

2026 -- H 7323

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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. 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:

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. FDA 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, 2027 shall provide coverage for ~~FDA~~
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 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 (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 (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 (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 (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 ④(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 ~~(e)(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.

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

3 **27-41-59. FDA 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, 2027 shall provide coverage for ~~FDA~~
7 ~~approved contraceptive drugs and devices requiring a prescription; provided, all of the following~~
8 ~~services and contraceptive methods. Provided,~~ that nothing in this subsection shall be deemed to
9 mandate or require coverage for the prescription drug RU 486.

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

12 (i) If there is a therapeutic equivalent of an FDA-approved contraceptive drug, device, or
13 product, the contract 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 health care provider,
20 without cost-sharing; and

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

25 (2) Voluntary sterilization procedures;

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

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

32 (b) A group or blanket policy subject to this section shall not impose a deductible,
33 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant
34 to this section. For a qualifying high-deductible health plan for a health savings account, the 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 ④(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 ④(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 ④(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 ④(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

- 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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