

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred House Bill No. 620  
3 entitled “An act relating to health insurance and Medicaid coverage for  
4 contraceptives” respectfully reports that it has considered the same and  
5 recommends that the bill be amended by striking out all after the enacting  
6 clause and inserting in lieu thereof the following:

7 Sec. 1. 8 V.S.A. § 4099c is amended to read:

8 § 4099c. REPRODUCTIVE HEALTH EQUITY IN HEALTH INSURANCE  
9 COVERAGE

10 (a) ~~A health insurance plan shall provide coverage for outpatient~~  
11 ~~contraceptive services including sterilizations, and shall provide coverage for~~  
12 ~~the purchase of all prescription contraceptives and prescription contraceptive~~  
13 ~~devices approved by the federal Food and Drug Administration, except that a~~  
14 ~~health insurance plan that does not provide coverage of prescription drugs is~~  
15 ~~not required to provide coverage of prescription contraceptives and~~  
16 ~~prescription contraceptive devices. A health insurance plan providing~~  
17 ~~coverage required under this section shall not establish any rate, term or~~  
18 ~~condition that places a greater financial burden on an insured or beneficiary for~~  
19 ~~access to contraceptive services, prescription contraceptives and prescription~~  
20 ~~contraceptive devices than for access to treatment, prescriptions or devices for~~  
21 ~~any other health condition.~~

1       ~~(b)~~ As used in this section, “health insurance plan” means any individual or  
2       group health insurance policy, any hospital or medical service corporation or  
3       health maintenance organization subscriber contract, or any other health  
4       benefit plan offered, issued, or renewed for any person in this ~~state~~ State by a  
5       health insurer, as defined by 18 V.S.A. § 9402. The term shall not include  
6       benefit plans providing coverage for specific disease or other limited benefit  
7       coverage.

8       (b) A health insurance plan shall provide coverage for at least the following  
9       products and services:

10       (1) All contraceptive drugs, devices, and other products for women  
11       approved by the U.S. Food and Drug Administration (FDA), including all  
12       FDA-approved contraceptive drugs, devices, and other products that are  
13       available over-the-counter, as prescribed by an enrollee’s health care provider,  
14       subject to the following conditions:

15       (A) If there is a therapeutic equivalent of an FDA-approved  
16       contraceptive drug, device, or product, the health insurance plan shall provide  
17       coverage for the original FDA-approved contraceptive drug, device, or product  
18       or one or more of its therapeutic equivalents, or both.

19       (B) If the enrollee’s health care provider determines a covered  
20       contraceptive drug, device, or product to be medically inadvisable for the  
21       enrollee, the health insurance plan shall defer to the provider’s determination

1 and judgment and shall provide coverage for an alternate contraceptive drug,  
2 device, or product prescribed by the provider for the enrollee.

3 (2) Voluntary sterilization procedures for men and women.

4 (3) Patient education and counseling regarding the appropriate use of  
5 contraception.

6 (4) Clinical services associated with providing the drugs, devices,  
7 products, and procedures covered under this section and related follow-up  
8 services, including management of side effects, counseling for continued  
9 adherence, and device insertion and removal.

10 (c)(1) A health insurance plan shall not impose a deductible, coinsurance,  
11 co-payment, or other cost-sharing requirement on the coverage provided  
12 pursuant to this section.

13 (2) Benefits provided to an enrollee under this section shall be the same  
14 for the enrollee's covered spouse and other covered dependents.

15 (3) Except as otherwise authorized under this section, a health insurance  
16 plan shall not impose any restrictions or delays on the coverage required by  
17 this section.

18 (d) A health insurance plan shall provide coverage for a supply of  
19 contraceptives intended to last over a 13-month duration, which may be  
20 furnished or dispensed all at once or over the course of the 13 months at the  
21 discretion of the health care provider. The health insurance plan shall

1 reimburse a health care provider or dispensing entity per unit for furnishing or  
2 dispensing a supply of contraceptives intended to last for 13 months.

3 Sec. 2. VALUE-BASED PAYMENTS FOR LONG-ACTING REVERSIBLE  
4 CONTRACEPTIVES

5 The Department of Vermont Health Access shall establish and implement  
6 value-based payments to health care providers for the insertion and removal of  
7 long-acting reversible contraceptives. The payments shall reflect the high  
8 efficacy rate of long-acting reversible contraceptives in reducing unintended  
9 pregnancies and the correlating decrease in costs to the State as a result of  
10 fewer unintended pregnancies. The payments shall create parity between the  
11 fees for insertion and removal of long-acting reversible contraceptives and  
12 those for oral contraceptives.

13 Sec. 3. EFFECTIVE DATES

14 (a) Sec. 2 and this section shall take effect on July 1, 2016.

15 (b) Sec. 1 shall take effect on October 1, 2016 and shall apply to health  
16 insurance plans on or after October 1, 2016 on such date as a health insurer  
17 issues, offers, or renews the health insurance plan, but in no event later than  
18 October 1, 2017.

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(Committee vote: \_\_\_\_\_)

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Representative \_\_\_\_\_

FOR THE COMMITTEE