	CONTRACEPTIVE EQUITY AMENDMENTS
	2021 GENERAL SESSION
	STATE OF UTAH
	Chief Sponsor: Rosemary T. Lesser
	Senate Sponsor:
LO	NG TITLE
Gen	eral Description:
	This bill creates the Contraceptive Equity Act.
High	hlighted Provisions:
	This bill:
	 provides that insurance plans shall provide access to FDA approved contraceptive
drug	s, devices, and products;
	 affects deductibles, coinsurance, copayments, or other cost-sharing requirements;
and	
	 allows a religious employer to request a plan without contraceptive coverage.
Mor	ney Appropriated in this Bill:
	None
Oth	er Special Clauses:
	None
Utal	h Code Sections Affected:
ENA	ACTS:
	31A-22-656 , Utah Code Annotated 1953
Be it	t enacted by the Legislature of the state of Utah:
	Section 1. Section 31A-22-656 is enacted to read:
	31A-22-656. Contraceptive Equity Act.



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28	(1) This section is known as the Contraceptive Equity Act.
29	(2) As used in this section:
30	(a) "FDA" means the federal Food and Drug Administration.
31	(b) "Health benefit plan" means the same as that term is defined in Section 31A-1-301
32	(c) "Provider" means an individual who is currently licensed as:
33	(i) a physician or surgeon under Title 58, Chapter 67, Utah Medical Practice Act;
34	(ii) an osteopathic physician or surgeon under Title 58, Chapter 68, Utah Osteopathic
35	Medical Practice Act;
36	(iii) a physician assistant under Title 58, Chapter 70a, Physician Assistant Act;
37	(iv) a nurse practitioner under Title 58, Chapter 31b, Nurse Practice Act; or
38	(v) a pharmacist under Title 58, Chapter 17b, Pharmacy Practice Act, if the individual
39	is acting within the scope of practice for a pharmacist pursuant to Title 26, Chapter 64, Family
40	Planning Access Act.
41	(d) "Religious employer" means an organization that is organized and operates as a
42	nonprofit entity and is referred to in Section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue
43	Code of 1986, as amended.
44	(4) A health benefit plan issued, amended, renewed, effective or delivered on or after
45	January 1, 2022, shall provide coverage for all of the following:
46	(a) all FDA-approved contraceptive drugs, devices, and other products, including
47	those prescribed by the covered person's provider or as otherwise authorized under state or
48	federal law, including all FDA-approved over-the-counter contraceptive drugs, devices, and
49	products, taking the following into consideration:
50	(i) the insurer shall include either the original FDA-approved prescription
51	contraceptive drug, device, or product or at least one of its therapeutic equivalents if the FDA
52	has designated a therapeutic equivalent of an FDA-approved prescription contraceptive drug,
53	device, or product, but if there is no therapeutic equivalent, the insurer shall include the
54	original;
55	(ii) the insurer shall defer to the determination and judgment of the attending provider
56	and provide coverage for an alternate prescribed contraceptive drug, device, or product if the
57	covered contraceptive drug, device, or product is considered medically inadvisable by the
58	covered person's provider; and

59	(111) the single dispensing of a 13-unit supply of contraceptives intended to last over a
60	12-month duration, which may be furnished or dispensed all at once or over the course of the
51	12 months at the discretion of the health care provider, shall be covered and the insurer shall
52	reimburse a health care provider or dispensing entity per unit for furnishing or dispensing an
63	extended supply of contraceptives;
54	(b) voluntary sterilization procedures;
65	(c) patient education and counseling on contraception; and
66	(d) follow-up services related to the drugs, devices, products, and procedures covered
67	under this section, including management of side effects, counseling for continued adherence,
68	and device insertion and removal.
59	(5) An insurer subject to this section may not:
70	(a) impose a deductible, coinsurance, copayment, or any other cost-sharing
71	requirement on the coverage provided pursuant to this section;
72	(b) require a prescription to trigger coverage of over-the-counter contraceptive drugs,
73	devices, and products, approved by the federal Food and Drug Administration; or
74	(c) impose any restrictions or delays on the coverage required under this section,
75	except as otherwise authorized under this section.
76	(6) Coverage required by this section shall include reimbursement to a pharmacist who
77	dispenses or provides patient counseling on contraceptive supplies pursuant to Title 26,
78	Chapter 64, Family Planning Access Act.
79	(7) Benefits for an enrollee under this section shall be the same for an enrollee's
80	covered spouse and covered nonspouse dependents.
31	(8) A religious employer may request a health benefit plan contract without coverage
32	for FDA approved contraceptive methods used for contraceptive purposes that are contrary to
33	the religious employer's religious tenets. If requested, a health benefit plan contract may be
84	provided without coverage for contraceptive methods. Each religious employer that invokes the
35	exemption provided under this subsection shall provide written notice to prospective enrollees
36	prior to enrollment with the plan, listing the contraceptive health care services the employer
37	will not cover for religious reasons.
88	(9) Nothing in this section may be construed to exclude coverage for contraceptive
39	supplies as prescribed by a provider, acting within his or her scope of practice, for medical

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90	reasons other than contraceptive purposes, or for contraception that is necessary to preserve the
91	life or health of an enrollee.

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(10) Nothing in this section may be construed to require a health benefit plan contract to cover experimental or investigational treatments.

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