24101281D **HOUSE BILL NO. 819** 1 2 3 4 5 Offered January 10, 2024 Prefiled January 9, 2024 A BILL to amend and reenact § 38.2-3407.5:1 of the Code of Virginia, relating to health insurance; coverage for contraceptive drugs and devices. 6 Patrons-Mundon King, Helmer, Srinivasan, Bennett-Parker, Carr, Clark, Cohen, Glass, Henson, Hernandez, Hope, Jones, Keys-Gamarra, Laufer, LeVere Bolling, Sewell, Shin, Simonds, Tran and Watts 7 8 Referred to Committee on Labor and Commerce 9 Be it enacted by the General Assembly of Virginia: 10 1. That § 38.2-3407.5:1 of the Code of Virginia is amended and reenacted as follows: 11 § 38.2-3407.5:1. Coverage for contraceptives. 12 13 A. Each As used in this section: 14 "Contraceptive device" means any device or non-drug product that has been approved as a 15 contraceptive by the FDA. "Contraceptive drug" means any drug approved as a contraceptive by the FDA. 16 "FDA" means the U.S. Food and Drug Administration. 17 18 "Medical need" includes considerations such as severity of side effects, difference in permanence and 19 reversibility of a contraceptive drug or contraceptive device, or an ability to adhere to the appropriate 20 use of such drug or device, as determined by an attending health care provider. "Therapeutically equivalent version" means a drug or device that has the same clinical effect and 21 22 safety profile as another drug or device and that meets the criteria for therapeutic equivalence as 23 determined by the FDA. 24 B. Notwithstanding the provisions of § 38.2-3419, each (i) insurer proposing to issue individual or 25 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 26 27 and sickness subscription contracts; and (iii) health maintenance organization providing a health care 28 plan for health care services, whose policy, contract, or plan, including any certificate or evidence of coverage issued in connection with such policy, contract or plan, includes coverage for prescription drugs on an outpatient basis, shall offer and make available provide coverage thereunder for any 29 30 31 prescribed drug or device contraceptive drugs and contraceptive devices approved by the United States 32 Food and Drug Administration FDA for use as a prescribed products or for over-the-counter use. If the 33 FDA has approved one or more therapeutically equivalent versions of a contraceptive drug or 34 contraceptive device, such insurer, corporation, or health maintenance organization shall provide 35 coverage of either (i) the original contraceptive drug or contraceptive device or (ii) at least one 36 therapeutically equivalent version of such drug or device. \mathbf{B} , C. No insurer, corporation, or health maintenance organization shall impose upon any person 37 38 receiving prescription contraceptive benefits pursuant to this section any (i) copayment, coinsurance 39 payment, or fee that is not equally imposed upon all individuals in the same benefit category, class, 40 coinsurance level or copayment level receiving benefits for prescription drugs, or (ii) reduction in allowable reimbursement for prescription drug benefits. 41 D. Notwithstanding the provisions of subsection C, an insurer, corporation, or health maintenance 42 43 organization that provides coverage for more than one therapeutically equivalent version of a 44 contraceptive drug or contraceptive device may impose cost-sharing requirements on any such version, 45 provided that at least one therapeutically equivalent version of such contraceptive drug or contraceptive 46 device is available without cost-sharing. However, if a covered individual's health care provider 47 recommends a particular contraceptive drug or contraceptive device for such individual based on a **48** determination of medical need, an insurer, corporation, or health maintenance organization shall 49 provide coverage for the recommended contraceptive drug or contraceptive device without cost-sharing. 50 E. An insurer, corporation, or health maintenance organization to which the provisions of this 51 section apply shall not impose any burdensome restrictions or delays on the coverage required by this section and shall provide clear, written, and complete information in a single location about the 52 53 contraceptive coverage included and excluded from its offered plans available on its website and by 54 mail at the request of a current or potential covered individual. 55 C. F. The provisions of subsection A this section shall not be construed to: 56 1. Require coverage for prescription coverage benefits in any contract, policy, or plan that does not

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57 otherwise provide coverage for prescription drugs; or

58 2. Preclude the use of closed formularies, provided, however, that such formularies shall include oral,
59 implant and injectable contraceptive drugs, intrauterine devices and prescription barrier methods; or

60 3. Require coverage for experimental contraceptive drugs contraceptives not approved by the United
61 States Food and Drug Administration FDA.

D. G. 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.

67 E. H. The provisions of this section shall be applicable to contracts, policies, or plans delivered, 68 issued for delivery, or renewed in this the Commonwealth on and after July 1, 1997 January 1, 2025.