

- SUBJECT:** Health benefit plan coverage for contraceptive drugs and devices
- COMMITTEE:** Insurance — favorable, with amendment
- VOTE:** 5 ayes — Burnam, G. Lewis, J. Moreno, Olivo, Thompson
0 nays
1 present not voting — Smithee
3 absent — Eiland, Averitt, Seaman
- WITNESSES:** For — Jennifer Bilbrey for Dr. Fred Campbell; Margot Clarke; Laurie Felker; Hannah Riddering, Texas National Organization for Women; Peggy Romberg, Women’s Health & Family Planning Association
Against — None
- BACKGROUND:** Under a 1978 rule of the Texas Administrative Code, title 28, ch. 21, sec. 21.404, an insurer who covers all other prescriptions is prohibited from denying coverage of oral contraceptives. Oral contraceptives, however, are not the only prescription contraceptives on the market.
- DIGEST:** HB 2382, as amended, would amend the Insurance Code to prohibit a health benefit plan that provided benefits for prescription drugs from not providing or limiting benefits for prescription contraceptive drugs, devices, or outpatient contraceptive services. A health benefit plan could not charge any amount, such as a deductible, copayment, coinsurance, or other cost-sharing provision applicable to benefits, unless the amount of the required cost-sharing would not exceed the required amount applicable to benefits for other prescription drugs or devices. A similar limit on cost-sharing also would apply to any amount charged for outpatient services under the plan.

A health benefit plan could not impose any waiting period for benefits for prescription contraceptive drugs or devices that was longer than any waiting period for benefits for other prescription drugs or devices under the plan. A similar provision would apply to any waiting period for benefits for outpatient contraceptive services.

The issuer of a health benefit plan could not:

- ! deny an applicant for enrollment or an enrollee eligibility solely because of the enrollee's use of contraceptive or contraceptive services;
- ! provide a monetary incentive to induce an enrollee to accept coverage that did not satisfy the requirements of the bill; or
- ! penalize a health care professional because the professional prescribed a contraceptive or contraceptive service.

An issuer of a health benefit plan that violated these provisions would be subject to enforcement provisions for committing an unfair act in the business of insurance.

The issuer of a health benefit plan that limited or excluded coverage for medical or health care services would have to state the limitation or exclusion in the coverage document for the health benefit plan.

A health benefit plan that was issued by an entity associated with a religious organization or any physician or health care provider offering medical or health care services under the plan would not be required to offer, recommend, offer advice concerning, pay for, provide, assist in, perform, arrange, or participate in providing or performing a medical or health care service that violated the religious convictions of the organization.

This bill would take effect September 1, 2001, and would apply only to a health benefit plan that was delivered, issued for delivery, or renewed on or after January 1, 2002.

SUPPORTERS
SAY:

HB 2382 would require that health benefit plans covering other prescription drugs also extended benefits to prescribed contraceptives in addition to prescribed oral contraceptives that the plans already cover. Currently, regulations require prescription drug plans only to cover oral contraceptives, but several other contraceptive methods that should be covered are not. These include hormonal implants, injections, intrauterine devices, and diaphragms.

A selection of contraceptive methods involves many factors, and some women may have health conditions that contraindicate oral contraceptives.

The same could be true of another method for another woman. Each woman, in consultation with her physician, should have an opportunity to select the best method for her body and life circumstances without having concern about which method would be covered under her health plan.

The U.S. Centers for Disease Control recently released a report in which family planning was named one of the top 10 public health achievements of the 20th century. The availability of contraceptives has contributed to dramatic health improvements for women and children in this country. The spacing of pregnancies has reduced infant mortality as well as maternal death and maternity-related complications. Depending to some extent on how many pregnancies they have, most women spend over 30 years of their lives trying to avoid pregnancies. For them, contraception is not just an issue about how many children they wish to bear but also a health issue.

Any and all methods of birth control are much less expensive than an unintended pregnancy. It is sound financial and health policy for the state to ensure that women have access to a full range of available contraceptive methods by supporting this legislation.

OPPONENTS
SAY:

The state should not require coverage of prescription contraceptives. The administrative rule mandating coverage of oral contraceptives in health benefit plans for prescription drugs already goes too far, and the bill would expand even more broadly the contraceptives required to be covered.

NOTES:

The committee amendment would ensure that a health benefit plan that was issued by an entity associated with a religious organization, or any physician or health care provider offering medical or health care services under the plan would not be required to offer, recommend, offer advice concerning, pay for, provide, assist in, perform, arrange, or participate in providing or performing a medical or health care service that violated the religious convictions of the organization. It also would provide that the issuer of a health benefit plan that limited or excluded coverage for medical or health care services would have to state the limitation or exclusion in the coverage document for the health benefit plan.