

STATE OF NEW YORK

8869

IN SENATE

January 12, 2026

Introduced by Sens. SKOUFIS, ADDABBO, CLEARE, FERNANDEZ, JACKSON, LIU, MAY, SALAZAR, SCARCELLA-SPANTON -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring certain health insurance policies include coverage services provided by pharmacists related to contraceptives

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Item (v) of subparagraph (E) of paragraph 17 of subsection
2 (i) of section 3216 of the insurance law, as amended by section 3 of
3 part M of chapter 57 of the laws of 2019, is amended to read as follows:
4 (v) all FDA-approved contraceptive drugs, devices, and other products,
5 including all over-the-counter contraceptive drugs, devices, and
6 products as prescribed or as otherwise authorized under state or federal
7 law; voluntary sterilization procedures pursuant to 42 U.S.C. 18022 and
8 identified in the comprehensive guidelines supported by the health
9 resources and services administration and thereby incorporated in the
10 essential health benefits benchmark plan; patient education and coun-
11 seling on contraception; and follow-up services related to the drugs,
12 devices, products, and procedures covered under this clause, including,
13 but not limited to, management of side effects, counseling for continued
14 adherence, and device insertion and removal. Except as otherwise author-
15 ized under this [~~clause~~] item, a contract shall not impose any
16 restrictions or delays on the coverage required under this [~~clause~~]
17 item. However, where the FDA has approved one or more therapeutic and
18 pharmaceutical equivalent, as defined by the FDA, versions of a contra-
19 ceptive drug, device, or product, a contract is not required to include
20 all such therapeutic and pharmaceutical equivalent versions in its
21 formulary, so long as at least one is included and covered without cost-
22 sharing and in accordance with this [~~clause~~] item. If the covered ther-
23 apeutic and pharmaceutical equivalent versions of a drug, device, or
24 product are not available or are deemed medically inadvisable a contract
25 shall provide coverage for an alternate therapeutic and pharmaceutical

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

LBD09936-05-6

1 equivalent version of the contraceptive drug, device, or product without
2 cost-sharing.

3 (a) This coverage shall include emergency contraception without cost
4 sharing when provided pursuant to a prescription, or order under section
5 sixty-eight hundred thirty-one of the education law or when lawfully
6 provided over-the-counter.

7 (b) If the attending health care provider, in ~~[his or her]~~ their
8 reasonable professional judgment, determines that the use of a non-cov-
9 ered therapeutic or pharmaceutical equivalent of a drug, device, or
10 product is warranted, the health care provider's determination shall be
11 final. The superintendent shall promulgate regulations establishing a
12 process, including timeframes, for an insured, an insured's designee or
13 an insured's health care provider to request coverage of a non-covered
14 contraceptive drug, device, or product. Such regulations shall include a
15 requirement that insurers use an exception form that shall meet criteria
16 established by the superintendent.

17 (c) This coverage must allow for the dispensing of up to twelve months
18 worth of a contraceptive at one time.

19 (d) This coverage shall provide for an administrative fee to a pharma-
20 cist who dispenses self-administered hormonal contraceptives pursuant to
21 section sixty-eight hundred one of the education law and provides
22 related services no less than the current Medicaid rate for the same
23 services.

24 (e) For the purposes of this ~~[clause]~~ item, "over-the-counter contra-
25 ceptive products" shall mean those products provided for in comprehen-
26 sive guidelines supported by the health resources and services adminis-
27 tration as of January twenty-first, two thousand nineteen.

28 § 2. Subparagraph (A) of paragraph 16 of subsection (1) of section
29 3221 of the insurance law, as amended by section 1 of part M of chapter
30 57 of the laws of 2019, is amended to read as follows:

31 (A) Every group or blanket policy that provides medical, major
32 medical, or similar comprehensive type coverage ~~[that is issued,~~
33 ~~amended, renewed, effective or delivered on or after January first, two~~
34 ~~thousand twenty,]~~ shall provide coverage for all of the following
35 services and contraceptive methods:

36 (1) All FDA-approved contraceptive drugs, devices, and other products.
37 This includes all FDA-approved over-the-counter contraceptive drugs,
38 devices, and products as prescribed or as otherwise authorized under
39 state or federal law. The following applies to this coverage:

40 (a) where the FDA has approved one or more therapeutic and pharmaceu-
41 tical equivalent, as defined by the FDA, versions of a contraceptive
42 drug, device, or product, a group or blanket policy is not required to
43 include all such therapeutic and pharmaceutical equivalent versions in
44 its formulary, so long as at least one is included and covered without
45 cost-sharing and in accordance with this paragraph;

46 (b) if the covered therapeutic and pharmaceutical equivalent versions
47 of a drug, device, or product are not available or are deemed medically
48 inadvisable a group or blanket policy shall provide coverage for an
49 alternate therapeutic and pharmaceutical equivalent version of the
50 contraceptive drug, device, or product without cost-sharing. If the
51 attending health care provider, in ~~[his or her]~~ their reasonable profes-
52 sional judgment, determines that the use of a non-covered therapeutic or
53 pharmaceutical equivalent of a drug, device, or product is warranted,
54 the health care provider's determination shall be final. The superinten-
55 dent shall promulgate regulations establishing a process, including
56 timeframes, for an insured, an insured's designee or an insured's health

1 care provider to request coverage of a non-covered contraceptive drug,
2 device, or product. Such regulations shall include a requirement that
3 insurers use an exception form that shall meet criteria established by
4 the superintendent;

5 (c) this coverage shall include emergency contraception without cost-
6 sharing when provided pursuant to a prescription or order under section
7 sixty-eight hundred thirty-one of the education law or when lawfully
8 provided over the counter; ~~and~~

9 (d) this coverage must allow for the dispensing of up to twelve months
10 worth of a contraceptive at one time; ~~and~~

11 (e) this coverage shall provide for an administrative fee to a pharma-
12 cist who dispenses self-administered hormonal contraceptives pursuant to
13 section sixty-eight hundred one of the education law and provides
14 related services no less than the current Medicaid rate for the same
15 services;

16 (2) Voluntary sterilization procedures pursuant to 42 U.S.C. 18022 and
17 identified in the comprehensive guidelines supported by the health
18 resources and services administration and thereby incorporated in the
19 essential health benefits benchmark plan;

20 (3) Patient education and counseling on contraception; and

21 (4) Follow-up services related to the drugs, devices, products, and
22 procedures covered under this paragraph, including, but not limited to,
23 management of side effects, counseling for continued adherence, and
24 device insertion and removal.

25 § 3. The opening paragraph and subparagraph (A) of paragraph 1 of
26 subsection (cc) of section 4303 of the insurance law, as amended by
27 section 2 of part M of chapter 57 of the laws of 2019, are amended to
28 read as follows:

29 Every contract that provides medical, major medical, or similar
30 comprehensive type coverage ~~[that is issued, amended, renewed, effective~~
31 ~~or delivered on or after January first, two thousand twenty,]~~ shall
32 provide coverage for all of the following services and contraceptive
33 methods:

34 (A) All FDA-approved contraceptive drugs, devices, and other products.
35 This includes all FDA-approved over-the-counter contraceptive drugs,
36 devices, and products as prescribed or as otherwise authorized under
37 state or federal law. The following applies to this coverage:

38 (i) where the FDA has approved one or more therapeutic and pharmaceu-
39 tical equivalent, as defined by the FDA, versions of a contraceptive
40 drug, device, or product, a contract is not required to include all such
41 therapeutic and pharmaceutical equivalent versions in its formulary, so
42 long as at least one is included and covered without cost-sharing and in
43 accordance with this subsection;

44 (ii) if the covered therapeutic and pharmaceutical equivalent versions
45 of a drug, device, or product are not available or are deemed medically
46 inadvisable a contract shall provide coverage for an alternate therapeu-
47 tic and pharmaceutical equivalent version of the contraceptive drug,
48 device, or product without cost-sharing. If the attending health care
49 provider, in ~~[his or her]~~ their reasonable professional judgment, deter-
50 mines that the use of a non-covered therapeutic or pharmaceutical equiv-
51 alent of a drug, device, or product is warranted, the health care
52 provider's determination shall be final. The superintendent shall
53 promulgate regulations establishing a process, including timeframes, for
54 an insured, an insured's designee or an insured's health care provider
55 to request coverage of a non-covered contraceptive drug, device, or
56 product. Such regulations shall include a requirement that insurers use

1 an exception form that shall meet criteria established by the super-
2 intendent;

3 (iii) this coverage shall include emergency contraception without
4 cost-sharing when provided pursuant to a prescription or order under
5 section sixty-eight hundred thirty-one of the education law or when
6 lawfully provided over the counter; [~~and~~]

7 (iv) this coverage must allow for the dispensing of up to twelve
8 months worth of a contraceptive at one time; and

9 (v) this coverage shall include an administrative fee to a pharmacist
10 who dispenses self-administered hormonal contraceptives pursuant to
11 section sixty-eight hundred one of the education law and provides
12 related services no less than the current Medicaid rate for the same
13 services;

14 § 4. This act shall take effect immediately and shall apply to poli-
15 cies and contracts issued, renewed, modified, altered or amended on and
16 after such date.