

HB 2465 - DIGEST

(SUBSTITUTED FOR - SEE 1ST SUB)

Requires a health benefit plan issued or renewed on or after January 1, 2017, that includes coverage for contraceptive drugs, to provide reimbursement for a twelve-month supply of contraceptive drugs obtained at one time by the enrollee, unless the enrollee requests a smaller supply or the prescribing provider instructs that the enrollee must receive a smaller supply.

Requires the state health care authority to make arrangements for all medicaid programs offered through managed care plans or fee-for-service programs to require the dispensing of contraceptive drugs with a twelve-month supply provided at one time, unless a patient requests a smaller supply or the prescribing provider instructs that the patient must receive a smaller supply.