

2025 -- H 6047

LC002275

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: Representatives Alzate, Kazarian, Caldwell, Shanley, Speakman, Ajello,  
Felix, Tanzi, Casimiro, and Giraldo

Date Introduced: March 07, 2025

Referred To: House Finance

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 healthcare 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 healthcare 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 ~~F.D.A.~~  
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 healthcare 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 ~~(e)~~(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. The exclusion from coverage under this subsection shall not  
18 apply to contraceptive services or procedures provided for purposes other than contraception, such  
19 as decreasing the risk of ovarian cancer or eliminating symptoms of menopause.

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

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

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

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

1 surveys, enrollee or other complaints, financial status, or any other source.

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

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

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

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

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

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

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

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

29 (i) If there is a therapeutic equivalent of an FDA-approved contraceptive drug, device, or  
30 product, the contract shall include either the original FDA-approved contraceptive drug, device, or  
31 product or at least one of its therapeutic equivalents. "Therapeutic equivalent" shall have the same  
32 definition as that set forth by the FDA; If the covered therapeutic equivalent versions of a drug,  
33 device, or product are not available, or are not tolerated by the patient, or are deemed medically  
34 inadvisable, a group or blanket policy shall provide coverage for an alternate therapeutic equivalent

1 version of the contraceptive drug, device, or product, based on the determination of the healthcare  
2 provider, without cost-sharing; and

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

7 (2) Voluntary sterilization procedures;

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

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

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

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

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

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

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

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

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

11 (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
12 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
13 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
14 preserve the life or health of an enrollee. A plan that violates this section is subject to penalties, in  
15 accordance with § 27-20-33. The department may base its determinations on findings from onsite  
16 surveys, enrollee or other complaints, financial status, or any other source.

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

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

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

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

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



1           **27-41-59. FDA 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, 2026, shall provide coverage for ~~FDA~~  
5 ~~approved contraceptive drugs and devices requiring a prescription; provided, all of the following~~  
6 services and contraceptive methods. Provided all of the following services and contraceptive  
7 methods. that nothing in this subsection shall be deemed to mandate or require coverage for the  
8 prescription drug RU 486.

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

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

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

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

24           (2) Voluntary sterilization procedures;

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

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

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

1 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and  
2 withdrawals from their health savings account under 26 U.S.C. § 223. A health plan shall not  
3 impose utilization control or other forms of medical management limiting the supply of FDA-  
4 approved contraception that may be dispensed or furnished by a provider or pharmacist, or at a  
5 location licensed or otherwise authorized to dispense drugs or supplies in an amount that is less  
6 than a twelve (12) month supply, and shall not require an enrollee to make any formal request for  
7 such coverage other than a pharmacy claim.

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

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

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

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

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

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

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

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

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

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

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

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

19           **40-8-33. FDA-approved prescription contraceptive drugs and devices.**

20           (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
21 this chapter that is delivered, issued for delivery, renewed, amended or effective in this state on or  
22 after January 1, 2026, shall provide coverage for all of the following services and contraceptive  
23 methods. Provided, that nothing in this subsection shall be deemed to mandate or require coverage  
24 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 healthcare 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 (e) Notwithstanding any other provision of this section, any health maintenance  
29 corporation may issue to a religious employer an individual or group health insurance contract,  
30 plan, or policy that excludes coverage for prescription contraceptive methods that are contrary to  
31 the religious employer's bona fide religious tenets. The exclusion from coverage under this  
32 subsection shall not apply to contraceptive services or procedures provided for purposes other than  
33 contraception, such as decreasing the risk of ovarian cancer or eliminating symptoms of  
34 menopause.

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

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

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

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

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

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

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

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

1 SECTION 6. This act shall take effect upon passage.

=====  
LC002275  
=====

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.

=====  
LC002275  
=====