

**SENATE . . . . . No. 483**

The Commonwealth of Massachusetts

PRESENTED BY:

*Harriette L. Chandler*

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to women’s health and economic equity.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Harriette L. Chandler</i>	<i>First Worcester</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Paul R. Heroux</i>	<i>2nd Bristol</i>
<i>Stephen Kulik</i>	<i>1st Franklin</i>
<i>Cory Atkins</i>	<i>14th Middlesex</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>William N. Brownsberger</i>	<i>Second Suffolk and Middlesex</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>

<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Barbara L'Italien</i>	<i>Second Essex and Middlesex</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>
<i>Gloria L. Fox</i>	<i>7th Suffolk</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Kenneth J. Donnelly</i>	<i>Fourth Middlesex</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>
<i>Brian A. Joyce</i>	<i>Norfolk, Bristol and Plymouth</i>
<i>Carmin L. Gentile</i>	<i>13th Middlesex</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>

**SENATE . . . . . No. 483**

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By Ms. Chandler, a petition (accompanied by bill, Senate, No. 483) of Harriette L. Chandler, Sal N. DiDomenico, John W. Scibak, David Paul Linsky and other members of the General Court for legislation relative to women’s health and economic equity. Financial Services.

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The Commonwealth of Massachusetts

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**In the One Hundred and Eighty-Ninth General Court  
(2015-2016)**  
\_\_\_\_\_

An Act relative to women’s health and economic equity.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 175 of the General Laws, as appearing in the 2012 Official  
2 Edition, is hereby amended by striking out section 47W and inserting in place thereof the  
3 following section:-

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

6 “PPACA”, the federal Patient Protection and Affordable Care Act, Public Law 111-148,  
7 as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law  
8 111-152.

9 “Provider”, any institution, agency, individual, or other legal entity qualified under the  
10 laws of the commonwealth to perform the medical care or services for which medical assistance  
11 and medical benefits are available under chapters 176G to 176Q, inclusive, with respect to health  
12 care service plan contracts issued, amended, or renewed on or after January 1, 2016.

13 (b) An individual policy of accident and sickness insurance issued pursuant to section  
14 108 and a group blanket policy of accident and sickness insurance issued pursuant to section 110  
15 that is delivered, issued or renewed within or without the commonwealth and that provides  
16 benefits for outpatient services shall provide hormone replacement therapy services for peri and  
17 post menopausal women and outpatient contraceptive services under the same terms and  
18 conditions as for such other outpatient services. Outpatient contraceptive services shall mean  
19 consultations, examinations, procedures and medical services provided on an outpatient basis  
20 and related to the use of all contraceptive methods to prevent pregnancy that have been approved  
21 by the United States Food and Drug Administration.

22 (c) An individual policy of accident and sickness insurance issued pursuant to section 108  
23 and any group blanket policy of accident and sickness insurance issued pursuant to section 110  
24 that is delivered, issued or renewed within or without the commonwealth and that provides  
25 benefits for outpatient prescription drugs and devices shall provide benefits for hormone  
26 replacement therapy for peri-menopausal and post-menopausal women and for outpatient  
27 prescription contraceptive drugs or devices which have been approved by the United States Food  
28 and Drug Administration under the same terms and conditions as for such other prescription  
29 drugs or devices, provided that in covering all FDA approved prescription contraceptive  
30 methods, nothing in this section precludes the use of closed or restricted formulary.

31 (d) A health care service plan contract, except for a specialized health care service plan  
32 contract, that is issued, amended, renewed or delivered on or after January 1, 2016, shall provide  
33 coverage for:

34 (1) all FDA-approved contraceptive drugs, devices and other products. This includes all  
35 FDA-approved contraceptive drugs, devices, and products available Over-the-Counter, as  
36 prescribed by the enrollee's provider or otherwise authorized under state or federal law:

37 (i) if the FDA has approved 1 or more therapeutic equivalents of a contraceptive drug,  
38 device or product, a healthcare service plan shall include at least 1 therapeutically equivalent  
39 version in its formulary; and

40 (ii) if the covered therapeutically equivalent versions of a drug, device, or product are not  
41 available or are deemed medically inadvisable by the enrollee's provider, a health care service  
42 plan shall provide coverage for an alternate prescribed therapeutically equivalent version of the  
43 contraceptive drug, device or product;

44 (2) voluntary sterilization procedures;

45 (3) patient education and counseling on contraception;

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

49 (e) (1) A health care service plan subject to this section shall not impose a deductible,  
50 coinsurance, copayment or any other cost-sharing requirement on the coverage provided  
51 pursuant to this subsection. Cost sharing shall not be imposed on any Medicaid beneficiary.

52 (2) Except as otherwise authorized under this section, a health care service plan shall not  
53 impose any restrictions or delays on the coverage required under this section.

54 (3) Benefits for an enrollee under this subsection shall be the same for an enrollee's  
55 covered spouse and covered dependents.

56 (4) For purposes of this section "health care service plan" shall include Medicaid  
57 managed care plans that contract with MassHealth under chapter 118E.

58 (f) (1) This section shall not apply to an individual policy of accident and sickness  
59 insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of  
60 accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that  
61 policy is purchased by an employer that is a church or qualified church-controlled organization,  
62 as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

63 (2) A religious employer that invokes the exemption provided under this subsection shall  
64 provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
65 contraceptive health care services the employer refuses to cover for religious reasons.

66 (g) Nothing in this section shall be construed to exclude coverage for contraceptive  
67 supplies as prescribed by a provider, acting within the employer's scope of practice, for reasons  
68 other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating  
69 symptoms of menopause or for contraception that is necessary to preserve the life or health of an  
70 individual.

71 (h) Nothing in this section shall be construed to deny or restrict in any way the  
72 department's authority to ensure plan compliance with this chapter if a plan provides coverage  
73 for contraceptive drugs, devices and products.

74 (i) Nothing in this section shall be construed to require an individual or group health care  
75 service plan contract to cover experimental or investigational treatments.

76 SECTION 2. Chapter 176A of the General Laws, as so appearing, is hereby amended by  
77 striking out section 8W and inserting in place thereof the following section:-

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

80 “PPACA”, the federal Patient Protection and Affordable Care Act, Public Law 111-148,  
81 as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law  
82 111-152.

83 “Provider”, any institution, agency, individual, or other legal entity qualified under the  
84 laws of the commonwealth to perform the medical care or services for which medical assistance  
85 and medical benefits are available under chapters 176G to 176Q, inclusive, with respect to health  
86 care service plan contracts issued, amended, or renewed on or after January 1, 2016.

87 (b) An individual policy of accident and sickness insurance issued pursuant to section  
88 108 and a group blanket policy of accident and sickness insurance issued pursuant to section 110  
89 that is delivered, issued or renewed within or without the commonwealth and that provides  
90 benefits for outpatient services shall provide hormone replacement therapy services for peri and  
91 post menopausal women and outpatient contraceptive services under the same terms and  
92 conditions as for such other outpatient services. Outpatient contraceptive services shall mean  
93 consultations, examinations, procedures and medical services provided on an outpatient basis  
94 and related to the use of all contraceptive methods to prevent pregnancy that have been approved  
95 by the United States Food and Drug Administration.

96 (c) An individual policy of accident and sickness insurance issued pursuant to section 108  
97 and any group blanket policy of accident and sickness insurance issued pursuant to section 110  
98 that is delivered, issued or renewed within or without the commonwealth and that provides  
99 benefits for outpatient prescription drugs and devices shall provide benefits for hormone  
100 replacement therapy for peri-menopausal and post-menopausal women and for outpatient  
101 prescription contraceptive drugs or devices which have been approved by the United States Food  
102 and Drug Administration under the same terms and conditions as for such other prescription  
103 drugs or devices, provided that in covering all FDA approved prescription contraceptive  
104 methods, nothing in this section precludes the use of closed or restricted formulary.

105 (d) A health care service plan contract, except for a specialized health care service plan  
106 contract, that is issued, amended, renewed or delivered on or after January 1, 2016, shall provide  
107 coverage for:

108 (1) all FDA-approved contraceptive drugs, devices and other products. This includes all  
109 FDA-approved contraceptive drugs, devices, and products available Over-the-Counter, as  
110 prescribed by the enrollee's provider or otherwise authorized under state or federal law:

111 (i) if the FDA has approved 1 or more therapeutic equivalents of a contraceptive drug,  
112 device or product, a healthcare service plan shall include at least 1 therapeutically equivalent  
113 version in its formulary; and

114 (ii) if the covered therapeutically equivalent versions of a drug, device, or product are not  
115 available or are deemed medically inadvisable by the enrollee's provider, a health care service  
116 plan shall provide coverage for an alternate prescribed therapeutically equivalent version of the  
117 contraceptive drug, device or product;



118 (2) voluntary sterilization procedures;

119 (3) patient education and counseling on contraception;

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

123 (e) (1) A health care service plan subject to this section shall not impose a deductible,  
124 coinsurance, copayment or any other cost-sharing requirement on the coverage provided  
125 pursuant to this subsection. Cost sharing shall not be imposed on any Medicaid beneficiary.

126 (2) Except as otherwise authorized under this section, a health care service plan shall not  
127 impose any restrictions or delays on the coverage required under this section.

128 (3) Benefits for an enrollee under this subsection shall be the same for an enrollee's  
129 covered spouse and covered dependents.

130 (4) For purposes of this section "health care service plan" shall include Medicaid  
131 managed care plans that contract with MassHealth under chapter 118E.

132 (f) (1) This section shall not apply to an individual policy of accident and sickness  
133 insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of  
134 accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that  
135 policy is purchased by an employer that is a church or qualified church-controlled organization,  
136 as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

137 (2) A religious employer that invokes the exemption provided under this subsection shall  
138 provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
139 contraceptive health care services the employer refuses to cover for religious reasons.

140 (g) Nothing in this section shall be construed to exclude coverage for contraceptive  
141 supplies as prescribed by a provider, acting within the employer's scope of practice, for reasons  
142 other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating  
143 symptoms of menopause or for contraception that is necessary to preserve the life or health of an  
144 individual.

145 (h) Nothing in this section shall be construed to deny or restrict in any way the  
146 department's authority to ensure plan compliance with this chapter if a plan provides coverage  
147 for contraceptive drugs, devices and products.

148 (i) Nothing in this section shall be construed to require an individual or group health care  
149 service plan contract to cover experimental or investigational treatments.

150 SECTION 3. Chapter 176B of the General Laws, as so appearing, is hereby amended by  
151 striking out section 4W and inserting in place thereof the following section:-

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

154 "PPACA", the federal Patient Protection and Affordable Care Act, Public Law 111-148,  
155 as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law  
156 111-152.

157 “Provider”, any institution, agency, individual, or other legal entity qualified under the  
158 laws of the commonwealth to perform the medical care or services for which medical assistance  
159 and medical benefits are available under chapters 176G to 176Q, inclusive, with respect to health  
160 care service plan contracts issued, amended, or renewed on or after January 1, 2016.

161 (b) An individual policy of accident and sickness insurance issued pursuant to section  
162 108 and a group blanket policy of accident and sickness insurance issued pursuant to section 110  
163 that is delivered, issued or renewed within or without the commonwealth and that provides  
164 benefits for outpatient services shall provide hormone replacement therapy services for peri and  
165 post menopausal women and outpatient contraceptive services under the same terms and  
166 conditions as for such other outpatient services. Outpatient contraceptive services shall mean  
167 consultations, examinations, procedures and medical services provided on an outpatient basis  
168 and related to the use of all contraceptive methods to prevent pregnancy that have been approved  
169 by the United States Food and Drug Administration.

170 (c) An individual policy of accident and sickness insurance issued pursuant to section 108  
171 and any group blanket policy of accident and sickness insurance issued pursuant to section 110  
172 that is delivered, issued or renewed within or without the commonwealth and that provides  
173 benefits for outpatient prescription drugs and devices shall provide benefits for hormone  
174 replacement therapy for peri-menopausal and post-menopausal women and for outpatient  
175 prescription contraceptive drugs or devices which have been approved by the United States Food  
176 and Drug Administration under the same terms and conditions as for such other prescription  
177 drugs or devices, provided that in covering all FDA approved prescription contraceptive  
178 methods, nothing in this section precludes the use of closed or restricted formulary.

179 (d) A health care service plan contract, except for a specialized health care service plan  
180 contract, that is issued, amended, renewed or delivered on or after January 1, 2016, shall provide  
181 coverage for:

182 (1) all FDA-approved contraceptive drugs, devices and other products. This includes all  
183 FDA-approved contraceptive drugs, devices, and products available Over-the-Counter, as  
184 prescribed by the enrollee's provider or otherwise authorized under state or federal law:

185 (i) if the FDA has approved 1 or more therapeutic equivalents of a contraceptive drug,  
186 device or product, a healthcare service plan shall include at least 1 therapeutically equivalent  
187 version in its formulary; and

188 (ii) if the covered therapeutically equivalent versions of a drug, device, or product are not  
189 available or are deemed medically inadvisable by the enrollee's provider, a health care service  
190 plan shall provide coverage for an alternate prescribed therapeutically equivalent version of the  
191 contraceptive drug, device or product;

192 (2) voluntary sterilization procedures;

193 (3) patient education and counseling on contraception;

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

197 (e) (1) A health care service plan subject to this section shall not impose a deductible,  
198 coinsurance, copayment or any other cost-sharing requirement on the coverage provided  
199 pursuant to this subsection. Cost sharing shall not be imposed on any Medicaid beneficiary.

200 (2) Except as otherwise authorized under this section, a health care service plan shall not  
201 impose any restrictions or delays on the coverage required under this section.

202 (3) Benefits for an enrollee under this subsection shall be the same for an enrollee's  
203 covered spouse and covered dependents.

204 (4) For purposes of this section "health care service plan" shall include Medicaid  
205 managed care plans that contract with MassHealth under chapter 118E.

206 (f) (1) This section shall not apply to an individual policy of accident and sickness  
207 insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of  
208 accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that  
209 policy is purchased by an employer that is a church or qualified church-controlled organization,  
210 as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

211 (2) A religious employer that invokes the exemption provided under this subsection shall  
212 provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
213 contraceptive health care services the employer refuses to cover for religious reasons.

214 (g) Nothing in this section shall be construed to exclude coverage for contraceptive  
215 supplies as prescribed by a provider, acting within the employer's scope of practice, for reasons  
216 other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating  
217 symptoms of menopause or for contraception that is necessary to preserve the life or health of an  
218 individual.

219 (h) Nothing in this section shall be construed to deny or restrict in any way the  
220 department's authority to ensure plan compliance with this chapter if a plan provides coverage  
221 for contraceptive drugs, devices and products.

222 (i) Nothing in this section shall be construed to require an individual or group health care  
223 service plan contract to cover experimental or investigational treatments.

224 SECTION 4. Chapter 176G of the General Laws, as so appearin, is hereby amended by  
225 striking out section 4O and inserting in place thereof the following section:-

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

228 "PPACA", the federal Patient Protection and Affordable Care Act, Public Law 111-148,  
229 as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law  
230 111-152.

231 "Provider", any institution, agency, individual, or other legal entity qualified under the  
232 laws of the commonwealth to perform the medical care or services for which medical assistance  
233 and medical benefits are available under chapters 176G to 176Q, inclusive, with respect to health  
234 care service plan contracts issued, amended, or renewed on or after January 1, 2016.

235 (b) An individual policy of accident and sickness insurance issued pursuant to section  
236 108 and a group blanket policy of accident and sickness insurance issued pursuant to section 110  
237 that is delivered, issued or renewed within or without the commonwealth and that provides  
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239 post menopausal women and outpatient contraceptive services under the same terms and

240 conditions as for such other outpatient services. Outpatient contraceptive services shall mean  
241 consultations, examinations, procedures and medical services provided on an outpatient basis  
242 and related to the use of all contraceptive methods to prevent pregnancy that have been approved  
243 by the United States Food and Drug Administration.

244 (c) An individual policy of accident and sickness insurance issued pursuant to section 108  
245 and any group blanket policy of accident and sickness insurance issued pursuant to section 110  
246 that is delivered, issued or renewed within or without the commonwealth and that provides  
247 benefits for outpatient prescription drugs and devices shall provide benefits for hormone  
248 replacement therapy for peri-menopausal and post-menopausal women and for outpatient  
249 prescription contraceptive drugs or devices which have been approved by the United States Food  
250 and Drug Administration under the same terms and conditions as for such other prescription  
251 drugs or devices, provided that in covering all FDA approved prescription contraceptive  
252 methods, nothing in this section precludes the use of closed or restricted formulary.

253 (d) A health care service plan contract, except for a specialized health care service plan  
254 contract, that is issued, amended, renewed or delivered on or after January 1, 2016, shall provide  
255 coverage for:

256 (1) all FDA-approved contraceptive drugs, devices and other products. This includes all  
257 FDA-approved contraceptive drugs, devices, and products available Over-the-Counter, as  
258 prescribed by the enrollee's provider or otherwise authorized under state or federal law:

259 (i) if the FDA has approved 1 or more therapeutic equivalents of a contraceptive drug,  
260 device or product, a healthcare service plan shall include at least 1 therapeutically equivalent  
261 version in its formulary; and

262 (ii) if the covered therapeutically equivalent versions of a drug, device, or product are not  
263 available or are deemed medically inadvisable by the enrollee’s provider, a health care service  
264 plan shall provide coverage for an alternate prescribed therapeutically equivalent version of the  
265 contraceptive drug, device or product;

266 (2) voluntary sterilization procedures;

267 (3) patient education and counseling on contraception;

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

271 (e) (1) A health care service plan subject to this section shall not impose a deductible,  
272 coinsurance, copayment or any other cost-sharing requirement on the coverage provided  
273 pursuant to this subsection. Cost sharing shall not be imposed on any Medicaid beneficiary.

274 (2) Except as otherwise authorized under this section, a health care service plan shall not  
275 impose any restrictions or delays on the coverage required under this section.

276 (3) Benefits for an enrollee under this subsection shall be the same for an enrollee’s  
277 covered spouse and covered dependents.

278 (4) For purposes of this section “health care service plan” shall include Medicaid  
279 managed care plans that contract with MassHealth under chapter 118E.

280 (f) (1) This section shall not apply to an individual policy of accident and sickness  
281 insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of  
282 accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that



283 policy is purchased by an employer that is a church or qualified church-controlled organization,  
284 as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

285 (2) A religious employer that invokes the exemption provided under this subsection shall  
286 provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
287 contraceptive health care services the employer refuses to cover for religious reasons.

288 (g) Nothing in this section shall be construed to exclude coverage for contraceptive  
289 supplies as prescribed by a provider, acting within the employer's scope of practice, for reasons  
290 other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating  
291 symptoms of menopause or for contraception that is necessary to preserve the life or health of an  
292 individual.

293 (h) Nothing in this section shall be construed to deny or restrict in any way the  
294 department's authority to ensure plan compliance with this chapter if a plan provides coverage  
295 for contraceptive drugs, devices and products.

296 (i) Nothing in this section shall be construed to require an individual or group health care  
297 service plan contract to cover experimental or investigational treatments.