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SENATE BILL NO. 1277

Offered January 14, 2015 Prefiled January 14, 2015

A BILL to amend and reenact § 38.2-3407.5:1 of the Code of Virginia, relating to insurance coverage for prescription contraceptives.

Patron—Barker

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-3407.5:1 of the Code of Virginia is amended and reenacted as follows:

§ 38.2-3407.5:1. Coverage for prescription contraceptives.

A. Each (i) insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense incurred basis; (ii) corporation providing individual or group accident and sickness subscription contracts; and (iii) health maintenance organization providing a health care plan for health care services, whose:

- 1. For any policy, contract, or plan, including any certificate or evidence of coverage issued in connection with such policy, contract, or plan, delivered, issued for delivery, or renewed in the Commonwealth on or after July 1, 1997, and before July 1, 2015, that includes coverage for prescription drugs on an outpatient basis, shall offer and make available coverage thereunder for any prescribed drug or device approved by the United States U.S. Food and Drug Administration for use as a contraceptive; and
- 2. For any policy, contract, or plan, including any certificate or evidence of coverage issued in connection with such policy, contract, or plan, delivered, issued for delivery, or renewed in the Commonwealth on or after July 1, 2015, shall include coverage thereunder for any prescribed drug, device, or product approved by the U.S. Food and Drug Administration for use as a contraceptive, provided that this subdivision shall not require coverage for such prescription drugs, devices, or products in any policy, contract, or plan that does not otherwise provide coverage for prescription drugs.
- B. No insurer, corporation or health maintenance organization shall impose upon any person receiving prescription contraceptive benefits pursuant to this section any (i) copayment, coinsurance payment or fee that is not equally imposed upon all individuals in the same benefit category, class, coinsurance level or copayment level receiving benefits for prescription drugs, or (ii) reduction in allowable reimbursement for prescription drug benefits.
 - C. The provisions of subsection A shall not be construed to:
- 1. Require coverage for prescription coverage benefits in any contract, policy or plan that does not otherwise provide coverage for prescription drugs;
- 2. Preclude the use of closed formularies, provided, however, that such formularies shall include oral, implant, and injectable contraceptive drugs, intrauterine devices and, prescription barrier methods, and any other drug or device approved by the U.S. Food and Drug Administration for use as a contraceptive; or
- 3. Require coverage for experimental contraceptive drugs not approved by the $\frac{\text{United States }U.S.}{\text{Food and Drug Administration}}$.
- D. The provisions of this section shall not apply to short-term travel, accident-only, limited or specified disease policies, or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans, or to short-term nonrenewable policies of not more than six months' duration.
- E. The provisions of this section shall be applicable to contracts, policies or plans delivered, issued for delivery or renewed in this Commonwealth on and after July 1, 1997 Nothing in this section shall be construed to exclude coverage for contraceptive supplies as prescribed by a provider, acting within the practitioner's scope of practice, for reasons other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to preserve the life or health of an enrollee.