



# House of Representatives

General Assembly

**File No. 427**

February Session, 2026

House Bill No. 5482

*House of Representatives, April 7, 2026*

The Committee on Human Services reported through REP. GILCHREST of the 18th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

## ***AN ACT CONCERNING TWELVE-MONTH COVERAGE FOR CONTRACEPTION AND HORMONE THERAPY.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2027*) (a) As used in this section,  
2 "prescription hormone therapy" means all drugs approved by the  
3 United States Food and Drug Administration that are used to medically  
4 suppress, increase or replace hormones that the body is not producing  
5 at intended levels, as determined by the prescribing provider.  
6 "Prescription hormone therapy" does not include glucagon-like peptide-  
7 1 and glucagon-like peptide-1 receptor agonists.

8 (b) Each individual and group health insurance policy providing  
9 coverage of the type specified in subdivisions (1), (2), (4), (11) and (12)  
10 of section 38a-469 of the general statutes, delivered, issued for delivery,  
11 renewed, amended or continued in this state on or after January 1, 2027,  
12 that includes coverage for prescription hormone therapy shall provide  
13 reimbursement for a twelve-month supply of covered prescription  
14 hormone therapy and any necessary supplies for administration

15 dispensed at one time, unless the (1) insured requests a smaller supply,  
16 (2) prescribing provider instructs that the insured must receive a smaller  
17 supply, or (3) prescription hormone therapy is a controlled substance. If  
18 the prescription hormone therapy is a controlled substance, the health  
19 plan shall provide reimbursement for the maximum refills allowed  
20 under state and federal law to be obtained at one time by the insured.

21 (c) Nothing in this section prohibits a health plan from limiting refills  
22 that may be obtained in the last quarter of the plan year if a twelve-  
23 month supply of the prescription hormone therapy has already been  
24 dispensed during the plan year. To the extent not otherwise prohibited  
25 under state or federal law, health plans may apply drug utilization  
26 management strategies to prescription drugs covered under this section.

27 Sec. 2. (NEW) (*Effective January 1, 2027*) (a) As used in this section, (1)  
28 "medically necessary" has the same meaning as provided in section 17b-  
29 259b of the general statutes; and (2) "prescription hormone therapy"  
30 means all drugs approved by the United States Food and Drug  
31 Administration that are used to medically suppress, increase or replace  
32 hormones that the body is not producing at intended levels, as  
33 determined by the prescribing provider. "Prescription hormone  
34 therapy" does not include glucagon-like peptide-1 and glucagon-like  
35 peptide-1 receptor agonists.

36 (b) The Commissioner of Social Services, to the extent permissible  
37 under federal law, shall provide Medicaid coverage for a medically  
38 necessary twelve-month supply of prescription hormone therapy and  
39 any necessary supplies for administration dispensed at one time, unless  
40 the (1) enrollee requests a smaller supply, (2) prescribing provider  
41 instructs that the enrollee must receive a smaller supply, or (3)  
42 prescription hormone therapy is a controlled substance. If the  
43 prescription hormone therapy is a controlled substance, the  
44 commissioner shall provide Medicaid coverage for the maximum refills  
45 allowed under state and federal law to be obtained at one time by the  
46 Medicaid enrollee.

47 Sec. 3. (NEW) (*Effective January 1, 2027*) The Commissioner of Social

48 Services, to the extent permissible under federal law, shall provide  
49 Medicaid coverage for a twelve-month supply of any prescribed  
50 contraceptive drug, device or product approved by the United States  
51 Food and Drug Administration and dispensed at one time, unless the  
52 Medicaid enrollee or the enrollee's prescribing health care provider  
53 requests less than a twelve-month supply of such contraceptive drug,  
54 device or product.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2027</i>	New section
Sec. 2	<i>January 1, 2027</i>	New section
Sec. 3	<i>January 1, 2027</i>	New section

**HS**      *Joint Favorable*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

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**OFA Fiscal Note****State Impact:** None**Municipal Impact:** None**Explanation**

The bill requires fully-insured plans to cover one-time, 12-month dispensing of certain covered prescriptions except in specified situations, resulting in no fiscal impact to the state.

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**OLR Bill Analysis****HB 5482****AN ACT CONCERNING TWELVE-MONTH COVERAGE FOR CONTRACEPTION AND HORMONE THERAPY.****SUMMARY**

This bill sets requirements related to prescription hormone therapy coverage in private insurance and Medicaid. Prescription hormone therapy includes all federal Food and Drug Administration (FDA)-approved drugs (excluding GLP-1 drugs) used to medically suppress, increase, or replace hormones that the body is not producing at intended levels, as determined by the provider. It requires private health insurers that cover the therapy to reimburse for a 12-month supply and any administration-related supplies dispensed at one time, with certain exceptions.

With certain exceptions, the bill also requires the Department of Social Services (DSS) commissioner to provide Medicaid coverage for a (1) medically necessary 12-month supply of prescription hormone therapy and any administration-related supplies and (2) 12-month supply of any FDA-approved prescription contraception drug, device, or product.

EFFECTIVE DATE: January 1, 2027

**PRIVATE INSURANCE COVERAGE**

The bill requires individual and group health insurance companies to reimburse for a 12-month supply and any necessary administration supplies of a covered prescription hormone therapy dispensed at one time, unless the:

1. insured requests a smaller supply;
2. prescribing provider instructs that the insured must receive a

smaller supply; or

3. prescription hormone therapy is a controlled substance, in which case the health plan must reimburse for the maximum refills allowed for the insured under state and federal law.

The requirement applies to each individual or group health insurer, health care center (HMO), fraternal benefit society, health service corporation, medical service corporation, or other entity that delivers, issues, renews, amends, or continues a health insurance policy in the state on or after January 1, 2027, that covers (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

The bill specifies that it does not prohibit a health plan from limiting refills in the last quarter of the plan year if a 12-month supply has already been dispensed in the plan year. To the extent state and federal law allows, the bill allows plans to apply drug utilization strategies to prescription hormone therapies.

## **MEDICAID COVERAGE**

### ***Prescription Hormone Therapy***

The bill requires the DSS commissioner, to the extent federal law allows, to provide Medicaid coverage for a medically necessary (see BACKGROUND) 12-month supply of prescription hormone therapy and any necessary supplies to administer it dispensed at one time, unless the:

1. insured requests a smaller supply;
2. prescribing provider instructs that the insured must receive a smaller supply; or
3. prescription hormone therapy is a controlled substance, in which case DSS must reimburse for the maximum refills allowed for the

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insured under state and federal law.

### **Contraception**

The bill requires the DSS commissioner, to the extent federal law allows, to provide Medicaid coverage for a 12-month supply of any prescribed FDA-approved contraception drug, device, or product dispensed at one time, unless the Medicaid enrollee or the enrollee's prescribing health care provider requests a smaller supply.

### **BACKGROUND**

#### ***Medically Necessary Services in Medicaid***

Under the state's Medicaid program, medically necessary services are those health services required to prevent, identify, diagnose, treat, rehabilitate, or ameliorate a person's medical condition, including mental illness or its effects, to attain or maintain the person's achievable health and independent functioning (CGS § 17b-259b). Medically necessary services must also be:

1. consistent with generally accepted medical practice standards;
2. clinically appropriate in terms of type, frequency, timing, site, extent, and duration and considered effective for the person's illness, injury, or disease;
3. not primarily for the person's or provider's convenience;
4. not more costly than an alternative service likely to produce equivalent therapeutic or diagnostic results; and
5. based on an assessment of the person and his or her medical condition.

### **COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea 16    Nay 7    (03/19/2026)