**A** **BILL**

TO AMEND ARTICLE 1, CHAPTER 71, TITLE 38 OF THE 1976 CODE, RELATING TO ACCIDENT AND HEALTH INSURANCE, BY ADDING SECTION 38‑71‑120, TO ESTABLISH THAT AN INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY PROVIDING COVERAGE FOR CONTRACEPTIVE DRUGS MUST PROVIDE REIMBURSEMENT FOR A TWELVE‑MONTH REFILL OF CONTRACEPTIVE DRUGS OBTAINED AT ONE TIME; AND TO AMEND ARTICLE 2, CHAPTER 6, TITLE 44 OF THE 1976 CODE, RELATING TO MEDICALLY INDIGENT ASSISTANCE AID, BY ADDING SECTION 44‑6‑120, TO AUTHORIZE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO MAKE ARRANGEMENTS FOR ALL MEDICAID PROGRAMS OFFERED THROUGH MANAGED CARE PLANS OR FEE‑FOR‑SERVICE PROGRAMS TO REQUIRE THE DISPENSING OF CONTRACEPTIVE DRUGS WITH A TWELVE‑MONTH SUPPLY PROVIDED AT ONE TIME.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑120. (A) All individual or group health insurance policies providing coverage for contraceptive drugs must provide reimbursement for a twelve‑month refill of contraceptive drugs obtained at one time by the insured after the insured has completed the initial supply of the drugs, unless the insured requests a smaller supply or the prescribing provider instructs that the insured must receive a smaller supply. The insurance policy must allow the insured to receive the contraceptive drugs on‑site at the provider’s office, if available. Dispensing practices required by the insurance policy must follow all clinical guidelines for appropriate prescribing and dispensing to ensure the health of the patient while maximizing access to effective contraceptive drugs.

(B) For purposes of this section, the term ‘contraceptive drugs’ means all drugs approved by the United States Food and Drug Administration that are used to prevent pregnancy including, but not limited to, hormonal drugs administered orally, transdermally, and intravaginally.”

SECTION 2. Article 2, Chapter 6, Title 44 of the 1976 Code is amended by adding:

“Section 44‑6‑120. (A) The department shall require all Medicaid health plans to include the dispensing of contraceptive drugs with a twelve‑month supply provided at one time, unless a patient requests a smaller supply or the prescribing provider instructs that the patient must receive a smaller supply. Contracts with managed care plans must allow on‑site dispensing of the prescribed contraceptive drugs at family practice clinics, if available. Dispensing practices must follow clinical guidelines for appropriate prescribing and dispensing to ensure the health of the patient while maximizing access to effective contraceptive drugs.

(B) For purposes of this section, the term ‘contraceptive drugs’ means all drugs approved by the United States Food and Drug Administration that are used to prevent pregnancy, including, but not limited to, hormonal drugs administered orally, transdermally, and intravaginally.”

SECTION 3. This act takes effect upon approval by the Governor and shall apply to all individual or group insurance policies and all Medicaid health plans issued or renewed on or after January 1, 2020.

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