

Bill Summary & Status for the 106th Congress

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H.R.2120

Sponsor: Rep Greenwood, James C. (introduced 6/10/1999)

Related Bills: [S.1200](#)

Latest Major Action: 7/16/1999 Referred to House subcommittee

Title: To require equitable coverage of prescription contraceptive drugs and devices, and contraceptive services under health plans.

MOST RECENT SUMMARY:

6/10/1999--Introduced.

Equity in Prescription Insurance and Contraceptive Coverage Act of 1999 - Amends the Employee Retirement Income Security Act of 1974 and the Public Health Service Act to prohibit a group health plan, and a health insurance issuer providing group coverage, from: (1) excluding or restricting benefits for prescription contraceptive drugs, devices, and outpatient services if the plan provides benefits for other outpatient prescription drugs, devices, or outpatient services; (2) denying eligibility based on use or potential use of such items or services; (3) providing monetary payments or rebates to a covered individual to encourage acceptance of less than the minimum protections available; (4) penalizing, reducing, or limiting a professional's reimbursement because the professional prescribed such drugs or devices or provided such services; or (5) providing incentives to a professional to induce the professional to withhold drugs, devices, or services. Amends the Public Health Service Act to apply those prohibitions to coverage offered in the individual market.

Bill Summary & Status for the 106th Congress

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H.R.2120Sponsor: Rep Greenwood, James C. (introduced 6/10/1999)Related Bills: S.1200

Latest Major Action: 7/16/1999 Referred to House subcommittee

Title: To require equitable coverage of prescription contraceptive drugs and devices, and contraceptive services under health plans.

COSPONSORS(131), ALPHABETICAL [followed by Cosponsors withdrawn]: (Sort: by date)

<u>Rep Abercrombie, Neil</u> - 6/15/1999	<u>Rep Ackerman, Gary L.</u> - 8/4/1999
<u>Rep Allen, Thomas H.</u> - 10/12/1999	<u>Rep Baird, Brian</u> - 6/15/1999
<u>Rep Baldacci, John Elias</u> - 6/15/1999	<u>Rep Baldwin, Tammy</u> - 6/15/1999
<u>Rep Barrett, Thomas M.</u> - 6/30/1999	<u>Rep Bentsen, Ken</u> - 6/15/1999
<u>Rep Berkley, Shelley</u> - 6/15/1999	<u>Rep Berman, Howard L.</u> - 6/15/1999
<u>Rep Bilbray, Brian P.</u> - 6/10/1999	<u>Rep Blagojevich, Rod R.</u> - 6/15/1999
<u>Rep Blumenauer, Earl</u> - 6/30/1999	<u>Rep Boehlert, Sherwood L.</u> - 6/10/1999
<u>Rep Bonior, David E.</u> - 6/30/1999	<u>Rep Boucher, Rick</u> - 6/10/1999
<u>Rep Brady, Robert</u> - 6/30/1999	<u>Rep Brown, George E., Jr.</u> - 6/30/1999
<u>Rep Brown, Sherrod</u> - 6/10/1999	<u>Rep Calvert, Ken</u> - 7/20/1999
<u>Rep Capps, Lois</u> - 6/15/1999	<u>Rep Capuano, Michael E.</u> - 6/15/1999
<u>Rep Carson, Julia</u> - 7/13/1999	<u>Rep Christensen, Donna MC</u> - 3/29/2000
<u>Rep Clay, William (Bill)</u> - 6/10/1999	<u>Rep Clyburn, James E.</u> - 7/30/1999
<u>Rep Conyers, John, Jr.</u> - 6/15/1999	<u>Rep Cook, Merrill</u> - 6/10/1999
<u>Rep Coyne, William J.</u> - 3/29/2000	<u>Rep Crowley, Joseph</u> - 7/13/1999
<u>Rep Cummings, Elijah E.</u> - 6/30/1999	<u>Rep Davis, Danny K.</u> - 4/4/2000
<u>Rep Davis, Jim</u> - 8/4/1999	<u>Rep DeFazio, Peter A.</u> - 6/15/1999
<u>Rep DeGette, Diana</u> - 6/10/1999	<u>Rep Delahunt, William D.</u> - 7/13/1999
<u>Rep DeLauro, Rosa L.</u> - 6/10/1999	<u>Rep Deutsch, Peter</u> - 11/4/1999
<u>Rep Dixon, Julian C.</u> - 6/30/1999	<u>Rep Edwards, Chet</u> - 8/3/1999
<u>Rep Eshoo, Anna G.</u> - 6/30/1999	<u>Rep Farr, Sam</u> - 6/15/1999
<u>Rep Fattah, Chaka</u> - 6/15/1999	<u>Rep Filner, Bob</u> - 6/15/1999
<u>Rep Frank, Barney</u> - 6/30/1999	<u>Rep Gejdenson, Sam</u> - 8/4/1999
<u>Rep Gonzalez, Charles A.</u> - 3/29/2000	<u>Rep Green, Gene</u> - 7/20/1999
<u>Rep Hastings, Alcee L.</u> - 8/3/1999	<u>Rep Hilliard, Earl F.</u> - 6/15/1999
<u>Rep Hinchey, Maurice D.</u> - 6/30/1999	<u>Rep Hoeffel, Joseph M.</u> - 7/20/1999
<u>Rep Holt, Rush D.</u> - 6/15/1999	<u>Rep Hooley, Darlene</u> - 11/10/1999
<u>Rep Horn, Stephen</u> - 6/10/1999	<u>Rep Inslee, Jay</u> - 6/15/1999
<u>Rep Jackson, Jesse L., Jr.</u> - 8/4/1999	<u>Rep Jackson-Lee, Sheila</u> - 8/4/1999
<u>Rep Jefferson, William J.</u> - 9/8/1999	<u>Rep Johnson, Nancy L.</u> - 6/10/1999
<u>Rep Jones, Stephanie Tubbs</u> - 11/18/1999	<u>Rep Kaptur, Marcy</u> - 8/4/1999

Rep Kelly, Sue W. - 6/10/1999
Rep Kilpatrick, Carolyn C. - 6/15/1999
Rep Kuykendall, Steven T. - 9/8/1999
Rep Leach, James A. - 6/10/1999
Rep Levin, Sander M. - 3/30/2000
Rep Lofgren, Zoe - 6/30/1999
Rep Luther, Bill - 10/19/1999
Rep Markey, Edward J. - 6/10/1999
Rep McCarthy, Carolyn - 6/30/1999
Rep McGovern, James P. - 8/5/1999
Rep Meehan, Martin T. - 8/4/1999
Rep Menendez, Robert - 9/8/1999
Rep Mink, Patsy T. - 6/15/1999
Rep Morella, Constance A. - 6/10/1999
Rep Norton, Eleanor Holmes - 6/30/1999
Rep Ose, Doug - 6/10/1999
Rep Pallone, Frank, Jr. - 6/10/1999
Rep Pastor, Ed - 6/30/1999
Rep Pelosi, Nancy - 6/10/1999
Rep Price, David E. - 6/30/1999
Rep Rivers, Lynn N. - 7/21/1999
Rep Roybal-Allard, Lucille - 11/18/1999
Rep Sabo, Martin Olav - 7/13/1999
Rep Sanders, Bernard - 6/15/1999
Rep Schakowsky, Janice D. - 6/15/1999
Rep Shays, Christopher - 6/10/1999
Rep Slaughter, Louise McIntosh - 6/30/1999
Rep Stabenow, Debbie - 8/4/1999
Rep Tauscher, Ellen O. - 6/15/1999
Rep Thurman, Karen L. - 6/15/1999
Rep Towns, Edolphus - 6/10/1999
Rep Waters, Maxine - 8/4/1999
Rep Weiner, Anthony D. - 6/30/1999
Rep Woolsey, Lynn C. - 6/10/1999
Rep Wynn, Albert Russell - 3/29/2000

Rep Kennedy, Patrick J. - 7/20/1999
Rep Kind, Ron - 7/20/1999
Rep Lampson, Nick - 6/30/1999
Rep Lee, Barbara - 6/30/1999
Rep Lewis, John - 8/4/1999
Rep Lowey, Nita M. - 6/10/1999
Rep Maloney, Carolyn B. - 6/15/1999
Rep Matsui, Robert T. - 6/15/1999
Rep McDermott, Jim - 6/15/1999
Rep McKinney, Cynthia A. - 7/30/1999
Rep Meek, Carrie P. - 6/15/1999
Rep Miller, George - 6/10/1999
Rep Moran, James P. - 7/13/1999
Rep Nadler, Jerrold - 6/15/1999
Rep Olver, John W. - 6/15/1999
Rep Owens, Major R. - 9/8/1999
Rep Pascrell, Bill, Jr. - 6/30/1999
Rep Payne, Donald M. - 3/29/2000
Rep Pickett, Owen B. - 7/20/1999
Rep Pryce, Deborah - 6/10/1999
Rep Roukema, Marge - 6/10/1999
Rep Rush, Bobby L. - 6/15/1999
Rep Sanchez, Loretta - 9/8/1999
Rep Sawyer, Tom - 6/30/1999
Rep Serrano, Jose E. - 7/13/1999
Rep Sherman, Brad - 6/15/1999
Rep Smith, Adam - 6/15/1999
Rep Stark, Fortney Pete - 6/15/1999
Rep Thompson, Mike - 8/5/1999
Rep Tierney, John F. - 7/27/1999
Rep Vento, Bruce F. - 9/8/1999
Rep Waxman, Henry A. - 6/10/1999
Rep Wexler, Robert - 8/4/1999
Rep Wu, David - 8/4/1999

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Equity in Prescription Insurance and Contraceptive Coverage Act of 1999 (Introduced in the House)

HR 2120 IH

106th CONGRESS

1st Session

H. R. 2120

To require equitable coverage of prescription contraceptive drugs and devices, and contraceptive services under health plans.

IN THE HOUSE OF REPRESENTATIVES

June 10, 1999

Mr. GREENWOOD (for himself, Mrs. LOWEY, Mrs. JOHNSON of Connecticut, Mr. WAXMAN, Mrs. KELLY, Mr. BROWN of Ohio, Mrs. ROUKEMA, Mr. BOUCHER, Ms. PRYCE of Ohio, Mr. TOWNS, Mrs. MORELLA, Mr. PALLONE, Mr. BILBRAY, Ms. PELOSI, Mr. HORN, Ms. DELAURO, Mr. BOEHLERT, Ms. DEGETTE, Mr. LEACH, Ms. WOOLSEY, Mr. SHAYS, Mr. MARKEY, Mr. COOK, Mr. CLAY, Mr. OSE, and Mr. GEORGE MILLER of California) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committee on Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To require equitable coverage of prescription contraceptive drugs and devices, and contraceptive services under health plans.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Equity in Prescription Insurance and Contraceptive Coverage Act of 1999'.

SEC. 2. FINDINGS.

Congress finds that--

- (1) each year, 3,000,000 pregnancies, or one half of all pregnancies, in this country are unintended;
- (2) contraceptive services are part of basic health care, allowing families to both adequately space desired pregnancies and avoid unintended pregnancy;
- (3) studies show that contraceptives are cost effective: for every \$1 of public funds invested in family planning, \$4 to \$14 of public funds is saved in pregnancy and health care-related costs;
- (4) by reducing rates of unintended pregnancy, contraceptives help reduce the need for abortion;
- (5) unintended pregnancies lead to higher rates of infant mortality, low-birth weight, and maternal morbidity, and threaten the economic viability of families;
- (6) the National Commission to Prevent Infant Mortality determined that 'infant mortality could be reduced by 10 percent if all women not desiring pregnancy used contraception';
- (7) most women in the United States, including three-quarters of women of childbearing age, rely on some form of private insurance (through their own employer, a family member's employer, or the individual market) to defray their medical expenses;
- (8) the vast majority of private insurers cover prescription drugs, but many exclude coverage for prescription contraceptives;
- (9) private insurance provides extremely limited coverage of contraceptives: half of traditional indemnity plans and preferred provider organizations, 20 percent of point-of-service networks, and 7 percent of health maintenance organizations cover no contraceptive methods other than sterilization;
- (10) women of reproductive age spend 68 percent more than men on out-of-pocket health care costs, with contraceptives and reproductive health care services accounting for much of the difference;
- (11) the lack of contraceptive coverage in health insurance places many effective forms of contraceptives beyond the financial reach of many women, leading to unintended pregnancies;
- (12) the Institute of Medicine Committee on Unintended Pregnancy recommended that 'financial barriers to contraception be reduced by increasing the proportion of all health insurance policies that cover contraceptive services and supplies';
- (13) in 1998, Congress agreed to provide contraceptive coverage to the 2 million women of reproductive age who are participating in the Federal Employees Health Benefits Program, the largest employer-sponsored health insurance plan in the world; and
- (14) eight in 10 privately insured adults support contraceptive coverage.

SEC. 3. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

- (a) IN GENERAL- Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income

Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following new section:

SEC. 714. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.

(a) REQUIREMENTS FOR COVERAGE- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not--

(1) exclude or restrict benefits for prescription contraceptive drugs or devices approved by the Food and Drug Administration, or generic equivalents approved as substitutable by the Food and Drug Administration, if such plan provides benefits for other outpatient prescription drugs or devices; or

(2) exclude or restrict benefits for outpatient contraceptive services if such plan provides benefits for other outpatient services provided by a health care professional (referred to in this section as 'outpatient health care services').

(b) PROHIBITIONS- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not--

(1) deny to an individual eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan because of the individual's or enrollee's use or potential use of items or services that are covered in accordance with the requirements of this section;

(2) provide monetary payments or rebates to a covered individual to encourage such individual to accept less than the minimum protections available under this section;

(3) penalize or otherwise reduce or limit the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services, described in subsection (a), in accordance with this section; or

(4) provide incentives (monetary or otherwise) to a health care professional to induce such professional to withhold from a covered individual contraceptive drugs or devices, or contraceptive services, described in subsection (a).

(c) RULES OF CONSTRUCTION-

(1) IN GENERAL- Nothing in this section shall be construed--

(A) as preventing a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan from imposing deductibles, coinsurance, or other cost-sharing or limitations in relation to--

(i) benefits for contraceptive drugs under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such drug may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient prescription drug otherwise covered under the plan;

(ii) benefits for contraceptive devices under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such device may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient prescription device otherwise covered under the plan; and

(iii) benefits for outpatient contraceptive services under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such

service may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient health care service otherwise covered under the plan; and

(B) as requiring a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan to cover experimental or investigational contraceptive drugs or devices, or experimental or investigational contraceptive services, described in subsection (a), except to the extent that the plan or issuer provides coverage for other experimental or investigational outpatient prescription drugs or devices, or experimental or investigational outpatient health care services.

(2) LIMITATIONS- As used in paragraph (1), the term 'limitation' includes--

(A) in the case of a contraceptive drug or device, restricting the type of health care professionals that may prescribe such drugs or devices, utilization review provisions, and limits on the volume of prescription drugs or devices that may be obtained on the basis of a single consultation with a professional; or

(B) in the case of an outpatient contraceptive service, restricting the type of health care professionals that may provide such services, utilization review provisions, requirements relating to second opinions prior to the coverage of such services, and requirements relating to preauthorizations prior to the coverage of such services.

(d) NOTICE UNDER GROUP HEALTH PLAN- The imposition of the requirements of this section shall be treated as a material modification in the terms of the plan described in section 102(a)(1), for purposes of assuring notice of such requirements under the plan, except that the summary description required to be provided under the

last sentence of section 104(b)(1) with respect to such modification shall be provided by not later than 60 days after the first day of the first plan year in which such requirements apply.

(e) PREEMPTION- Nothing in this section shall be construed to preempt any provision of State law to the extent that such State law establishes, implements, or continues in effect any standard or requirement that provides protections for enrollees that are greater than the protections provided under this section.

(f) DEFINITION- In this section, the term 'outpatient contraceptive services' means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.'

(b) CLERICAL AMENDMENT- The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 note) is amended by inserting after the item relating to section 713 the following new item:

'Sec. 714. Standards relating to benefits for contraceptives.'

(c) EFFECTIVE DATE- The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2000.

SEC. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE GROUP MARKET.

(a) IN GENERAL- Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-4 et seq.) is amended by adding at the end the following new section:

SEC. 2707. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.

(a) REQUIREMENTS FOR COVERAGE- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not--

(1) exclude or restrict benefits for prescription contraceptive drugs or devices approved by the Food and Drug Administration, or generic equivalents approved as substitutable by the Food and Drug Administration, if such plan provides benefits for other outpatient prescription drugs or devices; or

(2) exclude or restrict benefits for outpatient contraceptive services if such plan provides benefits for other outpatient services provided by a health care professional (referred to in this section as 'outpatient health care services').

(b) PROHIBITIONS- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not--

(1) deny to an individual eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan because of the individual's or

enrollee's use or potential use of items or services that are covered in accordance with the requirements of this section;

(2) provide monetary payments or rebates to a covered individual to encourage such individual to accept less than the minimum protections available under this section;

(3) penalize or otherwise reduce or limit the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services, described in subsection (a), in accordance with this section; or

(4) provide incentives (monetary or otherwise) to a health care professional to induce such professional to withhold from covered individual contraceptive drugs or devices, or contraceptive services, described in subsection (a).

(c) RULES OF CONSTRUCTION-

(1) IN GENERAL- Nothing in this section shall be construed--

(A) as preventing a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan from imposing deductibles, coinsurance, or other cost-sharing or limitations in relation to--

(i) benefits for contraceptive drugs under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such drug may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient prescription drug otherwise covered under the plan;

(ii) benefits for contraceptive devices under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such device may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient prescription device otherwise covered under the plan; and

`(iii) benefits for outpatient contraceptive services under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such service may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient health care service otherwise covered under the plan; and

`(B) as requiring a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan to cover experimental or investigational contraceptive drugs or devices, or experimental or investigational contraceptive services, described in subsection (a), except to the extent that the plan or issuer provides coverage for other experimental or investigational outpatient prescription drugs or devices, or experimental or investigational outpatient health care services.

`(2) LIMITATIONS- As used in paragraph (1), the term 'limitation' includes--

`(A) in the case of a contraceptive drug or device, restricting the type of health care professionals that may prescribe such drugs or devices, utilization review provisions, and limits on the volume of prescription drugs or devices that may be obtained on the basis of a single consultation with a professional; or

`(B) in the case of an outpatient contraceptive service, restricting the type of health care professionals that may provide such services, utilization review provisions, requirements relating to second opinions prior to the coverage of such services, and requirements relating to preauthorizations prior to the coverage of such services.

`(d) NOTICE- A group health plan under this part shall comply with the notice requirement under section 714(d) of the Employee Retirement Income Security Act of 1974 with respect to the requirements of this section as if such section applied to such plan.

`(e) PREEMPTION- Nothing in this section shall be construed to preempt any provision of State law to the extent that such State law establishes, implements, or continues in effect any standard or requirement that provides protections for enrollees that are greater than the protections provided under this section.

`(f) DEFINITION- In this section, the term 'outpatient contraceptive services' means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.'

(b) EFFECTIVE DATE- The amendments made by this section shall apply with respect to group health plans for plan years beginning on or after January 1, 2000.

SEC. 5. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE INDIVIDUAL MARKET.

(a) IN GENERAL- Part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-41 et seq.) is amended--

(1) by redesignating the first subpart 3 (relating to other requirements) as subpart 2; and

(2) by adding at the end of subpart 2 the following new section:

`SEC. 2753. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.

'The provisions of section 2707 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as they apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.'

(b) EFFECTIVE DATE- The amendment made by this section shall apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after January 1, 2000.

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Equity in Prescription Insurance and Contraceptive Coverage Act of 1999 (Introduced in the Senate)

S 1200 IS

106th CONGRESS

1st Session

S. 1200

To require equitable coverage of prescription contraceptive drugs and devices, and contraceptive services under health plans.

IN THE SENATE OF THE UNITED STATES

June 10, 1999

Ms. SNOWE (for herself, Mr. REID, Mr. WARNER, Mr. TORRICELLI, Mr. JEFFORDS, Mr. MOYNIHAN, Mr. CHAFEE, Ms. MIKULSKI, Mr. SMITH of Oregon, Mrs. BOXER, Mr. SPECTER, Mr. DURBIN, Mrs. MURRAY, Mr. KERREY, Mr. ROBB, Mr. SCHUMER, Mr. JOHNSON, Mr. LAUTENBERG, Mr. CLELAND, Mr. LEAHY, Mr. HARKIN, Mr. DODD, Mr. KENNEDY, Mr. DASCHLE, Mrs. FEINSTEIN, Mrs. LINCOLN, Mr. INOUE, Mr. AKAKA, Mr. BAYH, Mr. LIEBERMAN, Mr. WELLSTONE, and Mr. BRYAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require equitable coverage of prescription contraceptive drugs and devices, and contraceptive services under health plans.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Equity in Prescription Insurance and Contraceptive Coverage Act of 1999'.

SEC. 2. FINDINGS.

Congress finds that--

- (1) each year, 3,000,000 pregnancies, or one half of all pregnancies, in this country are unintended;
- (2) contraceptive services are part of basic health care, allowing families to both adequately space desired pregnancies and avoid unintended pregnancy;
- (3) studies show that contraceptives are cost effective: for every \$1 of public funds invested in family planning, \$4 to \$14 of public funds is saved in pregnancy and health care-related costs;
- (4) by reducing rates of unintended pregnancy, contraceptives help reduce the need for abortion;
- (5) unintended pregnancies lead to higher rates of infant mortality, low-birth weight, and maternal morbidity, and threaten the economic viability of families;
- (6) the National Commission to Prevent Infant Mortality determined that 'infant mortality could be reduced by 10 percent if all women not desiring pregnancy used contraception';
- (7) most women in the United States, including three-quarters of women of childbearing age, rely on some form of private insurance (through their own employer, a family member's employer, or the individual market) to defray their medical expenses;
- (8) the vast majority of private insurers cover prescription drugs, but many exclude coverage for prescription contraceptives;
- (9) private insurance provides extremely limited coverage of contraceptives: half of traditional indemnity plans and preferred provider organizations, 20 percent of point-of-service networks, and 7 percent of health maintenance organizations cover no contraceptive methods other than sterilization;
- (10) women of reproductive age spend 68 percent more than men on out-of-pocket health care costs, with contraceptives and reproductive health care services accounting for much of the difference;
- (11) the lack of contraceptive coverage in health insurance places many effective forms of contraceptives beyond the financial reach of many women, leading to unintended pregnancies;
- (12) the Institute of Medicine Committee on Unintended Pregnancy recommended that 'financial barriers to contraception be reduced by increasing the proportion of all health insurance policies that cover contraceptive services and supplies';
- (13) in 1998, Congress agreed to provide contraceptive coverage to the 2,000,000 women of reproductive age who are participating in the Federal Employees Health Benefits Program, the largest employer-sponsored health insurance plan in the world; and
- (14) eight in 10 privately insured adults support contraceptive coverage.

SEC. 3. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

- (a) IN GENERAL- Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following new

section:

SEC. 714. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.

(a) REQUIREMENTS FOR COVERAGE- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not--

(1) exclude or restrict benefits for prescription contraceptive drugs or devices approved by the Food and Drug Administration, or generic equivalents approved as substitutable by the Food and Drug Administration, if such plan provides benefits for other outpatient prescription drugs or devices; or

(2) exclude or restrict benefits for outpatient contraceptive services if such plan provides benefits

for other outpatient services provided by a health care professional (referred to in this section as 'outpatient health care services').

(b) PROHIBITIONS- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not--

(1) deny to an individual eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan because of the individual's or enrollee's use or potential use of items or services that are covered in accordance with the requirements of this section;

(2) provide monetary payments or rebates to a covered individual to encourage such individual to accept less than the minimum protections available under this section;

(3) penalize or otherwise reduce or limit the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services, described in subsection (a), in accordance with this section; or

(4) provide incentives (monetary or otherwise) to a health care professional to induce such professional to withhold from a covered individual contraceptive drugs or devices, or contraceptive services, described in subsection (a).

(c) RULES OF CONSTRUCTION-

(1) IN GENERAL- Nothing in this section shall be construed--

(A) as preventing a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan from imposing deductibles, coinsurance, or other cost-sharing or limitations in relation to--

(i) benefits for contraceptive drugs under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such drug may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient prescription drug otherwise covered under the plan;

(ii) benefits for contraceptive devices under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such device may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient prescription device otherwise covered under the plan; and

(iii) benefits for outpatient contraceptive services under the plan, except that

such a deductible, coinsurance, or other cost-sharing or limitation for any such service may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient health care service otherwise covered under the plan; and

(B) as requiring a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan to cover experimental or investigational contraceptive drugs or devices, or experimental or investigational contraceptive services, described in subsection (a), except to the extent that the plan or issuer provides coverage for other experimental or investigational outpatient prescription drugs or devices, or experimental or investigational outpatient health care services.

(2) LIMITATIONS- As used in paragraph (1), the term 'limitation' includes--

(A) in the case of a contraceptive drug or device, restricting the type of health care professionals that may prescribe such drugs or devices, utilization review provisions, and limits on the volume of prescription drugs or devices that may be obtained on the basis of a single consultation with a professional; or

(B) in the case of an outpatient contraceptive service, restricting the type of health care professionals that may provide such services, utilization review provisions, requirements relating to second opinions prior to the coverage of such services, and requirements relating to preauthorizations prior to the coverage of such services.

(d) NOTICE UNDER GROUP HEALTH PLAN- The imposition of the requirements of this section shall be treated as a material modification in the terms of the plan described in section 102(a)(1), for purposes of assuring notice of such requirements under the plan, except that the summary description required to be provided under the last sentence of section 104(b)(1) with respect to such modification shall be provided by not later than 60 days after the first day of the first plan year in which such requirements apply.

(e) PREEMPTION- Nothing in this section shall be construed to preempt any provision of State law to the extent that such State law establishes, implements, or continues in effect any standard or requirement that provides protections for enrollees that are greater than the protections provided under this section.

(f) DEFINITION- In this section, the term 'outpatient contraceptive services' means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.'

(b) CLERICAL AMENDMENT- The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 note) is amended by inserting after the item relating to section 713 the following new item:

'Sec. 714. Standards relating to benefits for contraceptives.'

(c) EFFECTIVE DATE- The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2000.

SEC. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE GROUP MARKET.

(a) IN GENERAL- Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-4 et seq.) is amended by adding at the end the following new section:

SEC. 2707. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.

(a) REQUIREMENTS FOR COVERAGE- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not--

(1) exclude or restrict benefits for prescription contraceptive drugs or devices approved by the Food and Drug Administration, or generic equivalents approved as substitutable by the Food and Drug Administration, if such plan provides benefits for other outpatient prescription drugs or devices; or

(2) exclude or restrict benefits for outpatient contraceptive services if such plan provides benefits for other outpatient services provided by a health care professional (referred to in this section as 'outpatient health care services').

(b) PROHIBITIONS- A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not--

(1) deny to an individual eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan because of the individual's or

enrollee's use or potential use of items or services that are covered in accordance with the requirements of this section;

(2) provide monetary payments or rebates to a covered individual to encourage such individual to accept less than the minimum protections available under this section;

(3) penalize or otherwise reduce or limit the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services, described in subsection (a), in accordance with this section; or

(4) provide incentives (monetary or otherwise) to a health care professional to induce such professional to withhold from covered individual contraceptive drugs or devices, or contraceptive services, described in subsection (a).

(c) RULES OF CONSTRUCTION-

(1) IN GENERAL- Nothing in this section shall be construed--

(A) as preventing a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan from imposing deductibles, coinsurance, or other cost-sharing or limitations in relation to--

(i) benefits for contraceptive drugs under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such drug may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient prescription drug otherwise covered under the plan;

(ii) benefits for contraceptive devices under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such device may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient prescription device otherwise covered under the plan; and

`(iii) benefits for outpatient contraceptive services under the plan, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such service may not be greater than such a deductible, coinsurance, or cost-sharing or limitation for any outpatient health care

service otherwise covered under the plan; and

`(B) as requiring a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan to cover experimental or investigational contraceptive drugs or devices, or experimental or investigational contraceptive services, described in subsection (a), except to the extent that the plan or issuer provides coverage for other experimental or investigational outpatient prescription drugs or devices, or experimental or investigational outpatient health care services.

`(2) LIMITATIONS- As used in paragraph (1), the term 'limitation' includes--

`(A) in the case of a contraceptive drug or device, restricting the type of health care professionals that may prescribe such drugs or devices, utilization review provisions, and limits on the volume of prescription drugs or devices that may be obtained on the basis of a single consultation with a professional; or

`(B) in the case of an outpatient contraceptive service, restricting the type of health care professionals that may provide such services, utilization review provisions, requirements relating to second opinions prior to the coverage of such services, and requirements relating to preauthorizations prior to the coverage of such services.

`(d) NOTICE- A group health plan under this part shall comply with the notice requirement under section 714(d) of the Employee Retirement Income Security Act of 1974 with respect to the requirements of this section as if such section applied to such plan.

`(e) PREEMPTION- Nothing in this section shall be construed to preempt any provision of State law to the extent that such State law establishes, implements, or continues in effect any standard or requirement that provides protections for enrollees that are greater than the protections provided under this section.

`(f) DEFINITION- In this section, the term 'outpatient contraceptive services' means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.'.

(b) EFFECTIVE DATE- The amendments made by this section shall apply with respect to group health plans for plan years beginning on or after January 1, 2000.

SEC. 5. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE INDIVIDUAL MARKET.

(a) IN GENERAL- Part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-41 et seq.) is amended--

(1) by redesignating the first subpart 3 (relating to other requirements) as subpart 2; and

(2) by adding at the end of subpart 2 the following new section:

`SEC. 2753. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.

'The provisions of section 2707 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as they apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.'

(b) EFFECTIVE DATE- The amendment made by this section shall apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after January 1, 2000.

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Latest Major Action: 6/10/1999 Referred to Senate committee

Title: A bill to require equitable coverage of prescription contraceptive drugs and devices, and contraceptive services under health plans.

COSPONSORS(39), ALPHABETICAL [followed by Cosponsors withdrawn]: (Sort: [by date](#))[Sen Akaka, Daniel K.](#) - 6/10/1999[Sen Bayh, Evan](#) - 6/10/1999[Sen Bryan, Richard H.](#) - 6/10/1999[Sen Chafee, Lincoln D.](#) - 1/31/2000[Sen Daschle, Thomas A.](#) - 6/10/1999[Sen Durbin, Richard J.](#) - 6/10/1999[Sen Feinstein, Dianne](#) - 6/10/1999[Sen Hutchison, Kay Bailey](#) - 11/16/1999[Sen Jeffords, James M.](#) - 6/10/1999[Sen Kennedy, Edward M.](#) - 6/10/1999[Sen Kerry, John F.](#) - 6/14/1999[Sen Lautenberg, Frank R.](#) - 6/10/1999[Sen Levin, Carl](#) - 6/24/1999[Sen Lincoln, Blanche](#) - 6/10/1999[Sen Moynihan, Daniel Patrick](#) - 6/10/1999[Sen Reid, Harry M.](#) - 6/10/1999[Sen Sarbanes, Paul S.](#) - 6/14/1999[Sen Smith, Gordon](#) - 6/10/1999[Sen Torricelli, Robert G.](#) - 6/10/1999[Sen Wellstone, Paul D.](#) - 6/10/1999[Sen Baucus, Max](#) - 7/28/1999[Sen Boxer, Barbara](#) - 6/10/1999[Sen Chafee, John H.](#) - 6/10/1999[Sen Clèland, Max](#) - 6/10/1999[Sen Dodd, Christopher J.](#) - 6/10/1999[Sen Edwards, John](#) - 7/27/1999[Sen Harkin, Tom](#) - 6/10/1999[Sen Inouye, Daniel K.](#) - 6/10/1999[Sen Johnson, Tim](#) - 6/10/1999[Sen Kerrey, J. Robert](#) - 6/10/1999[Sen Landrieu, Mary L.](#) - 9/8/1999[Sen Leahy, Patrick J.](#) - 6/10/1999[Sen Lieberman, Joseph I.](#) - 6/10/1999[Sen Mikulski, Barbara A.](#) - 6/10/1999[Sen Murray, Patty](#) - 6/10/1999[Sen Robb, Charles S.](#) - 6/10/1999[Sen Schumer, Charles E.](#) - 6/10/1999[Sen Specter, Arlen](#) - 6/10/1999[Sen Warner, John W.](#) - 6/10/1999