

2025 -- S 0268 SUBSTITUTE A

LC000242/SUB A

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: Senators Euer, DiMario, Urso, Lauria, Kallman, Valverde, Quezada,  
Lawson, Mack, and Sosnowski  
Date Introduced: February 13, 2025  
Referred To: Senate Health & Human Services

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 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, 2026](#) 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.

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

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

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

13           (3) The commissioner 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 commissioner's website.

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

19           **27-20-43. FDA approved prescription contraceptive drugs and devices.**

20           (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
21 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
22 amended or effective in this state on or after January 1, 2026 in this state shall provide coverage  
23 for ~~FDA-approved contraceptive drugs and devices requiring a prescription~~ all of the following  
24 services and contraceptive methods. Provided, that nothing in this subsection shall be deemed to  
25 mandate or require coverage 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 ~~(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 commissioner may base its determinations on findings from  
16 onsite surveys, enrollee or other complaints, financial status, or any other source.

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

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

29 (3) The commissioner 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 commissioner'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, that nothing in this subsection shall be deemed to  
7 mandate or require coverage for the prescription drug RU 486.

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

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

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

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

23           (2) Voluntary sterilization procedures;

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

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

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

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

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

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

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

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

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

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

28 (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
29 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
30 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
31 preserve the life or health of an enrollee. A plan that violates this section is subject to penalties, in  
32 accordance with § 27-41-21. The commissioner may base its determinations on findings from  
33 onsite surveys, enrollee or other complaints, financial status, or any other source.

34 (j) The commissioner shall monitor plan compliance in accordance with this section and

1 shall adopt rules and regulations for the implementation of this section, including the following:

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

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

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

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

18 **40-8-33. F.D.A. approved prescription contraceptive drugs and devices.**

19 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
20 this chapter that is delivered, issued for delivery, renewed, amended or effective in this state on or  
21 after January 1, 2026 shall provide coverage for all of the following services and contraceptive  
22 methods. Provided, that nothing in this subsection shall be deemed to mandate or require coverage  
23 for the prescription drug RU 486.

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

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

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

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

5        (2) Voluntary sterilization procedures;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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LC000242/SUB A  
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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, 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.

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LC000242/SUB A  
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