

Second Regular Session  
Seventieth General Assembly  
STATE OF COLORADO

**ENGROSSED**

*This Version Includes All Amendments Adopted  
on Second Reading in the House of Introduction*

LLS NO. 16-0160.01 Christy Chase x2008

**HOUSE BILL 16-1322**

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**HOUSE SPONSORSHIP**

**Pettersen and Coram,**

**SENATE SPONSORSHIP**

**Donovan,**

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**House Committees**  
Public Health Care & Human Services

**Senate Committees**

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**A BILL FOR AN ACT**

101     **CONCERNING A REQUIREMENT THAT HEALTH BENEFIT PLANS**  
102         **REQUIRED TO COVER CONTRACEPTION REIMBURSE DISPENSERS**  
103         **FOR DISPENSING A MULTIPLE-MONTHS' SUPPLY OF**  
104         **PRESCRIPTION CONTRACEPTIVES.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)*

The bill requires health benefit plans that are required under the federal "Patient Protection and Affordable Care Act" to provide contraception coverage as a preventive health service for women to

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

HOUSE  
Amended 2nd Reading  
April 22, 2016

reimburse providers or dispensing entities for dispensing prescription contraceptives in a 3-month supply for the first dispensing to the insured person and for a 12-month supply for subsequent dispensings of the same prescription contraceptive to the insured person.

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1       *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **amend**  
3           (3) (a) (I) and (18) (a) (I) introductory portion; and **add** (18) (b.5) as  
4           follows:

5           **10-16-104. Mandatory coverage provisions - definitions -**  
6           **rules.** (3) **Maternity coverage.** (a) (I) All group sickness and accident  
7           insurance policies providing coverage within the state and issued to an  
8           employer by an entity subject to part 2 of this article, all group health  
9           service contracts issued by an entity subject to part 3 or 4 of this article  
10           and issued to an employer, all individual sickness and accident insurance  
11           policies issued by an entity subject to part 2 of this article, and all  
12           individual health care or indemnity contracts issued by an entity subject  
13           to part 3 or 4 of this article, except supplemental policies covering a  
14           specified disease or other limited benefit, shall insure against the expense  
15           of normal pregnancy and childbirth or provide coverage for maternity  
16           care and provide coverage for contraception in the same manner as any  
17           other sickness, injury, disease, or condition is otherwise covered under the  
18           policy or contract; EXCEPT THAT COVERAGE FOR CONTRACEPTION SHALL  
19           BE CONSISTENT WITH THE REQUIREMENTS IN PARAGRAPH (b.5) OF  
20           SUBSECTION (18) OF THIS SECTION. Individual sickness and accident  
21           insurance policies or contracts may exclude coverage for pregnancy and  
22           delivery expenses on the grounds that pregnancy was a preexisting  
23           condition. The exclusion for the pregnancy as a preexisting condition

1 under the policy or contract shall not apply for any subsequent  
2 pregnancies. Group sickness and accident insurance policies or contracts  
3 shall not exclude coverage for pregnancy and delivery expenses on the  
4 grounds that pregnancy was a preexisting condition.

5 **(18) Preventive health care services.** (a) (I) The following  
6 policies and contracts that are delivered, issued, renewed, or reinstated on  
7 or after January 1, 2010, must provide coverage for the total cost of the  
8 preventive health care services specified in ~~paragraph (b)~~ of this  
9 subsection (18):

10 (b.5) (I) FOR PURPOSES OF COVERAGE FOR CONTRACEPTION AS A  
11 PREVENTIVE HEALTH CARE SERVICE FOR WOMEN AS REQUIRED BY THE  
12 FEDERAL ACT, A HEALTH BENEFIT PLAN SUBJECT TO COVERAGE  
13 REQUIREMENTS MUST REIMBURSE ~~A PARTICIPATING PROVIDER OR~~  
14 ~~DISPENSING ENTITY THAT IS IN THE HEALTH BENEFIT PLAN'S NETWORK FOR~~  
15 DISPENSING PRESCRIPTION CONTRACEPTIVES INTENDED TO LAST:

16 (A) FOR A THREE-MONTH PERIOD THE FIRST TIME THE  
17 PRESCRIPTION CONTRACEPTIVE IS DISPENSED TO THE COVERED PERSON;  
18 AND

19 (B) FOR A TWELVE-MONTH PERIOD OR THROUGH THE END OF THE  
20 COVERED PERSON'S COVERAGE UNDER THE HEALTH BENEFIT PLAN,  
21 WHICHEVER IS SHORTER, FOR ANY SUBSEQUENT DISPENSING OF THE SAME  
22 PRESCRIPTION CONTRACEPTIVE TO THE COVERED PERSON, REGARDLESS OF  
23 WHETHER THE COVERED PERSON WAS ENROLLED IN THE PLAN, POLICY, OR  
24 CONTRACT AT THE TIME THE PRESCRIPTION CONTRACEPTIVE WAS FIRST  
25 DISPENSED.

26 (II) FOR PURPOSES OF COVERAGE FOR CONTRACEPTION AS A  
27 PREVENTIVE HEALTH CARE SERVICE FOR WOMEN AS REQUIRED BY THE

1 FEDERAL ACT, A HEALTH BENEFIT PLAN SUBJECT TO COVERAGE  
2 REQUIREMENTS MUST REIMBURSE THE PARTICIPATING PROVIDER OR  
3 DISPENSING ENTITY THAT IS IN THE HEALTH BENEFIT PLAN'S NETWORK FOR  
4 DISPENSING TO A COVERED PERSON A PRESCRIBED VAGINAL  
5 CONTRACEPTIVE RING INTENDED TO LAST FOR A THREE-MONTH PERIOD.

6 (III) AS USED IN THIS PARAGRAPH (b.5):

7 (A) "DISPENSING ENTITY" MEANS A PRESCRIPTION DRUG OUTLET,  
8 PHARMACY, OR OTHER FACILITY REGISTERED BY THE STATE BOARD OF  
9 PHARMACY UNDER PART 1 OF ARTICLE 42.5 OF TITLE 12, C.R.S.

10 (B) "PRESCRIPTION CONTRACEPTIVE" MEANS A MEDICALLY  
11 ACCEPTABLE ORAL DRUG OR CONTRACEPTIVE PATCH THAT IS USED TO  
12 PREVENT PREGNANCY AND THAT REQUIRES A PRESCRIPTION.

13 **SECTION 2. Act subject to petition - effective date -**  
14 **applicability.** (1) This act takes effect January 1, 2018; except that, if a  
15 referendum petition is filed pursuant to section 1 (3) of article V of the  
16 state constitution against this act or an item, section, or part of this act  
17 within the ninety-day period after final adjournment of the general  
18 assembly, then the act, item, section, or part will not take effect unless  
19 approved by the people at the general election to be held in November  
20 2016 and, in such case, will take effect on January 1, 2018, or on the date  
21 of the official declaration of the vote thereon by the governor, whichever  
22 is later.

23 (2) This act applies to health benefit plans issued, amended, or  
24 renewed on or after the applicable effective date of this act.