



December 22, 2017

Web Announcement 1488

Coverage Requirements for Contraceptive Drugs, Devices and Services to Implement on January 1, 2018

On January 1, 2018, the Division of Health Care Financing and Policy (DHCFP) will implement the requirements of Nevada Assembly Bill 249 and Senate Bill 233. Please read the summary and highlights of the Bill below in preparation for the impact it may have on you as a Nevada Medicaid provider.

The Bill requires certain contraceptive drugs, devices and services that are approved by the Food and Drug Administration to be covered by a health insurance plan, including, without limitation, **up to a 12-month supply** of a drug for contraception or its therapeutic equivalent; insertion of a device for contraception; removal of such a device that was inserted while the insured was covered by the same policy of health insurance; education and counseling relating to contraception; management of side effects relating to contraception; and voluntary sterilization for women.

Highlights:

- Requires insurers and the state Medicaid programs to pay for up to a 12-month supply of legally prescribed and ordered contraception.
- Specifies that up to three months of contraception may be dispensed immediately, and up to nine months of contraception may be dispensed at the subsequent visit to the doctor or pharmacy.
- For a refill in a plan year following the initial dispensing of a drug or therapeutic equivalent pursuant to paragraphs (a) and (b), dispense up to a 12-month supply of the drug or therapeutic equivalent or any amount which covers the remainder of the plan year if the patient is covered by a health care plan, whichever is less.
- If a prescription or order for a drug for contraception or its therapeutic equivalent limits the dispensing of the drug or therapeutic equivalent to a quantity which is less than the amount otherwise authorized to be dispensed pursuant to subsection 1, the pharmacist must dispense the drug or therapeutic equivalent in accordance with the quantity specified in the prescription or order.
- Prohibits insurers from charging a higher deductible, requiring a longer waiting period for benefits, penalizing providers who grant individuals with contraception or hormone replacement therapy, or refusing to issue a health insurance policy due to an individual's use of contraception or hormone replacement therapy.
- Requires hospitals and health care providers to abide by the same regulations as insurers.