1	H.663
2	Introduced by Representatives McFaun of Barre Town, Brumsted of
3	Shelburne, Haas of Rochester, Nicoll of Ludlow, Noyes of
4	Wolcott, Pajala of Londonderry, Pugh of South Burlington,
5	Rosenquist of Georgia, Till of Jericho, and Wood of Waterbury
6	Referred to Committee on
7	Date:
8	Subject: Health; Department of Health; schools; contraceptives
9	Statement of purpose of bill as introduced: This bill proposes to require health
10	insurance plans to cover all methods and forms of contraceptives without cost-
11	sharing. It would also require school districts to make free over-the-counter
12	contraceptives available to all secondary school students and would direct the
13	Department of Health to coordinate with stakeholders to make free over-the-
14	counter contraceptives available in a variety of settings statewide.
15	An act relating to expanding access to contraceptives
16	It is hereby enacted by the General Assembly of the State of Vermont:
17	Sec. 1. 8 V.S.A. § 4099c is amended to read:
18	§ 4099c. REPRODUCTIVE HEALTH EQUITY IN HEALTH INSURANCE
19	COVERAGE
20	* * *

1	(c) A health insurance plan shall provide coverage without any deductible,
2	coinsurance, co-payment, or other cost-sharing requirement for at least one
3	drug, device, or other product all drugs, devices, and other products within
4	each method of contraception for women identified by the U.S. Food and Drug
5	Administration (FDA) and prescribed by an insured's health care provider.
6	(1) The coverage provided pursuant to this subsection shall include
7	patient education and counseling by the patient's health care provider
8	regarding the appropriate use of the contraceptive method prescribed.
9	(2)(A) If there is a therapeutic equivalent of a drug, device, or other
10	product for an FDA approved contraceptive method, a health insurance plan
11	may provide coverage for more than one drug, device, or other product and
12	may impose cost-sharing requirements as long as at least one drug, device, or
13	other product for that method is available without cost-sharing.
14	(B) If an insured's health care provider recommends a particular
15	service or FDA-approved drug, device, or other product for the insured based
16	on a determination of medical necessity, the health insurance plan shall defer
17	to the provider's determination and judgment and shall provide coverage
18	without cost-sharing for the drug, device, or product prescribed by the provider
19	for the insured.
20	(2) A health insurance plan shall not provide coverage pursuant to this
21	subsection to the extent that such coverage would disqualify a high-deductible

1	health plan from eligibility for a health savings account pursuant to 26 U.S.C.
2	<u>§ 223.</u>
3	* * *
4	Sec. 2. 16 V.S.A. § 132 is added to read:
5	§ 132. SECONDARY SCHOOLS; PROVISION OF CONTRACEPTIVES
6	In order to prevent or reduce unintended pregnancies, each school district
7	shall coordinate with the Department of Health to distribute and make
8	available to all students in its secondary schools, free of charge, over-the-
9	counter contraceptive devices and products.
10	Sec. 3. 18 V.S.A. § 12 is added to read:
11	§ 12. PROVISION OF CONTRACEPTIVES
12	In order to prevent or reduce unintended pregnancies, the Department of
13	Health shall coordinate with health care providers, school districts, public and
14	private colleges and universities, and other stakeholders to distribute and make
15	available, free of charge, over-the counter contraceptive devices and products
16	to individuals in a variety of settings statewide.
17	Sec. 4. EFFECTIVE DATES
18	(a) Sec. 1 (8 V.S.A. § 4099c) shall take effect on January 1, 2021 and shall
19	apply to group health insurance plans issued on and after January 1, 2021 on
20	such date as a health insurer offers, issues, or renews the plan, but in no event
21	later than January 1, 2022.

1 (b) The remainder of this act shall take effect on July 1, 2020.