

2020 -- S 2390

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LC003594  
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2020

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A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Euer, Lynch Prata, Sosnowski, Goldin, and Murray

Date Introduced: February 13, 2020

Referred To: Senate Judiciary

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, 2021 shall provide coverage for ~~F.D.A.~~  
7 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services  
8 and contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate  
9 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 must 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 deemed medically inadvisable, a group or blanket policy shall provide coverage  
18 for an alternate therapeutic equivalent version of the contraceptive drug, device, or product, based  
19 on the determination of the health care provider, without cost-sharing;

1 (iii) Coverage required by this section must include all over-the-counter contraceptive  
2 drugs, devices and products approved by the FDA when prescribed by a licensed provider,  
3 excluding male condoms;

4 (2) Voluntary sterilization procedures.

5 (3) Patient education and counseling on contraception; and

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

9 (b) A group or blanket policy subject to this section shall not impose a deductible,  
10 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant  
11 to this section. For a qualifying high-deductible health plan for a health savings account, the  
12 carrier shall establish the plan's cost-sharing for the coverage provided pursuant to this section at  
13 the minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions  
14 and withdrawals from his or her health savings account under 26 U.S.C. § 223.

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

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

19 ~~(e)~~(e) Notwithstanding any other provision of this section, any insurance company may  
20 issue to a religious employer an individual or group health-insurance contract, plan, or policy that  
21 excludes coverage for prescription contraceptive methods that are contrary to the religious  
22 employer's bona fide religious tenets.

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

25 ~~(g)~~(g) This section does not apply to insurance coverage providing benefits for: (1)  
26 Hospital confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care;  
27 (5) Medicare supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8)  
28 Sickness or bodily injury or death by accident or both; and (9) Other limited-benefit policies.

29 ~~(h)~~(h) Every religious employer that invokes the exemption provided under this section  
30 shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the  
31 contraceptive health-care services the employer refuses to cover for religious reasons.

32 ~~(i)~~(i) Beginning on the first day of each plan year after April 1, 2019, every health-  
33 insurance issuer offering group or individual health-insurance coverage that covers prescription  
34 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive

1 up to three hundred sixty-five (365) days at a time.

2 (j) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
3 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
4 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
5 preserve the life or health of an enrollee.

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

8 **27-19-48. FDA-approved prescription contraceptive drugs and devices.**

9 (a) Every individual or group health-insurance contract, plan, or policy issued pursuant to  
10 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
11 amended or effective in this state on or after January 1, 2021 shall provide coverage for ~~F.D.A.~~  
12 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services  
13 and contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate  
14 or require coverage for the prescription drug RU 486.

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

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

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

25 (iii) Coverage required by this section must include all over-the-counter contraceptive  
26 drugs, devices and products approved by the FDA when prescribed by a licensed provider,  
27 excluding male condoms;

28 (2) Voluntary sterilization procedures.

29 (3) Patient education and counseling on contraception; and

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

33 (b) A group or blanket policy subject to this section shall not impose a deductible,  
34 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant

1 to this section. For a qualifying high-deductible health plan for a health savings account, the  
2 carrier shall establish the plan's cost-sharing for the coverage provided pursuant to this section at  
3 the minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions  
4 and withdrawals from his or her health savings account under 26 U.S.C. § 223.

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

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

9 ~~(b)~~(e) Notwithstanding any other provision of this section, any hospital service  
10 corporation may issue to a religious employer an individual or group health-insurance contract,  
11 plan, or policy that excludes coverage for prescription contraceptive methods that are contrary to  
12 the religious employer's bona fide religious tenets.

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

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

18 ~~(e)~~(h) Beginning on the first day of each plan year after April 1, 2019, every health-  
19 insurance issuer offering group or individual health-insurance coverage that covers prescription  
20 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive  
21 up to three hundred sixty-five (365) days at a time.

22 (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
23 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
24 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
25 preserve the life or health of an enrollee.

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

28 **27-20-43. FDA-approved prescription contraceptive drugs and devices.**

29 (a) Every individual or group health-insurance contract, plan, or policy issued pursuant to  
30 this title that ~~provides prescription coverage and~~ is delivered, issued for delivery, ~~or~~ renewed,  
31 amended or effective in this state on or after January 1, 2021 shall provide coverage for ~~F.D.A.~~  
32 ~~approved contraceptive drugs and devices requiring a prescription~~ all of the following services  
33 and contraceptive methods. Provided, that nothing in this subsection shall be deemed to mandate  
34 or require coverage for the prescription drug RU 486.

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

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

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

11           (iii) Coverage required by this section must include all over-the-counter contraceptive  
12 drugs, devices and products approved by the FDA when prescribed by a licensed provider,  
13 excluding male condoms;

14           (2) Voluntary sterilization procedures.

15           (3) Patient education and counseling on contraception; and

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

19           (b) A group or blanket policy subject to this section shall not impose a deductible,  
20 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant  
21 to this section. For a qualifying high-deductible health plan for a health savings account, the  
22 carrier shall establish the plan's cost-sharing for the coverage provided pursuant to this section at  
23 the minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions  
24 and withdrawals from his or her health savings account under 26 U.S.C. § 223.

25           (c) Except as otherwise authorized under this subsection, a group or blanket policy shall  
26 not 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  
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 which are contrary  
32 to the religious employer's bona fide religious tenets.

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

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

4 ~~(e)~~(h) Beginning on the first day of each plan year after April 1, 2019, every health-  
5 insurance issuer offering group or individual health-insurance coverage that covers prescription  
6 contraception shall not restrict reimbursement for dispensing a covered prescription contraceptive  
7 up to three hundred sixty-five (365) days at a time.

8 (i) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
9 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
10 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
11 preserve the life or health of an enrollee.

12 SECTION 4. Chapter 42-12.3 of the General Laws entitled "Health Care for Children and  
13 Pregnant Women" is hereby amended by adding thereto the following section:

14 **42-12.3-17. FDA-approved prescription contraceptive drugs and devices.**

15 (a) Every individual or group health insurance contract, plan, or policy issued pursuant to  
16 this chapter that is delivered, issued for delivery, renewed, amended or effective in this state on or  
17 after January 1, 2021 shall provide coverage for all of the following services and contraceptive  
18 methods. Provided, that nothing in this subsection shall be deemed to mandate or require  
19 coverage for the prescription drug RU 486.

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

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

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

30 (iii) Coverage required by this section must include all over-the-counter contraceptive  
31 drugs, devices and products approved by the FDA when prescribed by a licensed provider,  
32 excluding male condoms;

33 (2) Voluntary sterilization procedures.

34 (3) Patient education and counseling on contraception; and

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

4           (b) A group or blanket policy subject to this section shall not impose a deductible,  
5 coinsurance, copayment or any other cost-sharing requirement on the coverage provided pursuant  
6 to this section. For a qualifying high-deductible health plan for a health savings account, the  
7 carrier shall establish the plan's cost-sharing for the coverage provided pursuant to this section at  
8 the minimum level necessary to preserve the enrollee's ability to claim tax-exempt contributions  
9 and withdrawals from his or her health savings account under 26 U.S.C. § 223.

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

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

14           (e) Notwithstanding any other provision of this section, any health maintenance  
15 corporation may issue to a religious employer an individual or group health insurance contract,  
16 plan, or policy that excludes coverage for prescription contraceptive methods that are contrary to  
17 the religious employer's bona fide religious tenets.

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

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

23           (h) Beginning on the first day of each plan year after April 1, 2020, 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.

27           (j) Nothing in this section shall be construed to exclude coverage for contraceptive drugs,  
28 devices, or products for reasons other than contraceptive purposes, such as decreasing the risk of  
29 ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to  
30 preserve the life or health of an enrollee.

1 SECTION 5. This act shall take effect upon passage.

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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, 2021, 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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