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Bulletin No. 02-09

To: **Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts (BCBSMA), Health Maintenance Organizations**

From: **Linda Ruthardt, Commissioner of Insurance**

Re: **Hormone Replacement Therapy and Contraceptive Services**

Date: **March 15, 2002**

This Bulletin is to inform carriers of the enactment of 2002 Mass. Acts 49 (Chapter 49), An Act Providing Equitable Coverage of Services Under Health Plans, which adds the following Massachusetts health insurance statutes: M.G.L. c. 175, § 47W, c. 176A, § 8W, c. 176B, § 4W, and c. 176G, § 4O. Chapter 49, which was enacted on March 7, 2002, will apply to all policies, contracts, plans and certificates of insurance issued or delivered within the commonwealth on or after January 1, 2003 and to policies, contracts, agreements, plans and certificates of insurance in effect before that date upon renewal on or after January 1, 2003. The provisions of these sections do not apply to self-funded health benefit plans administered under the Employee Retirement Income Security Act of 1974 (ERISA) or contracts purchased by a subscriber that is a church or qualified church-controlled organization, as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).

Chapter 49 provides that insured policies, contracts, agreements, plans and certificates of coverage that provide benefits for outpatient services shall provide hormone replacement therapy services for peri- and post-menopausal women and outpatient contraceptive services under the same terms and conditions as for such other outpatient services. Outpatient contraceptive services are defined to include consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of all contraceptive methods to prevent pregnancy that have been approved by the United States Food and Drug Administration.

Chapter 49 also provides that insured policies, contracts, agreements, plans and certificates of coverage that are delivered, issued or renewed within or without the commonwealth and that provide benefits for outpatient prescription drugs and devices shall provide benefits for hormone replacement therapy for peri- and post-menopausal women and outpatient prescription drugs or devices which have been approved by the United States Food and Drug Administration (FDA) under the same terms and conditions as for such other prescription drugs or devices, provided that in covering all FDA approved prescription contraceptive methods, carriers may use a closed or restricted formulary.

Please refer to the statutes, as amended, for a complete description of these new benefits. If you have any questions regarding this Bulletin, please call the Health Unit at the Division of Insurance at (617) 521-7349.