 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, 2026 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 coverage
22 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 shall 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 not tolerated by the patient, or are deemed medically inadvisable, a group or
31 blanket policy shall provide coverage for an alternate therapeutic equivalent version of the
32 contraceptive drug, device, or product, based on the determination of the health care provider,
33 without cost-sharing; and

34 (iii) A plan shall not require a prescription to trigger coverage of FDA-approved over-the-

1 counter contraceptive drugs, devices, and products, and shall provide point-of-sale coverage for
2 over-the-counter contraceptives at in-network pharmacies without cost-sharing or medical
3 management restrictions;

4 (2) Voluntary sterilization procedures;

5 (3) Clinical services related to the provision or use of contraception, including
6 consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient
7 education, referrals, and counseling; and

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

11 (b) A group or blanket policy subject to this section shall not impose a deductible,
12 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
13 to this section. For a qualifying high-deductible health plan for a health savings account, the carrier
14 shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the
15 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and
16 withdrawals from their health savings account under 26 U.S.C. § 223. A health plan shall not
17 impose utilization control or other forms of medical management limiting the supply of FDA-
18 approved contraception that may be dispensed or furnished by a provider or pharmacist, or at a
19 location licensed or otherwise authorized to dispense drugs or supplies in an amount that is less
20 than a twelve (12) month supply, and shall not require an enrollee to make any formal request for
21 such coverage other than a pharmacy claim.

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

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

26 (e) Notwithstanding any other provision of this section, any health maintenance
27 corporation may issue to a religious employer an individual or group health insurance contract,
28 plan, or policy that excludes coverage for prescription contraceptive methods that are contrary to
29 the religious employer's bona fide religious tenets. The exclusion from coverage under this
30 subsection shall not apply to contraceptive services or procedures provided for purposes other than
31 contraception, such as decreasing the risk of ovarian cancer or eliminating symptoms of
32 menopause.

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

1 (g) Every religious employer that invokes the exemption provided under this section shall
2 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 (h) Beginning on the first day of each plan year after April 1, 2024, every health insurance
5 issuer offering group or individual health insurance coverage that covers prescription contraception
6 shall not restrict reimbursement for dispensing a covered prescription contraceptive up to three
7 hundred sixty-five (365) days at a time that may be furnished or dispensed all at once or over the
8 course of the twelve (12) month period at the discretion of the prescriber.

9 (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,
10 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of
11 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to
12 preserve the life or health of an enrollee. A plan that violates this section is subject to penalties, in
13 accordance with § 40-8-9. The department may base its determinations on findings from onsite
14 surveys, enrollee or other complaints, financial status, or any other source.

15 (j) The department shall monitor plan compliance in accordance with this section and shall
16 adopt and regulations rules for the implementation of this section, including the following:

17 (1) In addition to any requirements under state administrative procedures, the department
18 shall engage in a stakeholder process prior to the adoption of rules and regulations that include
19 health care service plans, pharmacy benefit plans, consumer representatives, including those
20 representing youth, low-income people, and communities of color, and other interested parties. The
21 department shall hold stakeholder meetings for stakeholders of different types to ensure sufficient
22 opportunity to consider factors and processes relevant to contraceptive coverage. The department
23 shall provide notice of stakeholder meetings on the department's website, and stakeholder meetings
24 shall be open to the public.

25 (2) The department shall conduct random reviews of each plan and its subcontractors to
26 ensure compliance with this section.

27 (3) The department shall submit an annual report to the general assembly and any other
28 appropriate entity with its findings from the random compliance reviews detailed in this section
29 and any other compliance or implementation efforts. This report shall be made available to the
30 public on the department's website.

31 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

1 This act would require every individual or group health insurance contract effective on or
2 after January 1, 2026, 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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