

HB 2370 -- INSURANCE COVERAGE OF CERTAIN HORMONAL CONTRACEPTIVES

SPONSOR: Peters

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Health and Mental Health by a vote of 13 to 0.

In this bill, current law requiring certain health benefit plans to provide coverage for contraceptives lasting up to 90 days, or 180 days for generic self-administered hormonal contraceptives, will no longer be in effect after December 31, 2026.

Instead, certain health benefit plans issued or renewed on or after January 1, 2027, will be required to cover a supply of self-administered hormonal contraceptives, including brand-name and generic contraceptives, intended to last up to one year.

This bill is similar to SB 929 (2026).

PROPOSERS: Supporters say that coverage of an annual supply is evidence-based, improves health outcomes, and reduces costs. This medication is effective only when used consistently, and barriers to access increase the likelihood of unintended pregnancy. Additionally, the State's Medicaid program, MO HealthNet, covers a year's supply.

Testifying in person for the bill were Representative Peters; Rylea Luckfield, Beacon Reproductive Health Network; Missouri Nurses Association; Missouri State Medical Association; Missouri Rural Health Association; Arnie Dienoff; The Missouri Section of the American College of Obstetricians and Gynecologists.

OPPOSERS: Those who oppose the bill say that the bill repeals language recently authorized, demonstrating a rapid policy shift for insurers to adapt to. There are situations in which a person is on a plan with his or her employer receiving a year benefit, but changes employers partway through, requiring the prior plan to maintain coverage.

Testifying in person against the bill were America's Health Insurance Plans; Missouri Insurance Coalition.

OTHERS: Others testifying on the bill say that a person's geographic and insurance status influence access to medications and the ease of maintaining refills. Most counties in the State lack access to primary medical care, making refills difficult. Dispensing a 12-month supply increases adherence and decreases

unintended pregnancy, reducing the likelihood of abortion by about 46%. Many plans typically cover a one-to-three month supply at one time, and changing the default standardized prescription can increase the frequency of yearlong prescriptions, but such change does not always result to changes in prescription coverage.

Testifying in person on the bill was Jennifer Bean, Most Policy Initiative.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.