WEST VIRGINIA LEGISLATURE

2019 REGULAR SESSION

Introduced

House Bill 2781

By Hill, S. Brown, McGeehan, Rohrbach, Summers,
Steele, Pushkin, Staggers and Pyles

[Introduced January 30, 2019; Referred

to the Committee on Health and Human Resources.]

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A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
designated §33-4-24, relating to permitting a person to obtain a 12-month supply of
contraceptive drugs.

Be it enacted by the Legislature of West Virginia:

ARTICLE 4. GENERAL PROVISIONS.

§33-4-24. Coverage and dispensing birth control.

(a) Any health benefit plan that is amended, renewed, or delivered on or after January 1, 2019, that provides coverage for contraceptive drugs must provide reimbursement for a 12-month refill of contraceptive drugs obtained at one time by the insured after the insured has completed the initial supply of the drugs, unless the insured requests a smaller supply or the prescribing provider instructs that the insured must receive a smaller supply. The insurance policy must allow the insured to receive the contraceptive drugs on-site at the provider's office, if available. Dispensing practices required by the insurance policy must follow all clinical guidelines for appropriate prescribing and dispensing to ensure the health of the patient while maximizing access to effective contraceptive drugs.

(b) A health benefit plan that provides coverage for hormonal contraceptives, in the absence of clinical contraindications, may not impose utilization controls or other forms of medical

absence of clinical contraindications, may not impose utilization controls or other forms of medical management limiting the supply of contraceptive drugs that may be dispensed or furnished by a provider or pharmacy, or at a location licensed or otherwise authorized to dispense drugs or supplies, to an amount that is less than a 12-month supply.

(c) This section does not exclude coverage for contraceptive drugs as prescribed by a provider, acting within his 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 enrollee.

(d) Nothing in this section requires a health carrier to cover contraceptive drugs provided by a provider or pharmacy or at a location licensed or otherwise authorized to dispense drugs or

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supplies, that does not participate in the health carrier's provider network, except as may be otherwise authorized or required by state law or by the plan's policies governing out-of-network coverage.

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(e) For purposes of this section, the term "contraceptive drugs" means all drugs approved by the United States Food and Drug Administration that are used to prevent pregnancy including, but not limited to, hormonal drugs administered orally, transdermally, and intravaginally.

NOTE: The purpose of this bill is to permit a person to obtain a 12-month supply of contraceptive drugs.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.