2025 -- H 5626

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S T A T E O F R H O D E I S L A N D

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Speakman, Knight, Boylan, Donovan, Fogarty, Spears, Cotter, Carson, Tanzi, and Alzate
Date Introduced: February 26, 2025

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance Policies" is hereby amended by adding thereto the following section:

27-18-57.1. Coverage for contraceptive drugs, devices or therapeutic equivalent.

(a) Notwithstanding any other provision of this chapter, any health insurance contract, plan, or policy delivered or issued for delivery or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage for the following services and contraceptive methods:

(1) United States Food and Drug Administration (FDA) approved contraceptive drugs, devices and other products; provided, however, that coverage shall not be required for male condoms or FDA-approved oral contraceptive drugs that do not have a therapeutic equivalent; and provided further, that:

(i) If the FDA has approved one or more therapeutic equivalents of a contraceptive drug, device or product, the office of the health insurance commissioner shall not be required to include all such therapeutically equivalent versions in its formulary as long as at least one is included and covered without cost-sharing and in accordance with this section; and

(ii) If there is a therapeutic equivalent of a drug, device or other product for an FDA-approved contraceptive method, the insurer may provide coverage for more than one drug, device or other product and may impose cost-sharing requirements as long as at least one drug, device or other product for that method is available without cost-sharing; provided, however, that if an

individual's provider recommends a particular FDA-approved contraceptive based on a medical determination with respect to that individual, regardless of whether the contraceptive has a therapeutic equivalent, the insurer shall provide coverage for the prescribed contraceptive drug, device or product without cost-sharing;

(2) FDA-approved emergency contraception available over-the-counter, whether with a prescription or dispensed consistent with the requirements of current law;

(3) Prescription contraceptives intended to last:

(i) For not more than a three (3) month period for the first time the prescription contraceptive is dispensed to the covered person; and

(ii) For not more than a twelve (12) month period for any subsequent dispensing of the same prescription, which may be dispensed all at once or over the course of the twelve (12) month period, regardless of whether the covered person was enrolled in a plan or policy under this chapter at the time the prescription contraceptive was first dispensed; provided, however, that the insured may not fill more than one twelve (12) month prescription in a single dispensing per plan year;

(4) Voluntary female sterilization procedures;

(5) Patient education and counseling on contraception; and

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

(b) For purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

(1) "Provider" means an individual or facility licensed, certified, or otherwise authorized or permitted by law to administer health care in the ordinary course of business or professional practice acting within the scope of their license.

(2) "Therapeutic equivalent" means a contraceptive drug, device, or product that is:

(i) Approved by the FDA as safe and effective;

(ii) Pharmaceutically equivalent to another contraceptive drug, device, or product in that it contains an identical amount of the same active drug ingredient in the same dosage form and route of administration and meets compendial or other applicable standards of strength, quality, purity, and identity; and

(iii) Assigned the same therapeutic equivalence code as another contraceptive drug, device or product by the FDA.

(c) Coverage provided under this section shall not be subject to any deductible, coinsurance, copayment, or other cost-sharing requirement, except as otherwise required under

federal law. Coverage offered under this section shall not impose unreasonable restrictions or delays in the coverage; provided, however, that reasonable medical management techniques may be applied to coverage within a method category, as defined by the FDA, but not across types of methods.

(d) Benefits for an enrollee under this section shall be the same for the enrollee's covered spouse and covered dependents.

(e) Nothing in this section shall be construed to exclude coverage for contraceptive drugs, devices, products, and procedures as prescribed by a provider for reasons other than contraceptive purposes including, but not limited to, decreasing the risk of ovarian cancer, eliminating symptoms of menopause or providing contraception that is necessary to preserve the life or health of the enrollee or the enrollee's covered spouse or covered dependents.

(f) The office of the health insurance commissioner shall ensure plan compliance with this section.

(g) Nothing in this section shall be construed to require insurers to cover experimental or investigational treatments.

SECTION 2. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service Corporations" is hereby amended by adding thereto the following section:

27-20-43.1. Coverage for contraceptive drugs, devices or therapeutic equivalent.

(a) Notwithstanding any other provision of this chapter, any health insurance contract, plan, or policy delivered or issued for delivery or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage for the following services and contraceptive methods:

(1) United States Food and Drug Administration (FDA) approved contraceptive drugs, devices and other products; provided, however, that coverage shall not be required for male condoms or FDA-approved oral contraceptive drugs that do not have a therapeutic equivalent; and provided further, that:

(i) If the FDA has approved one or more therapeutic equivalents of a contraceptive drug, device or product, the office of the health insurance commissioner shall not be required to include all such therapeutically equivalent versions in its formulary as long as at least one is included and covered without cost-sharing and in accordance with this section; and

(ii) If there is a therapeutic equivalent of a drug, device or other product for an FDA-approved contraceptive method, the insurer may provide coverage for more than one drug, device or other product and may impose cost-sharing requirements as long as at least one drug, device or other product for that method is available without cost-sharing; provided, however, that if an

individual's provider recommends a particular FDA-approved contraceptive based on a medical determination with respect to that individual, regardless of whether the contraceptive has a therapeutic equivalent, the insurer shall provide coverage for the prescribed contraceptive drug, device or product without cost-sharing;

(2) FDA-approved emergency contraception available over-the-counter, whether with a prescription or dispensed consistent with the requirements of current law;

(3) Prescription contraceptives intended to last:

(i) For not more than a three (3) month period for the first time the prescription contraceptive is dispensed to the covered person; and

(ii) For not more than a twelve (12) month period for any subsequent dispensing of the same prescription, which may be dispensed all at once or over the course of the twelve (12) month period, regardless of whether the covered person was enrolled in a plan or policy under this chapter at the time the prescription contraceptive was first dispensed; provided, however, that the insured may not fill more than one twelve (12) month prescription in a single dispensing per plan year;

(4) Voluntary female sterilization procedures;

(5) Patient education and counseling on contraception; and

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

(b) For purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

(1) "Provider" means an individual or facility licensed, certified, or otherwise authorized or permitted by law to administer health care in the ordinary course of business or professional practice acting within the scope of their license.

(2) "Therapeutic equivalent" means a contraceptive drug, device, or product that is:

(i) Approved by the FDA as safe and effective;

(ii) Pharmaceutically equivalent to another contraceptive drug, device, or product in that it contains an identical amount of the same active drug ingredient in the same dosage form and route of administration and meets compendial or other applicable standards of strength, quality, purity, and identity; and

(iii) Assigned the same therapeutic equivalence code as another contraceptive drug, device or product by the FDA.

(c) Coverage provided under this section shall not be subject to any deductible, coinsurance, copayment, or other cost-sharing requirement, except as otherwise required under

federal law. Coverage offered under this section shall not impose unreasonable restrictions or delays in the coverage; provided, however, that reasonable medical management techniques may be applied to coverage within a method category, as defined by the FDA, but not across types of methods.

(d) Benefits for an enrollee under this section shall be the same for the enrollee's covered spouse and covered dependents.

(e) Nothing in this section shall be construed to exclude coverage for contraceptive drugs, devices, products, and procedures as prescribed by a provider for reasons other than contraceptive purposes including, but not limited to, decreasing the risk of ovarian cancer, eliminating symptoms of menopause or providing contraception that is necessary to preserve the life or health of the enrollee or the enrollee's covered spouse or covered dependents.

(f) The office of the health insurance commissioner shall ensure plan compliance with this section.

(g) Nothing in this section shall be construed to require insurers to cover experimental or investigational treatments.

SECTION 3. Chapter 27-41 of the General Laws entitled "Health Maintenance Organizations" is hereby amended by adding thereto the following section:

27-41-59.1. Coverage for contraceptive drugs, devices or therapeutic equivalent.

(a) Notwithstanding any other provision of this chapter, any health insurance contract, plan, or policy delivered or issued for delivery or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage for the following services and contraceptive methods:

(1) United States Food and Drug Administration (FDA) approved contraceptive drugs, devices and other products; provided, however, that coverage shall not be required for male condoms or FDA-approved oral contraceptive drugs that do not have a therapeutic equivalent; and provided further, that:

(i) If the FDA has approved one or more therapeutic equivalents of a contraceptive drug, device or product, the office of the health insurance commissioner shall not be required to include all such therapeutically equivalent versions in its formulary as long as at least one is included and covered without cost-sharing and in accordance with this section; and

(ii) If there is a therapeutic equivalent of a drug, device or other product for an FDA-approved contraceptive method, the insurer may provide coverage for more than one drug, device or other product and may impose cost-sharing requirements as long as at least one drug, device or other product for that method is available without cost-sharing; provided, however, that if an

individual's provider recommends a particular FDA-approved contraceptive based on a medical determination with respect to that individual, regardless of whether the contraceptive has a therapeutic equivalent, the insurer shall provide coverage for the prescribed contraceptive drug, device or product without cost-sharing;

(2) FDA-approved emergency contraception available over-the-counter, whether with a prescription or dispensed consistent with the requirements of current law;

(3) Prescription contraceptives intended to last:

(i) For not more than a three (3) month period for the first time the prescription contraceptive is dispensed to the covered person; and

(ii) For not more than a twelve (12) month period for any subsequent dispensing of the same prescription, which may be dispensed all at once or over the course of the twelve (12) month period, regardless of whether the covered person was enrolled in a plan or policy under this chapter at the time the prescription contraceptive was first dispensed; provided, however, that the insured may not fill more than one twelve (12) month prescription in a single dispensing per plan year;

(4) Voluntary female sterilization procedures;

(5) Patient education and counseling on contraception; and

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

(b) For purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

(1) "Provider" means an individual or facility licensed, certified, or otherwise authorized or permitted by law to administer health care in the ordinary course of business or professional practice acting within the scope of their license.

(2) "Therapeutic equivalent" means a contraceptive drug, device, or product that is:

(i) Approved by the FDA as safe and effective;

(ii) Pharmaceutically equivalent to another contraceptive drug, device, or product in that it contains an identical amount of the same active drug ingredient in the same dosage form and route of administration and meets compendial or other applicable standards of strength, quality, purity, and identity; and

(iii) Assigned the same therapeutic equivalence code as another contraceptive drug, device or product by the FDA.

(c) Coverage provided under this section shall not be subject to any deductible, coinsurance, copayment, or other cost-sharing requirement, except as otherwise required under

federal law. Coverage offered under this section shall not impose unreasonable restrictions or delays in the coverage; provided, however, that reasonable medical management techniques may be applied to coverage within a method category, as defined by the FDA, but not across types of methods.

(d) Benefits for an enrollee under this section shall be the same for the enrollee's covered spouse and covered dependents.

(e) Nothing in this section shall be construed to exclude coverage for contraceptive drugs, devices, products, and procedures as prescribed by a provider for reasons other than contraceptive purposes including, but not limited to, decreasing the risk of ovarian cancer, eliminating symptoms of menopause or providing contraception that is necessary to preserve the life or health of the enrollee or the enrollee's covered spouse or covered dependents.

(f) The office of the health insurance commissioner shall ensure plan compliance with this section.

(g) Nothing in this section shall be construed to require insurers to cover experimental or investigational treatments.

SECTION 4. This act shall take effect on January 1, 2026.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

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RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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This act would mandate health insurance coverage for at least one FDA-approved contraceptive drug, device or therapeutic equivalent, emergency contraception available over-the-counter, as well as voluntary female sterilization procedures; patient education and counseling on contraception; and follow-up services related to the drugs, devices, products and procedures.

This act would take effect on January 1, 2026.

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