

**SB 6219-S - DIGEST**

(DIGEST AS ENACTED)

Requires a health plan that is issued or renewed on or after January 1, 2019: (1) To provide coverage for contraceptive drugs, devices, and other products approved by the federal food and drug administration, including over-the-counter contraceptive drugs, devices, and products, approved by the federal food and drug administration; voluntary sterilization procedures; and certain necessary consultations, examinations, procedures, and medical services; and

(2) That provides coverage for maternity care or services, to also provide substantially equivalent coverage to permit the abortion of a pregnancy.

Prohibits the coverage from: (1) Requiring copayments, deductibles, or other forms of cost sharing, unless the health plan is offered as a qualifying health plan for a health savings account;

(2) Requiring a prescription to trigger coverage of over-the-counter contraceptive drugs, devices, and products;

(3) Denying coverage because an enrollee changed his or her contraceptive method within a twelve-month period; and

(4) Limiting in any way a person's access to services related to the abortion of a pregnancy.

Requires the governor's interagency coordinating council on health disparities to conduct a literature review on disparities in access to reproductive health care based on socioeconomic status, race, sexual orientation, gender identity, ethnicity, geography, and other factors.