

# 2026 SESSION

INTRODUCED

26105319D

1 **HOUSE BILL NO. 1182**

2 Offered January 14, 2026

3 Prefiled January 14, 2026

4 *A BILL to amend and reenact §§ 38.2-3407.5:1 and 38.2-3407.5:2 of the Code of Virginia, relating to health*  
5 *insurance; coverage for contraceptive drugs and devices.*

6 Patron—Thomas

7 Committee Referral Pending

8 **Be it enacted by the General Assembly of Virginia:**

9 **1. That §§ 38.2-3407.5:1 and 38.2-3407.5:2 of the Code of Virginia are amended and reenacted as**  
10 **follows:**

11 **§ 38.2-3407.5:1. Coverage for contraceptives.**

12 **A. Each** As used in this section:

13 "Contraceptive device" means any device or non-drug product that has been approved as a contraceptive  
14 by the FDA.

15 "Contraceptive drug" means any drug approved as a contraceptive by the FDA.

16 "FDA" means the U.S. Food and Drug Administration.

17 "Medical need" includes considerations such as severity of side effects, difference in permanence and  
18 reversibility of a contraceptive drug or contraceptive device, or an ability to adhere to the appropriate use of  
19 such drug or device, as determined by an attending health care provider.

20 "Therapeutically equivalent version" means a drug or device that has the same clinical effect and safety  
21 profile as another drug or device and that meets the criteria for therapeutic equivalence as determined by the  
22 FDA.

23 **B. Notwithstanding the provisions of § 38.2-3419, each (i) insurer proposing to issue individual or group**  
24 **accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage**  
25 **on an expense incurred basis; (ii) corporation providing individual or group accident and sickness**  
26 **subscription contracts; and (iii) health maintenance organization providing a health care plan for health care**  
27 **services, whose policy, contract or plan, including any certificate or evidence of coverage issued in**  
28 **connection with such policy, contract or plan, includes coverage for prescription drugs on an outpatient basis,**  
29 **shall offer and make available provide coverage thereunder for any prescribed drug or device approved by the**  
30 **United States Food and Drug Administration for use as a contraceptive drugs and contraceptive devices,**  
31 **including those available over-the-counter, in accordance with §§ 38.2-3442 and 38.2-3438.**

32 **B. C. No insurer, corporation, or health maintenance organization shall impose upon any person receiving**  
33 **prescription contraceptive benefits pursuant to this section any (i) copayment, coinsurance payment, or fee**  
34 **that is not equally imposed upon all individuals in the same benefit category, class, coinsurance level or**  
35 **copayment level receiving benefits for prescription drugs, or (ii) reduction in allowable reimbursement for**  
36 **prescription drug benefits.**

37 **D. Notwithstanding the provisions of subsection C, an insurer, corporation, or health maintenance**  
38 **organization that provides coverage for more than one therapeutically equivalent version of a contraceptive**  
39 **drug or contraceptive device may impose cost-sharing requirements on any such version, provided that at**  
40 **least one therapeutically equivalent version of such contraceptive drug or contraceptive device is available**  
41 **without cost-sharing. However, if a covered individual's health care provider recommends a particular**  
42 **contraceptive drug or contraceptive device for such individual based on a determination of medical need, an**  
43 **insurer, corporation, or health maintenance organization shall provide coverage for the recommended**  
44 **contraceptive drug or contraceptive device without cost-sharing.**

45 **E. An insurer, corporation, or health maintenance organization to which the provisions of this section**  
46 **apply shall not impose any burdensome restrictions or delays on the coverage required by this section,**  
47 **including a requirement that a covered individual (i) obtain a prescription in order to receive coverage for**  
48 **contraceptive drugs and contraceptive devices available over-the-counter or (ii) make any formal request for**  
49 **such coverage other than a pharmacy claim, and shall provide clear, written, and complete information in a**  
50 **single location about the contraceptive coverage included and excluded from its offered plans available on its**  
51 **website and by mail at the request of a current or potential covered individual.**

52 **F. The provisions of subsection A this section shall not be construed to:**

53 **1. Require coverage for prescription coverage benefits in any contract, policy, or plan that does not**  
54 **otherwise provide coverage for prescription drugs; or**

55 **2. Preclude the use of closed formularies, provided, however, that such formularies shall include oral,**  
56 **implant and injectable contraceptive drugs, intrauterine devices and prescription barrier methods; or**

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59       3. Require coverage for experimental ~~contraceptive drugs~~ *contraceptives* not approved by the United  
60 States Food and Drug Administration FDA.

61       D. G. The provisions of this section shall not apply to short-term travel, accident-only, limited or specified  
62 disease policies, or contracts designed for issuance to persons eligible for coverage under Title XVIII of the  
63 Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental  
64 plans, or to short-term nonrenewable policies of not more than six months' duration.

65       E. The provisions of this section shall be applicable to contracts, policies or plans delivered, issued for  
66 delivery or renewed in this Commonwealth on and after July 1, 1997.

67       **§ 38.2-3407.5:2. Reimbursements for dispensing hormonal contraceptives.**

68       A. As used in this section:

69       "Covered person" means a policyholder, subscriber, enrollee, participant, or other individual covered by a  
70 health benefit plan.

71       "Health benefit plan" means any accident and health insurance policy or certificate, health services plan  
72 contract, health maintenance organization subscriber contract, plan provided by a multiple employer welfare  
73 arrangement (MEWA), or plan provided by another benefit arrangement. "Health benefit plan" does not mean  
74 accident only, credit, or disability insurance; coverage of Medicare services or federal employee health plans,  
75 pursuant to contracts with the United States government; Medicare supplement or long-term care insurance;  
76 Medicaid coverage; dental only or vision only insurance; specified disease insurance; hospital confinement  
77 indemnity coverage; limited benefit health coverage; short-term limited duration coverage; coverage issued  
78 as a supplement to liability insurance; insurance arising out of a workers' compensation or similar law;  
79 automobile medical payment insurance; medical expense and loss of income benefits; or insurance under  
80 which benefits are payable with or without regard to fault and that is statutorily required to be contained in  
81 any liability insurance policy or equivalent self-insurance.

82       "Health carrier" means an entity subject to the insurance laws and regulations of the Commonwealth and  
83 subject to the jurisdiction of the Commission that contracts or offers to contract to provide a health benefit  
84 plan.

85       "Hormonal contraceptive" means a medication taken to prevent pregnancy by means of ingestion of  
86 hormones, including medications containing estrogen or progesterone, that is self-administered; ~~requires a~~ *prescription*, and is approved by the U.S. Food and Drug Administration for such purpose.

88       "Provider" means a facility, physician or other type of health care practitioner licensed, accredited,  
89 certified or authorized by statute to deliver or furnish health care items or services.

90       B. Any health benefit plan that is amended, renewed, or delivered on or after January 1, 2018, that  
91 provides coverage for hormonal contraceptives shall (i) cover up to a 12-month supply of hormonal  
92 contraceptives when dispensed or furnished at one time for a covered person by a provider or pharmacy or at  
93 a location licensed or otherwise authorized to dispense drugs or supplies and (ii) *for hormonal contraceptives  
94 available over-the-counter, provide point-of-sale coverage without cost-sharing at in-network pharmacies.*

95       C. Nothing in this section shall be construed to require a provider to prescribe, furnish, or dispense 12  
96 months of self-administered hormonal contraceptives at one time.

97       D. A health benefit plan that provides coverage for hormonal contraceptives, in the absence of clinical  
98 contraindications, shall not impose utilization controls or other forms of medical management limiting the  
99 supply of hormonal contraceptives that may be dispensed or furnished by a provider or pharmacy, or at a  
100 location licensed or otherwise authorized to dispense drugs or supplies, to an amount that is less than a 12-  
101 month supply.

102       E. This section shall not be construed to exclude coverage for hormonal contraceptives as prescribed by a  
103 provider, acting within his scope of practice, for reasons other than contraceptive purposes, such as  
104 decreasing the risk of ovarian cancer or eliminating symptoms of menopause, or for contraception that is  
105 necessary to preserve the life or health of an enrollee.

106       F. Nothing in this section shall be construed to require a health carrier to cover hormonal contraceptives  
107 provided by a provider or pharmacy or at a location licensed or otherwise authorized to dispense drugs or  
108 supplies, that does not participate in the health carrier's provider network, except as may be otherwise  
109 authorized or required by state law or by the plan's policies governing out-of-network coverage.

110       **2. That the provisions of this act shall apply only to individual or group accident and sickness  
111 insurance policies, individual or group accident and sickness subscription contracts, or health care  
112 plans for health care services delivered, issued for delivery, or renewed in the Commonwealth on or  
113 after January 1, 2027.**