A BILL FOR AN ACT

RELATING TO INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that insurance companies typically cover a thirty or ninety-day supply of prescription contraceptives. However, these coverage requirements may act as a barrier for women, especially those in rural areas or who frequently travel and who are unable to schedule regular visits to health care providers or readily pick up their prescriptions.

The legislature further finds that Oregon recently enacted legislation to expand women's access to prescription contraception. Oregon's new law requires women to first obtain a three-month supply of prescription contraceptives to make sure there are no adverse reactions then allows them to fill subsequent prescriptions for a year at a time. The legislature concludes that Hawaii should adopt similar legislation, which will increase access to prescription contraceptive supplies and decrease barriers regarding reproductive health care.

Accordingly, the purpose of this Act is to expand access to prescription contraceptives by requiring insurers to cover a:
(1) Three-month period for the first dispensing of
prescription contraceptive supplies to an insured; and
(2) Twelve-month period for the subsequent dispensing of
the same contraceptive supply to the insured.

The legislature notes that the reimbursement for
prescription contraceptive supplies required under this Act is
intended to apply to all insurers in the State, including health
benefits plans under chapter 87A, Hawaii Revised Statutes, and
medicaid managed care programs.

SECTION 2. Section 431:10A-116.6, Hawaii Revised Statutes,
is amended to read as follows:

"§431:10A-116.6 Contraceptive services. (a)
Notwithstanding any provision of law to the contrary, each
employer group accident and health or sickness policy, contract,
plan, or agreement issued or renewed in this State on or after
January 1, 2000, shall cease to exclude contraceptive services
or supplies for the subscriber or any dependent of the
subscriber who is covered by the policy, subject to the
exclusion under section 431:10A-116.7.

(b) Except as provided in subsection (c), all policies,
contracts, plans, or agreements under subsection (a), that
provide contraceptive services or supplies, or prescription drug
coverage, shall not exclude any prescription contraceptive
supplies or impose any unusual copayment, charge, or waiting
requirement for such supplies.

(c) Coverage for oral contraceptives shall include at
least one brand from the monophasic, multiphasic, and the
progestin-only categories. A member shall receive coverage for
any other oral contraceptive only if:

(1) Use of brands covered has resulted in an adverse drug
reaction; or

(2) The member has not used the brands covered and, based
on the member's past medical history, the prescribing
health care provider believes that use of the brands
covered would result in an adverse reaction.

(d) Coverage required by this section shall include
reimbursement to a prescribing health care provider or
dispensing entity for a dispensing of contraceptive supplies
intended to last for a:

(1) Three-month period for the first dispensing of the
contraceptive supply to a member; and
(2) Twelve-month period for subsequent dispensing of the same contraceptive supply to the member, regardless of whether the member was enrolled in the policy, contract, plan, or agreement at the time of the first dispensing.

[(e)] For purposes of this section:

"Contraceptive services" means physician-delivered, physician-supervised, physician assistant-delivered, [nurse practitioner delivered] advanced practice registered nurse-delivered, certified nurse midwife-delivered, nurse-delivered, or pharmacist-delivered medical services intended to promote the effective use of contraceptive supplies or devices to prevent unwanted pregnancy.

"Contraceptive supplies" means all United States Food and Drug Administration-approved contraceptive drugs or devices used to prevent unwanted pregnancy.

[(e)] Nothing in this section shall be construed to extend the practice or privileges of any health care provider beyond that provided in the laws governing the provider's practice and privileges."
SECTION 3. Section 432:1-604.5, Hawaii Revised Statutes, is amended to read as follows:

"§432:1-604.5 Contraceptive services. (a) Notwithstanding any provision of law to the contrary, each employer group health policy, contract, plan, or agreement issued or renewed in this State on or after January 1, 2000, shall cease to exclude contraceptive services or supplies, and contraceptive prescription drug coverage for the subscriber or any dependent of the subscriber who is covered by the policy, subject to the exclusion under section 431:10A-116.7.

(b) Except as provided in subsection (c), all policies, contracts, plans, or agreements under subsection (a), that provide contraceptive services or supplies, or prescription drug coverage, shall not exclude any prescription contraceptive supplies or impose any unusual copayment, charge, or waiting requirement for such drug or device.

(c) Coverage for contraceptives shall include at least one brand from the monophasic, multiphasic, and the progestin-only categories. A member shall receive coverage for any other oral contraceptive only if:
Use of brands covered has resulted in an adverse drug reaction; or

The member has not used the brands covered and, based on the member's past medical history, the prescribing health care provider believes that use of the brands covered would result in an adverse reaction.

Coverage required by this section shall include reimbursement to a prescribing health care provider or dispensing entity for a dispensing of contraceptive supplies intended to last for a:

- three-month period for the first dispensing of the contraceptive supply to a member; and
- twelve-month period for subsequent dispensing of the same contraceptive supply to the member, regardless of whether the member was enrolled in the policy, contract, plan, or agreement at the time of the first dispensing.

For purposes of this section:

"Contraceptive services" means physician-delivered, physician-supervised, physician assistant-delivered, [nurse practitioner-delivered,] advanced practice registered nurse-
delivered, certified nurse midwife-delivered, or nurse-delivered medical services intended to promote the effective use of contraceptive supplies or devices to prevent unwanted pregnancy.

"Contraceptive supplies" means all Food and Drug Administration-approved contraceptive drugs or devices used to prevent unwanted pregnancy.

[(e-)] (f) Nothing in this section shall be construed to extend the practice or privileges of any health care provider beyond that provided in the laws governing the provider's practice and privileges."

SECTION 4. Notwithstanding any other law to the contrary, the reimbursement for prescription contraceptive supplies required under sections 2 and 3 of this Act shall apply to all health benefits plans under chapter 87A, Hawaii Revised Statutes, issued, renewed, modified, altered, or amended on or after the effective date of this Act.

SECTION 5. The reimbursement for prescription contraceptive supplies required under sections 2 and 3 of this Act shall apply to all plans under medicaid managed care programs in the State.
SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 7. This Act shall take effect on July 1, 2016; provided that section 5 shall take effect upon approval of the Hawaii medicaid state plan by the Centers for Medicare and Medicaid Services.
Report Title: Insurance; Prescription Contraceptives; Contraceptive Services; Contraceptive Supplies; Reimbursement

Description:
Requires insurers to cover a three-month period for the first dispensing of prescription contraceptive supplies to an insured. Requires insurers to cover a twelve-month period for the subsequent dispensing of the same contraceptive supply to the insured.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*