

2019 -- H 5815

LC002033

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: Representatives Kazarian, Casimiro, Alzate, Blazejewski, and Fogarty

Date Introduced: March 07, 2019

Referred To: House Health, Education & Welfare

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, 2020, in this state shall provide coverage
7 for all of the following services and contraceptive methods. F.D.A. approved contraceptive drugs
8 ~~and devices requiring a prescription.~~ Provided, that nothing in this subsection shall be deemed to
9 mandate or require coverage for the prescription drug RU 486.

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

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

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

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

4 (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
12 carrier shall establish the plan's cost-sharing for the coverage provided pursuant to this section at
13 the minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions
14 and 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 ~~(b)~~(e) Notwithstanding any other provision of this section, any insurance company may
20 issue to a religious employer an individual or group health insurance contract, plan, or policy that
21 excludes coverage for prescription contraceptive methods which are contrary to the religious
22 employer's bona fide religious tenets.

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

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

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

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

1 preserve the life or health of an enrollee.

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

6 **27-18-57. F.D.A. approved prescription contraceptive drugs and devices. [Effective**
7 **April 1, 2019.]**

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

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

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

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

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

27 (2) Voluntary sterilization procedures;

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

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

32 (b) A group or blanket policy subject to this section shall not impose a deductible,
33 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
34 to this section. For a qualifying high-deductible health plan for a health savings account, the

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

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

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

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

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

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

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

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

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

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

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

1 **27-19-48. F.D.A. approved prescription contraceptive drugs and devices.**

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

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

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

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

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

21 (2) Voluntary sterilization procedures;

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

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

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

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

34 (d) Benefits for an enrollee under this section shall be the same for an enrollee's covered

1 [spouse or domestic partner and covered non-spouse dependents.](#)

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

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

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

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

15 [\(i\) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,](#)
16 [devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of](#)
17 [ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to](#)
18 [preserve the life or health of an enrollee.](#)

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

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

25 **27-20-43. F.D.A. approved prescription contraceptive drugs and devices.**

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

32 [\(1\) All FDA-approved contraceptive drugs, devices, and other products. The following](#)
33 [applies to this coverage:](#)

34 [\(i\) If there is a therapeutic equivalent of an FDA-approved contraceptive drug, device, or](#)

1 product, the contract must include either the original FDA-approved contraceptive drug, device,
2 or product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the
3 same definition as that set forth by the Federal Drug Administration.

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

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

11 (2) Voluntary sterilization procedures;

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

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

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

22 (c) Except as otherwise authorized under this subsection, a group or blanket policy shall
23 not 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 ~~(b)~~(e) Notwithstanding any other provision of this section, any insurance company may
27 issue to a religious employer an individual or group health insurance contract, plan, or policy that
28 excludes coverage for prescription contraceptive methods which are contrary to the religious
29 employer's bona fide religious tenets.

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

32 ~~(d)~~(g) This section does not apply to insurance coverage providing benefits for: (1)
33 hospital confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5)
34 Medicare supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of

1 bodily injury or death by accident or both; and (9) other limited benefit policies.

2 ~~(e)~~(h) 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 health care services the employer refuses to cover for religious reasons.

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

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

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

15 **27-41-59. F.D.A. approved prescription contraceptive drugs and devices.**

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

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

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

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

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

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

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

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

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

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

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

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

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

33 (j) Beginning on the first day of each plan year after April 1, every health insurance
34 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 SECTION 5. This act shall take effect upon passage.

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LC002033
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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, 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.

5 This act would take effect upon passage.

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