

2017 -- H 5486

LC001206

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Kazarian, Regunberg, Blazejewski, Fogarty, and Tanzi

Date Introduced: February 15, 2017

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 23-1 of the General Laws entitled "Department of Health" is
2 hereby amended by adding thereto the following section:

3 **23-1-59. Emergency contraception.**

4 (a) As used in this section "emergency contraception" shall, unless the context clearly
5 requires otherwise, mean any drug approved by the Federal Food and Drug Administration as a
6 contraceptive method for use after sexual intercourse.

7 (b) Notwithstanding any other general, public or special law to the contrary, a licensed
8 doctor, professional nurse or pharmacist may dispense emergency contraception in accordance
9 with written, standardized procedures or protocols developed by an actively practicing physician
10 registered with the department to distribute or dispense a controlled substance in the course of
11 professional practice pursuant to title 23 if such procedures or protocols are filed at the
12 pharmacist's place of practice and with the department.

13 (c) Before dispensing emergency contraception authorized under this section, a
14 pharmacist shall complete a training program approved by the commissioner on emergency
15 contraception, which training shall include, but not be limited to, proper documentation, quality
16 assurance, and referral to additional services, including appropriate recommendation that the
17 patient follow up with a medical practitioner.

18 (d) A pharmacist dispensing emergency contraception under this section shall annually
19 provide to the department of health the number of times such emergency contraception is

1 dispensed. Reports made pursuant to this section shall not identify any individual patient, shall be
2 confidential and shall not be public records.

3 (e) The department of health, board of medical licensure and discipline, and board of
4 registration in pharmacy shall adopt rules and regulations necessary to implement this section.

5 SECTION 2. Chapter 27-18 of the General Laws entitled "Accident and Sickness
6 Insurance Policies" is hereby amended by adding thereto the following section:

7 **27-18-83. Health insurance contracts - Full year coverage for contraception.**

8 (a) Beginning on the first day of each plan year after January 1, 2018, every health
9 insurance issuer offering group or individual health insurance coverage that covers prescription
10 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
11 to fewer than three hundred sixty-five (365) days at a time.

12 (b) Subsection (a) of this section shall not apply to self-insured employee welfare benefit
13 plans established pursuant to the Federal Employee Retirement Income Security Act of 1974, 29
14 U.S.C. §§1001 et seq.

15 (c) Nothing in this section shall be construed as requiring a health insurance carrier to
16 cover any prescription contraceptive that it does not currently cover or require any pharmacy to
17 dispense any medication that it does not currently dispense.

18 (d) This section shall be applicable to all contracts, plans, or policies of:

19 (1) All health insurers subject to this title;

20 (2) All group and blanket health insurers subject to this title;

21 (3) All nonprofit hospital, medical, surgical, dental, and health service corporations;

22 (4) All health maintenance organizations;

23 (5) Any provision of medical, hospital, surgical, and funeral benefits, and of coverage
24 against accidental death or injury, when the benefits or coverage are incidental to or part of other
25 insurance authorized by the laws of this state;

26 (6) All health care facilities, as defined in §23-17-2;

27 (7) All pharmacies subject to the provisions of chapter 19.1 of title 5; and

28 (8) Family planning centers and essential community providers.

29 SECTION 3. Section 27-18-57 of the General Laws in Chapter 27-18 entitled "Accident
30 and Sickness Insurance Policies" is hereby amended to read as follows:

31 **27-18-57. F.D.A. approved prescription contraceptive drugs and devices.**

32 (a) Every individual or group health insurance contract, plan, or policy that provides
33 prescription coverage and is delivered, issued for delivery, or renewed in this state shall provide
34 coverage for F.D.A. approved contraceptive drugs and devices requiring a prescription. Provided,

1 that nothing in this subsection shall be deemed to mandate or require coverage for the
2 prescription drug RU 486.

3 (b) Every individual or group health insurance contract plan or policy licensed pursuant
4 to this title that is issued, amended, renewed, effective or delivered on or after January 1, 2018,
5 shall provide coverage for all of the following services and contraceptive methods:

6 (1) All FDA-approved contraceptive drugs, devices, and other products. This includes all
7 FDA-approved over-the-counter contraceptive drugs, devices, and products as prescribed or as
8 otherwise authorized under state or federal law. The following applies to this coverage:

9 (i) Where the FDA has approved one or more therapeutic and pharmaceutical equivalent,
10 as defined by the FDA, versions of a contraceptive drug, device, or product, a group or blanket
11 policy is not required to include all such therapeutic and pharmaceutical equivalent versions in its
12 formulary, so long as at least one is included and covered without cost-sharing and in accordance
13 with this subsection;

14 (ii) If the covered therapeutic and pharmaceutical equivalent versions of a drug, device,
15 or product are not available or are deemed medically inadvisable a group or blanket policy shall
16 provide coverage for an alternate therapeutic and pharmaceutical equivalent version of the
17 contraceptive drug, device, or product without cost-sharing;

18 (iii) This coverage shall include emergency contraception without cost-sharing when
19 provided pursuant to an ordinary prescription, or a non-patient specific regimen order, and when
20 lawfully provided other than through a prescription or order; and

21 (iv) This coverage must allow for the dispensing of a twelve (12) month supply of a
22 contraceptive at one time;

23 (2) Voluntary sterilization procedures;

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

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

28 (c) A group or blanket policy subject to this subsection shall not impose a deductible,
29 coinsurance, copayment, or any other cost-sharing requirement on the coverage provided
30 pursuant to this subsection.

31 (d) Except as otherwise authorized under this subsection, a group or blanket policy shall
32 not impose any restrictions or delays on the coverage required under this subsection.

33 (e) Benefits for an enrollee under this subsection shall be the same for an enrollee's
34 covered spouse or domestic partner and covered non-spouse dependents.

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

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

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

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

14 SECTION 4. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
15 Corporations" is hereby amended by adding thereto the following section:

16 **27-19-74. Health insurance contracts - Full year coverage for contraception.**

17 (a) Beginning on the first day of each plan year after January 1, 2018, every health
18 insurance issuer offering group or individual health insurance coverage that covers prescription
19 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
20 to fewer than three hundred sixty-five (365) days at a time.

21 (b) Subsection (a) of this section shall not apply to self-insured employee welfare benefit
22 plans established pursuant to the Federal Employee Retirement Income Security Act of 1974, 29
23 U.S.C. §§1001 et seq.

24 (c) Nothing in this section shall be construed as requiring a health insurance carrier to
25 cover any prescription contraceptive that it does not currently cover or require any pharmacy to
26 dispense any medication that it does not currently dispense.

27 (d) This section shall be applicable to all contracts, plans, or policies of:

28 (1) All health insurers subject to this title;

29 (2) All group and blanket health insurers subject to this title;

30 (3) All nonprofit hospital, medical, surgical, dental, and health service corporations;

31 (4) All health maintenance organizations;

32 (5) Any provision of medical, hospital, surgical, and funeral benefits, and of coverage
33 against accidental death or injury, when the benefits or coverage are incidental to or part of other
34 insurance authorized by the laws of this state;

- 1 (6) All health care facilities, as defined in §23-17-2;
- 2 (7) All pharmacies subject to the provisions of chapter 19.1 of title 5; and
- 3 (8) Family planning centers and essential community providers.

4 SECTION 5. 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 that provides
8 prescription coverage and is delivered, issued for delivery, or renewed in this state shall provide
9 coverage for F.D.A. approved contraceptive drugs and devices requiring a prescription. Provided,
10 that nothing in this subsection shall be deemed to mandate or require coverage for the
11 prescription drug RU 486.

12 (b) Every individual or group health insurance contract, plan or policy licensed pursuant
13 to this title that is issued, amended, renewed, effective or delivered on or after January 1, 2018,
14 shall provide coverage for all of the following services and contraceptive methods:

15 (1) All FDA-approved contraceptive drugs, devices, and other products. This includes all
16 FDA-approved over-the-counter contraceptive drugs, devices, and products as prescribed or as
17 otherwise authorized under state or federal law. The following applies to this coverage:

18 (i) Where the FDA has approved one or more therapeutic and pharmaceutical equivalent,
19 as defined by the FDA, versions of a contraceptive drug, device, or product, a contract is not
20 required to include all such therapeutic and pharmaceutical equivalent versions in its formulary,
21 so long as at least one is included and covered without cost-sharing and in accordance with this
22 subsection;

23 (ii) If the covered therapeutic and pharmaceutical equivalent versions of a drug, device,
24 or product are not available or are deemed medically inadvisable a contract shall provide
25 coverage for an alternate therapeutic and pharmaceutical equivalent version of the contraceptive
26 drug, device, or product without cost-sharing;

27 (iii) This coverage shall include emergency contraception without cost-sharing when
28 provided pursuant to an ordinary prescription, or a non-patient specific regimen order, and when
29 lawfully provided other than through a prescription or order; and

30 (iv) This coverage must allow for the dispensing of a twelve (12) month supply of a
31 contraceptive at one time;

32 (2) Voluntary sterilization procedures;

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

34 (4) Follow-up services related to the drugs, devices, products, and procedures covered

1 under this subsection, including, but not limited to, management of side effects, counseling for
2 continued adherence, and device insertion and removal.

3 (c) A contract subject to this subsection shall not impose a deductible, coinsurance,
4 copayment, or any other cost-sharing requirement on the coverage provided pursuant to this
5 subsection.

6 (d) Except as otherwise authorized under this subsection, a contract shall not impose any
7 restrictions or delays on the coverage required under this subsection.

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

10 ~~(b)~~(f) Notwithstanding any other provision of this section, any hospital service
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 which are contrary
13 to the religious employer's bona fide religious tenets.

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

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

19 SECTION 6. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
20 Corporations" is hereby amended by adding thereto the following section:

21 **27-20-70. Health insurance contracts - Full year coverage for contraception.**

22 (a) Beginning on the first day of each plan year after January 1, 2018, 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 to fewer than three hundred sixty-five (365) days at a time.

26 (b) Subsection (a) of this section shall not apply to self-insured employee welfare benefit
27 plans established pursuant to the Federal Employee Retirement Income Security Act of 1974, 29
28 U.S.C. §§1001 et seq.

29 (c) Nothing in this section shall be construed as requiring a health insurance carrier to
30 cover any prescription contraceptive that it does not currently cover or require any pharmacy to
31 dispense any medication that it does not currently dispense.

32 (d) This section shall be applicable to all contracts, plans, or policies of:

33 (1) All health insurers subject to this title;

34 (2) All group and blanket health insurers subject to this title;

- 1 (3) All nonprofit hospital, medical, surgical, dental, and health service corporations;
- 2 (4) All health maintenance organizations;
- 3 (5) Any provision of medical, hospital, surgical, and funeral benefits, and of coverage
4 against accidental death or injury, when the benefits or coverage are incidental to or part of other
5 insurance authorized by the laws of this state;
- 6 (6) All health care facilities, as defined in § 23-17-2;
- 7 (7) All pharmacies subject to the provisions of chapter 19.1 of title 5; and
- 8 (8) Family planning centers and essential community providers.

9 SECTION 7. Section 27-20-43 of the General Laws in Chapter 27-20 entitled "Nonprofit
10 Medical Service Corporations" is hereby amended to read as follows:

11 **27-20-43. F.D.A. approved prescription contraceptive drugs and devices.**

12 (a) Every individual or group health insurance contract, plan, or policy that provides
13 prescription coverage and is delivered, issued for delivery, or renewed in this state shall provide
14 coverage for F.D.A. approved contraceptive drugs and devices requiring a prescription. Provided,
15 that nothing in this subsection shall be deemed to mandate or require coverage for the
16 prescription drug RU 486.

17 (b) Every individual or group health insurance contract, plan or policy licensed pursuant
18 to this title that is issued, amended, renewed, effective or delivered on or after January 1, 2018,
19 shall provide coverage for all of the following services and contraceptive methods:

20 (1) All FDA-approved contraceptive drugs, devices, and other products. This includes all
21 FDA-approved over-the-counter contraceptive drugs, devices, and products as prescribed or as
22 otherwise authorized under state or federal law. The following applies to this coverage:

23 (i) Where the FDA has approved one or more therapeutic and pharmaceutical equivalent,
24 as defined by the FDA, versions of a contraceptive drug, device, or product, a contract is not
25 required to include all such therapeutic and pharmaceutical equivalent versions in its formulary,
26 so long as at least one is included and covered without cost-sharing and in accordance with this
27 subsection;

28 (ii) If the covered therapeutic and pharmaceutical equivalent versions of a drug, device,
29 or product are not available or are deemed medically inadvisable a contract shall provide
30 coverage for an alternate therapeutic and pharmaceutical equivalent version of the contraceptive
31 drug, device, or product without cost-sharing;

32 (iii) This coverage shall include emergency contraception without cost-sharing when
33 provided pursuant to an ordinary prescription, or a non-patient specific regimen order, and when
34 lawfully provided other than through a prescription or order; and

1 (iv) This coverage must allow for the dispensing of a twelve (12) month supply of a
2 contraceptive at one time;

3 (2) Voluntary sterilization procedures;

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

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

8 (c) A contract subject to this subsection shall not impose a deductible, coinsurance,
9 copayment, or any other cost-sharing requirement on the coverage provided pursuant to this
10 subsection.

11 (d) Except as otherwise authorized under this subsection, a contract shall not impose any
12 restrictions or delays on the coverage required under this subsection.

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

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

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

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

24 SECTION 8. Chapter 27-41 of the General Laws entitled "Health Maintenance
25 Organizations" is hereby amended by adding thereto the following section:

26 **27-41-87. Health insurance contracts - Full year coverage for contraception.**

27 (a) Beginning on the first day of each plan year after January 1, 2018, every health
28 insurance issuer offering group or individual health insurance coverage that covers prescription
29 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive
30 to fewer than three hundred sixty-five (365) days at a time.

31 (b) Subsection (a) of this section shall not apply to self-insured employee welfare benefit
32 plans established pursuant to the Federal Employee Retirement Income Security Act of 1974, 29
33 U.S.C. §§1001 et seq.

34 (c) Nothing in this section shall be construed as requiring a health insurance carrier to

1 cover any prescription contraceptive that it does not currently cover or require any pharmacy to
2 dispense any medication that it does not currently dispense.

3 (d) This section shall be applicable to all contracts, plans, or policies of:

4 (1) All health insurers subject to this title;

5 (2) All group and blanket health insurers subject to this title;

6 (3) All nonprofit hospital, medical, surgical, dental, and health service corporations;

7 (4) All health maintenance organizations;

8 (5) Any provision of medical, hospital, surgical, and funeral benefits, and of coverage
9 against accidental death or injury, when the benefits or coverage are incidental to or part of other
10 insurance authorized by the laws of this state;

11 (6) All health care facilities, as defined in § 23-17-2;

12 (7) All pharmacies subject to the provisions of chapter 19.1 of title 5; and

13 (8) Family planning centers and essential community providers.

14 SECTION 9. 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 that provides
18 prescription coverage and is delivered, issued for delivery, or renewed in this state shall provide
19 coverage for F.D.A. approved contraceptive drugs and devices requiring a prescription; provided,
20 that nothing in this subsection shall be deemed to mandate or require coverage for the
21 prescription drug RU 486.

22 (b) Every individual or group health insurance contract, plan or policy licensed pursuant
23 to this title that is issued, amended, renewed, effective or delivered on or after January 1, 2018,
24 shall provide coverage for all of the following services and contraceptive methods:

25 (1) All FDA-approved contraceptive drugs, devices, and other products. This includes all
26 FDA-approved over-the-counter contraceptive drugs, devices, and products as prescribed or as
27 otherwise authorized under state or federal law. The following applies to this coverage:

28 (i) Where the FDA has approved one or more therapeutic and pharmaceutical equivalent,
29 as defined by the FDA, versions of a contraceptive drug, device, or product, a contract is not
30 required to include all such therapeutic and pharmaceutical equivalent versions in its formulary,
31 so long as at least one is included and covered without cost-sharing and in accordance with this
32 subsection;

33 (ii) If the covered therapeutic and pharmaceutical equivalent versions of a drug, device,
34 or product are not available or are deemed medically inadvisable a contract shall provide

1 coverage for an alternate therapeutic and pharmaceutical equivalent version of the contraceptive
2 drug, device, or product without cost-sharing;

3 (iii) This coverage shall include emergency contraception without cost-sharing when
4 provided pursuant to an ordinary prescription, or a non-patient specific regimen order, and when
5 lawfully provided other than through a prescription or order; and

6 (iv) This coverage must allow for the dispensing of a twelve (12) month supply of a
7 contraceptive at one time;

8 (2) Voluntary sterilization procedures;

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

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

13 (c) A contract subject to this subsection shall not impose a deductible, coinsurance,
14 copayment, or any other cost-sharing requirement on the coverage provided pursuant to this
15 subsection.

16 (d) Except as otherwise authorized under this subsection, a contract shall not impose any
17 restrictions or delays on the coverage required under this subsection.

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

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

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

29 SECTION 10. Chapter 42-12.3 of the General Laws entitled "Health Care for Children
30 and Pregnant Women" is hereby amended by adding thereto the following section:

31 **42-12.3-3.1. Medical assistance expansion for women - Full year coverage for**
32 **contraception.**

33 (a) Within one hundred eighty (180) days from January 1, 2018, the department of human
34 services shall develop and implement a system by which the Medicaid program reimburses for,

1 and Medicaid pharmacies dispense:

2 (1) Twelve (12) months of prescription contraception at a time to enrollees with a valid
3 prescription for twelve (12) months of contraception; or

4 (2) As many months of prescription contraception as there is a valid prescription for, up
5 to twelve (12) months.

6 (b) This section shall apply to all Medicaid programs, including managed care.

7 (c) The department of human services may issue rules and regulations to implement the
8 provisions of this section.

9 (d) This section shall serve as legislative approval for any Medicaid State Plan
10 Amendment that is required by the Centers for Medicare and Medicaid Services to implement this
11 section.

12 SECTION 11. 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 provide full year insurance coverage for all forms of FDA-approved
2 contraceptives and would provide coverage thereto.

3 This act would take effect upon passage.

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