

2026 -- H 7323

LC004206

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Alzate, Fogarty, Donovan, Spears, Carson, J. Lombardi,  
Diaz, Cotter, Cruz, and Kislak

Date Introduced: January 23, 2026

Referred To: House Finance

It is enacted by the General Assembly as follows:

SECTION 1. Section 27-18-57 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

**27-18-57. FDA approved prescription contraceptive drugs and devices.**

(a) Every individual or group health insurance contract, plan, or policy issued pursuant to this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed, amended or effective in this state on or after January 1, 2027 shall provide coverage for ~~FDA approved contraceptive drugs and devices requiring a prescription~~ all of the following services and contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate or require coverage for the prescription drug RU 486.

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

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

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

1 without cost-sharing; and

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

6 (2) Voluntary sterilization procedures;

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

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

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

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

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

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

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

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

2 ~~(d)~~(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 ~~(e)~~(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 ~~(f)~~(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 office of the health insurance commissioner ("commissioner")  
19 may base its determinations on findings from onsite surveys, enrollee or other complaints, financial  
20 status, or any other source.

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

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

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

33 (3) The commissioner shall submit an annual report to the general assembly and any other  
34 appropriate entity with its findings from the random compliance reviews detailed in this section

1 [and any other compliance or implementation efforts. This report shall be made available to the](#)  
2 [public on the commissioner's website.](#)

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

5 **27-19-48. FDA approved prescription contraceptive drugs and devices.**

6 (a) Every individual or group health insurance contract, plan, or policy [issued pursuant to](#)  
7 [this title](#) that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
8 [amended or effective](#) in this state [on or after January 1, 2027](#) shall provide coverage for ~~FDA~~  
9 ~~approved contraceptive drugs and devices requiring a prescription~~ [all of the following services and](#)  
10 [contraceptive methods](#). Provided, that nothing in this subsection shall be deemed to mandate or  
11 require coverage for the prescription drug RU 486.

12 [\(1\) All FDA-approved contraceptive drugs, devices, and other products. The following](#)  
13 [applies to this coverage:](#)

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

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

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

27 [\(2\) Voluntary sterilization procedures;](#)

28 [\(3\) Clinical services related to the provision or use of contraception, including](#)  
29 [consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient](#)  
30 [education, referrals, and counseling; and](#)

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

34 [\(b\) A group or blanket policy subject to this section shall not impose a deductible,](#)

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

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

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

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

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

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

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

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

1 accordance with § 27-19-38. The commissioner may base its determinations on findings from  
2 onsite surveys, enrollee or other complaints, financial status, or any other source.

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

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

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

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

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

21 **27-20-43. FDA approved prescription contraceptive drugs and devices.**

22 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
23 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
24 amended or effective in this state on or after January 1, 2027 shall provide coverage for ~~FDA~~  
25 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services and  
26 contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate or  
27 require coverage for the prescription drug RU 486.

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

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

34 (ii) If the covered therapeutic equivalent versions of a drug, device, or product are not

1 available, or are not tolerated by the patient, or are deemed medically inadvisable, a group or  
2 blanket policy shall provide coverage for an alternate therapeutic equivalent version of the  
3 contraceptive drug, device, or product, based on the determination of the health care provider,  
4 without cost-sharing; and

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

9 (2) Voluntary sterilization procedures;

10 (3) Clinical services related to the provision or use of contraception, including  
11 consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient  
12 education, referrals, and counseling; 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 carrier  
19 shall establish the plan's cost-sharing for the coverage provided pursuant to this section at the  
20 minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions and  
21 withdrawals from their health savings account under 26 U.S.C. § 223. A health plan shall not  
22 impose utilization control or other forms of medical management limiting the supply of FDA-  
23 approved contraception that may be dispensed or furnished by a provider or pharmacist, or at a  
24 location licensed or otherwise authorized to dispense drugs or supplies in an amount that is less  
25 than a twelve (12) month supply, and shall not require an enrollee to make any formal request for  
26 such coverage other than a pharmacy claim.

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

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

31 ~~(b)~~(e) Notwithstanding any other provision of this section, any medical service corporation  
32 may issue to a religious employer an individual or group health insurance contract, plan, or policy  
33 that excludes coverage for prescription contraceptive methods that are contrary to the religious  
34 employer's bona fide religious tenets. The exclusion from coverage under this subsection, shall not

1 apply to contraceptive services or procedures provided for purposes other than contraception, such  
2 as decreasing the risk of ovarian cancer or eliminating symptoms of menopause.

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

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

8 ~~(e)~~(h) Beginning on the first day of each plan year after April 1, 2019, 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 up to three hundred sixty-five (365) days at a time that may be furnished or dispensed all at once  
12 or over the course of the twelve (12) month period at the discretion of the prescriber.

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

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

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

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

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



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

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

(a) Every individual or group health insurance contract, plan, or policy issued pursuant to this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed, amended or effective in this state on or after January 1, 2027 shall provide coverage for ~~FDA approved contraceptive drugs and devices requiring a prescription; provided,~~ all of the following services and contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate or require coverage for the prescription drug RU 486.

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

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

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

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

(2) Voluntary sterilization procedures;

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

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

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

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

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

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

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

20 ~~(c)~~(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 ~~(d)~~(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 ~~(e)~~(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 § 27-41-21. The commissioner may base its determinations on findings from

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

2 (j) The commissioner shall monitor plan compliance in accordance with this section and  
3 shall 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  
5 commissioner shall engage in a stakeholder process prior to the adoption of rules and regulations  
6 that include health care service plans, pharmacy benefit plans, consumer representatives, including  
7 those representing youth, low-income people, and communities of color, and other interested  
8 parties. The commissioner shall hold stakeholder meetings for stakeholders of different types to  
9 ensure sufficient opportunity to consider factors and processes relevant to contraceptive coverage.  
10 The commissioner shall provide notice of stakeholder meetings on the commissioner's website, and  
11 stakeholder meetings shall be open to the public.

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

14 (3) The commissioner 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 commissioner's website.

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

20 **40-8-33. F.D.A. approved prescription contraceptive drugs and devices.**

21 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
22 this chapter that is delivered, issued for delivery, renewed, amended or effective in this state on or  
23 after January 1, 2027 shall provide coverage for all of the following services and contraceptive  
24 methods. Provided, that nothing in this subsection shall be deemed to mandate or require coverage  
25 for the prescription drug RU 486.

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

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

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

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

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

1 menopause.

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

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

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

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

19 (j) The executive office of health and human services shall monitor plan compliance in  
20 accordance with this section and shall adopt and regulations rules for the implementation of this  
21 section, including the following:

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

31 (2) The executive office of health and human services shall conduct random reviews of  
32 each plan and its subcontractors to ensure compliance with this section.

33 (3) The executive office of health and human services shall submit an annual report to the  
34 general assembly and any other appropriate entity with its findings from the random compliance

1 [reviews detailed in this section and any other compliance or implementation efforts. This report](#)  
2 [shall be made available to the public on the executive office of health and human services' website.](#)

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

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LC004206  
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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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1           This act would require every individual or group health insurance contract effective on or  
2   after January 1, 2027, to provide coverage to the insured and the insured's spouse and dependents  
3   for all FDA-approved contraceptive drugs, devices and other products, voluntary sterilization  
4   procedures, patient education and counseling on contraception and follow-up services as well as  
5   Medicaid coverage for a twelve (12) month supply for Medicaid recipients.

6           This act would take effect upon passage.

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LC004206  
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