

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

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

# SENATE . . . . . No. 483

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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.

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## 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:*

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

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

6           “PPACA”, the federal Patient Protection and Affordable Care Act, Public Law 111-148,  
7           as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law  
8           111-152.

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

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

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

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

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

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

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

(2) voluntary sterilization procedures;

(3) patient education and counseling on contraception;

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

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

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

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

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

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

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

(g) Nothing in this section shall be construed to exclude coverage for contraceptive supplies as prescribed by a provider, acting within the employer'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 individual.

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

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

SECTION 2. Chapter 176A of the General Laws, as so appearing, is hereby amended by striking out section 8W 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.

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

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

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

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

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

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



(2) voluntary sterilization procedures;

(3) patient education and counseling on contraception;

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

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

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

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

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

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

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

(g) Nothing in this section shall be construed to exclude coverage for contraceptive supplies as prescribed by a provider, acting within the employer'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 individual.

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

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

SECTION 3. Chapter 176B of the General Laws, as so appearing, is hereby amended by striking out section 4W 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.

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

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

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

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

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

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

(2) voluntary sterilization procedures;

(3) patient education and counseling on contraception;

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

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

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

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

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

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

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

(g) Nothing in this section shall be construed to exclude coverage for contraceptive supplies as prescribed by a provider, acting within the employer'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 individual.

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

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

SECTION 4. Chapter 176G of the General Laws, as so appearing, is hereby amended by striking out section 4O 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.

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

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

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

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

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

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

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

(2) voluntary sterilization procedures;

(3) patient education and counseling on contraception;

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

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

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

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

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

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