SENATE DOCKET, NO. 1189 FILED ON: 1/16/2015

SENATE . . . . . No. 483

The Commonwealth of Massachusetts

PRESENTED BY:

Harriette L. Chandler

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to women's health and economic equity.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Harriette L. Chandler	*First Worcester*
Sal N. DiDomenico	*Middlesex and Suffolk*
Tom Sannicandro	*7th Middlesex*
John W. Scibak	*2nd Hampshire*
David Paul Linsky	*5th Middlesex*
Jason M. Lewis	*Fifth Middlesex*
Paul R. Heroux	*2nd Bristol*
Stephen Kulik	*1st Franklin*
Cory Atkins	*14th Middlesex*
Michael O. Moore	*Second Worcester*
Marjorie C. Decker	*25th Middlesex*
Benjamin Swan	*11th Hampden*
Tricia Farley-Bouvier	*3rd Berkshire*
Michael J. Barrett	*Third Middlesex*
Ruth B. Balser	*12th Middlesex*
Mary S. Keefe	*15th Worcester*
John J. Lawn, Jr.	*10th Middlesex*
William N. Brownsberger	*Second Suffolk and Middlesex*

Danielle W. Gregoire	*4th Middlesex*
James B. Eldridge	*Middlesex and Worcester*
Barbara A. L'Italien	*Second Essex and Middlesex*
Anne M. Gobi	*Worcester, Hampden, Hampshire and Middlesex*
Gloria L. Fox	*7th Suffolk*
Sean Garballey	*23rd Middlesex*
Kenneth J. Donnelly	*Fourth Middlesex*
Thomas M. Stanley	*9th Middlesex*
Brian A. Joyce	*Norfolk, Bristol and Plymouth*
Carmine L. Gentile	*13th Middlesex*
Patricia D. Jehlen	*Second Middlesex*
Michelle M. DuBois	*10th Plymouth*

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SENATE . . . . . No. 483

By Ms. Chandler, a petition (accompanied by bill, Senate, No. 483) of Harriette L. Chandler, Sal N. DiDomenico, John W. Scibak, David Paul Linsky and other members of the General Court for legislation relative to women's health and economic equity. Financial Services.

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(2015-2016)

An Act relative to women's health and economic equity.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 175 of the General Laws, as appearing in the 2012 Official Edition, is hereby amended by striking out section 47W and inserting in place thereof the following section:-

(a) For purposes of this section, the following words shall have the following meanings, unless the context clearly requires otherwise:

"PPACA", the federal Patient Protection and Affordable Care Act, Public Law 111-148, as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law 111-152.

"Provider", any institution, agency, individual, or other legal entity qualified under the laws of the commonwealth to perform the medical care or services for which medical assistance and medical benefits are available under chapters 176G to 176Q, inclusive, with respect to health care service plan contracts issued, amended, or renewed on or after January 1, 2016.

13 (b) An individual policy of accident and sickness insurance issued pursuant to section
14 108 and a group blanket policy of accident and sickness insurance issued pursuant to section 110
15 that is delivered, issued or renewed within or without the commonwealth and that provides
16 benefits for outpatient services shall provide hormone replacement therapy services for peri and
17 post menopausal women and outpatient contraceptive services under the same terms and
18 conditions as for such other outpatient services. Outpatient contraceptive services shall mean
19 consultations, examinations, procedures and medical services provided on an outpatient basis
20 and related to the use of all contraceptive methods to prevent pregnancy that have been approved
21 by the United States Food and Drug Administration.

22 (c) An individual policy of accident and sickness insurance issued pursuant to section 108
23 and any group blanket policy of accident and sickness insurance issued pursuant to section 110
24 that is delivered, issued or renewed within or without the commonwealth and that provides
25 benefits for outpatient prescription drugs and devices shall provide benefits for hormone
26 replacement therapy for peri-menopausal and post-menopausal women and for outpatient
27 prescription contraceptive drugs or devices which have been approved by the United States Food
28 and Drug Administration under the same terms and conditions as for such other prescription
29 drugs or devices, provided that in covering all FDA approved prescription contraceptive
30 methods, nothing in this section precludes the use of closed or restricted formulary.

31 (d) A health care service plan contract, except for a specialized health care service plan
32 contract, that is issued, amended, renewed or delivered on or after January 1, 2016, shall provide
33 coverage for:

34 (1) all FDA-approved contraceptive drugs, devices and other products. This includes all
35 FDA-approved contraceptive drugs, devices, and products available Over-the-Counter, as
36 prescribed by the enrollee's provider or otherwise authorized under state or federal law:

37 (i) if the FDA has approved 1 or more therapeutic equivalents of a contraceptive drug,
38 device or product, a healthcare service plan shall include at least 1 therapeutically equivalent
39 version in its formulary; and

40 (ii) if the covered therapeutically equivalent versions of a drug, device, or product are not
41 available or are deemed medically inadvisable by the enrollee's provider, a health care service
42 plan shall provide coverage for an alternate prescribed therapeutically equivalent version of the
43 contraceptive drug, device or product;

44 (2) voluntary sterilization procedures;

45 (3) patient education and counseling on contraception;

46 (4) follow-up services related to the drugs, devices, products and procedures covered
47 under this subsection, including, but not limited to, management of side effects, counseling for
48 continued adherence and device insertion and removal.

49 (e) (1) A health care service plan subject to this section shall not impose a deductible,
50 coinsurance, copayment or any other cost-sharing requirement on the coverage provided
51 pursuant to this subsection. Cost sharing shall not be imposed on any Medicaid beneficiary.

52 (2) Except as otherwise authorized under this section, a health care service plan shall not
53 impose any restrictions or delays on the coverage required under this section.

54 (3) Benefits for an enrollee under this subsection shall be the same for an enrollee's
55 covered spouse and covered dependents.

56 (4) For purposes of this section "health care service plan" shall include Medicaid
57 managed care plans that contract with MassHealth under chapter 118E.

58 (f) (1) This section shall not apply to an individual policy of accident and sickness
59 insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of
60 accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that
61 policy is purchased by an employer that is a church or qualified church-controlled organization,
62 as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

63 (2)A religious employer that invokes the exemption provided under this subsection shall
64 provide written notice to prospective enrollees prior to enrollment with the plan, listing the
65 contraceptive health care services the employer refuses to cover for religious reasons.

66 (g) Nothing in this section shall be construed to exclude coverage for contraceptive
67 supplies as prescribed by a provider, acting within the employer's scope of practice, for reasons
68 other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating
69 symptoms of menopause or for contraception that is necessary to preserve the life or health of an
70 individual.

71 (h) Nothing in this section shall be construed to deny or restrict in any way the
72 department's authority to ensure plan compliance with this chapter if a plan provides coverage
73 for contraceptive drugs, devices and products.

74 (i) Nothing in this section shall be construed to require an individual or group health care
75 service plan contract to cover experimental or investigational treatments.

76 SECTION 2. Chapter 176A of the General Laws, as so appearing, is hereby amended by
77 striking out section 8W and inserting in place thereof the following section:-

78 (a) For purposes of this section, the following words shall have the following meanings,
79 unless the context clearly requires otherwise:

80 "PPACA", the federal Patient Protection and Affordable Care Act, Public Law 111-148,
81 as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law
82 111-152.

83 "Provider", any institution, agency, individual, or other legal entity qualified under the
84 laws of the commonwealth to perform the medical care or services for which medical assistance
85 and medical benefits are available under chapters 176G to 176Q, inclusive, with respect to health
86 care service plan contracts issued, amended, or renewed on or after January 1, 2016.

87 (b) An individual policy of accident and sickness insurance issued pursuant to section
88 108 and a group blanket policy of accident and sickness insurance issued pursuant to section 110
89 that is delivered, issued or renewed within or without the commonwealth and that provides
90 benefits for outpatient services shall provide hormone replacement therapy services for peri and
91 post menopausal women and outpatient contraceptive services under the same terms and
92 conditions as for such other outpatient services. Outpatient contraceptive services shall mean
93 consultations, examinations, procedures and medical services provided on an outpatient basis
94 and related to the use of all contraceptive methods to prevent pregnancy that have been approved
95 by the United States Food and Drug Administration.

96 (c) An individual policy of accident and sickness insurance issued pursuant to section 108
97 and any group blanket policy of accident and sickness insurance issued pursuant to section 110
98 that is delivered, issued or renewed within or without the commonwealth and that provides
99 benefits for outpatient prescription drugs and devices shall provide benefits for hormone
100 replacement therapy for peri-menopausal and post-menopausal women and for outpatient
101 prescription contraceptive drugs or devices which have been approved by the United States Food
102 and Drug Administration under the same terms and conditions as for such other prescription
103 drugs or devices, provided that in covering all FDA approved prescription contraceptive
104 methods, nothing in this section precludes the use of closed or restricted formulary.

105 (d) A health care service plan contract, except for a specialized health care service plan
106 contract, that is issued, amended, renewed or delivered on or after January 1, 2016, shall provide
107 coverage for:

108 (1) all FDA-approved contraceptive drugs, devices and other products. This includes all
109 FDA-approved contraceptive drugs, devices, and products available Over-the-Counter, as
110 prescribed by the enrollee's provider or otherwise authorized under state or federal law:

111 (i) if the FDA has approved 1 or more therapeutic equivalents of a contraceptive drug,
112 device or product, a healthcare service plan shall include at least 1 therapeutically equivalent
113 version in its formulary; and

114 (ii) if the covered therapeutically equivalent versions of a drug, device, or product are not
115 available or are deemed medically inadvisable by the enrollee's provider, a health care service
116 plan shall provide coverage for an alternate prescribed therapeutically equivalent version of the
117 contraceptive drug, device or product;

118 (2) voluntary sterilization procedures;

119 (3) patient education and counseling on contraception;

120 (4) follow-up services related to the drugs, devices, products and procedures covered
121 under this subsection, including, but not limited to, management of side effects, counseling for
122 continued adherence and device insertion and removal.

123 (e) (1) A health care service plan subject to this section shall not impose a deductible,
124 coinsurance, copayment or any other cost-sharing requirement on the coverage provided
125 pursuant to this subsection. Cost sharing shall not be imposed on any Medicaid beneficiary.

126 (2) Except as otherwise authorized under this section, a health care service plan shall not
127 impose any restrictions or delays on the coverage required under this section.

128 (3) Benefits for an enrollee under this subsection shall be the same for an enrollee's
129 covered spouse and covered dependents.

130 (4) For purposes of this section "health care service plan" shall include Medicaid
131 managed care plans that contract with MassHealth under chapter 118E.

132 (f) (1) This section shall not apply to an individual policy of accident and sickness
133 insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of
134 accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that
135 policy is purchased by an employer that is a church or qualified church-controlled organization,
136 as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

137 (2) A religious employer that invokes the exemption provided under this subsection shall
138 provide written notice to prospective enrollees prior to enrollment with the plan, listing the
139 contraceptive health care services the employer refuses to cover for religious reasons.

140 (g) Nothing in this section shall be construed to exclude coverage for contraceptive
141 supplies as prescribed by a provider, acting within the employer's scope of practice, for reasons
142 other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating
143 symptoms of menopause or for contraception that is necessary to preserve the life or health of an
144 individual.

145 (h) Nothing in this section shall be construed to deny or restrict in any way the
146 department's authority to ensure plan compliance with this chapter if a plan provides coverage
147 for contraceptive drugs, devices and products.

148 (i) Nothing in this section shall be construed to require an individual or group health care
149 service plan contract to cover experimental or investigational treatments.

150 SECTION 3. Chapter 176B of the General Laws, as so appearing, is hereby amended by
151 striking out section 4W and inserting in place thereof the following section:-

152 (a) For purposes of this section, the following words shall have the following meanings,
153 unless the context clearly requires otherwise:

154 "PPACA", the federal Patient Protection and Affordable Care Act, Public Law 111-148,
155 as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law
156 111-152.

157 “Provider”, any institution, agency, individual, or other legal entity qualified under the
158 laws of the commonwealth to perform the medical care or services for which medical assistance
159 and medical benefits are available under chapters 176G to 176Q, inclusive, with respect to health
160 care service plan contracts issued, amended, or renewed on or after January 1, 2016.

161 (b) An individual policy of accident and sickness insurance issued pursuant to section
162 108 and a group blanket policy of accident and sickness insurance issued pursuant to section 110
163 that is delivered, issued or renewed within or without the commonwealth and that provides
164 benefits for outpatient services shall provide hormone replacement therapy services for peri and
165 post menopausal women and outpatient contraceptive services under the same terms and
166 conditions as for such other outpatient services. Outpatient contraceptive services shall mean
167 consultations, examinations, procedures and medical services provided on an outpatient basis
168 and related to the use of all contraceptive methods to prevent pregnancy that have been approved
169 by the United States Food and Drug Administration.

170 (c) An individual policy of accident and sickness insurance issued pursuant to section 108
171 and any group blanket policy of accident and sickness insurance issued pursuant to section 110
172 that is delivered, issued or renewed within or without the commonwealth and that provides
173 benefits for outpatient prescription drugs and devices shall provide benefits for hormone
174 replacement therapy for peri-menopausal and post-menopausal women and for outpatient
175 prescription contraceptive drugs or devices which have been approved by the United States Food
176 and Drug Administration under the same terms and conditions as for such other prescription
177 drugs or devices, provided that in covering all FDA approved prescription contraceptive
178 methods, nothing in this section precludes the use of closed or restricted formulary.

179 (d) A health care service plan contract, except for a specialized health care service plan
180 contract, that is issued, amended, renewed or delivered on or after January 1, 2016, shall provide
181 coverage for:

182 (1) all FDA-approved contraceptive drugs, devices and other products. This includes all
183 FDA-approved contraceptive drugs, devices, and products available Over-the-Counter, as
184 prescribed by the enrollee's provider or otherwise authorized under state or federal law:

185 (i) if the FDA has approved 1 or more therapeutic equivalents of a contraceptive drug,
186 device or product, a healthcare service plan shall include at least 1 therapeutically equivalent
187 version in its formulary; and

188 (ii) if the covered therapeutically equivalent versions of a drug, device, or product are not
189 available or are deemed medically inadvisable by the enrollee's provider, a health care service
190 plan shall provide coverage for an alternate prescribed therapeutically equivalent version of the
191 contraceptive drug, device or product;

192 (2) voluntary sterilization procedures;

193 (3) patient education and counseling on contraception;

194 (4) follow-up services related to the drugs, devices, products and procedures covered
195 under this subsection, including, but not limited to, management of side effects, counseling for
196 continued adherence and device insertion and removal.

197 (e) (1) A health care service plan subject to this section shall not impose a deductible,
198 coinsurance, copayment or any other cost-sharing requirement on the coverage provided
199 pursuant to this subsection. Cost sharing shall not be imposed on any Medicaid beneficiary.

200 (2) Except as otherwise authorized under this section, a health care service plan shall not
201 impose any restrictions or delays on the coverage required under this section.

202 (3) Benefits for an enrollee under this subsection shall be the same for an enrollee's
203 covered spouse and covered dependents.

204 (4) For purposes of this section "health care service plan" shall include Medicaid
205 managed care plans that contract with MassHealth under chapter 118E.

206 (f) (1)This section shall not apply to an individual policy of accident and sickness
207 insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of
208 accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that
209 policy is purchased by an employer that is a church or qualified church-controlled organization,
210 as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

211 (2) A religious employer that invokes the exemption provided under this subsection shall
212 provide written notice to prospective enrollees prior to enrollment with the plan, listing the
213 contraceptive health care services the employer refuses to cover for religious reasons.

214 (g) Nothing in this section shall be construed to exclude coverage for contraceptive
215 supplies as prescribed by a provider, acting within the employer's scope of practice, for reasons
216 other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating
217 symptoms of menopause or for contraception that is necessary to preserve the life or health of an
218 individual.

219 (h) Nothing in this section shall be construed to deny or restrict in any way the
220 department's authority to ensure plan compliance with this chapter if a plan provides coverage
221 for contraceptive drugs, devices and products.

222 (i) Nothing in this section shall be construed to require an individual or group health care
223 service plan contract to cover experimental or investigational treatments.

224 SECTION 4. Chapter 176G of the General Laws, as so appearin, is hereby amended by
225 striking out section 4O and inserting in place thereof the following section:-

226 (a) For purposes of this section, the following words shall have the following meanings,
227 unless the context clearly requires otherwise:

228 "PPACA", the federal Patient Protection and Affordable Care Act, Public Law 111-148,
229 as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law
230 111-152.

231 "Provider", any institution, agency, individual, or other legal entity qualified under the
232 laws of the commonwealth to perform the medical care or services for which medical assistance
233 and medical benefits are available under chapters 176G to 176Q, inclusive, with respect to health
234 care service plan contracts issued, amended, or renewed on or after January 1, 2016.

235 (b) An individual policy of accident and sickness insurance issued pursuant to section
236 108 and a group blanket policy of accident and sickness insurance issued pursuant to section 110
237 that is delivered, issued or renewed within or without the commonwealth and that provides
238 benefits for outpatient services shall provide hormone replacement therapy services for peri and
239 post menopausal women and outpatient contraceptive services under the same terms and

240 conditions as for such other outpatient services. Outpatient contraceptive services shall mean
241 consultations, examinations, procedures and medical services provided on an outpatient basis
242 and related to the use of all contraceptive methods to prevent pregnancy that have been approved
243 by the United States Food and Drug Administration.

244 (c) An individual policy of accident and sickness insurance issued pursuant to section 108
245 and any group blanket policy of accident and sickness insurance issued pursuant to section 110
246 that is delivered, issued or renewed within or without the commonwealth and that provides
247 benefits for outpatient prescription drugs and devices shall provide benefits for hormone
248 replacement therapy for peri-menopausal and post-menopausal women and for outpatient
249 prescription contraceptive drugs or devices which have been approved by the United States Food
250 and Drug Administration under the same terms and conditions as for such other prescription
251 drugs or devices, provided that in covering all FDA approved prescription contraceptive
252 methods, nothing in this section precludes the use of closed or restricted formulary.

253 (d) A health care service plan contract, except for a specialized health care service plan
254 contract, that is issued, amended, renewed or delivered on or after January 1, 2016, shall provide
255 coverage for:

256 (1) all FDA-approved contraceptive drugs, devices and other products. This includes all
257 FDA-approved contraceptive drugs, devices, and products available Over-the-Counter, as
258 prescribed by the enrollee's provider or otherwise authorized under state or federal law:

259 (i) if the FDA has approved 1 or more therapeutic equivalents of a contraceptive drug,
260 device or product, a healthcare service plan shall include at least 1 therapeutically equivalent
261 version in its formulary; and

262 (ii) if the covered therapeutically equivalent versions of a drug, device, or product are not
263 available or are deemed medically inadvisable by the enrollee's provider, a health care service
264 plan shall provide coverage for an alternate prescribed therapeutically equivalent version of the
265 contraceptive drug, device or product;

266 (2) voluntary sterilization procedures;

267 (3) patient education and counseling on contraception;

268 (4) follow-up services related to the drugs, devices, products and procedures covered
269 under this subsection, including, but not limited to, management of side effects, counseling for
270 continued adherence and device insertion and removal.

271 (e) (1) A health care service plan subject to this section shall not impose a deductible,
272 coinsurance, copayment or any other cost-sharing requirement on the coverage provided
273 pursuant to this subsection. Cost sharing shall not be imposed on any Medicaid beneficiary.

274 (2) Except as otherwise authorized under this section, a health care service plan shall not
275 impose any restrictions or delays on the coverage required under this section.

276 (3) Benefits for an enrollee under this subsection shall be the same for an enrollee's
277 covered spouse and covered dependents.

278 (4) For purposes of this section "health care service plan" shall include Medicaid
279 managed care plans that contract with MassHealth under chapter 118E.

280 (f) (1) This section shall not apply to an individual policy of accident and sickness
281 insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of
282 accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that

283 policy is purchased by an employer that is a church or qualified church-controlled organization,
284 as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

285 (2) A religious employer that invokes the exemption provided under this subsection shall
286 provide written notice to prospective enrollees prior to enrollment with the plan, listing the
287 contraceptive health care services the employer refuses to cover for religious reasons.

288 (g) Nothing in this section shall be construed to exclude coverage for contraceptive
289 supplies as prescribed by a provider, acting within the employer's scope of practice, for reasons
290 other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating
291 symptoms of menopause or for contraception that is necessary to preserve the life or health of an
292 individual.

293 (h) Nothing in this section shall be construed to deny or restrict in any way the
294 department's authority to ensure plan compliance with this chapter if a plan provides coverage
295 for contraceptive drugs, devices and products.

296 (i) Nothing in this section shall be construed to require an individual or group health care
297 service plan contract to cover experimental or investigational treatments.