

**Contraceptive Equity Proposed Bills
Introduced 2001**

STATE	CITATION	COVERAGE	EXEMPTION
AK	<p>SB0015</p> <p>Introduced, referred to State Affairs, Jan. 8, 2001</p>	<p>* Sec. 3. AS 21.42 is amended by adding a new section to read: Sec. 21.42.410. Coverage for contraceptives.</p> <p>(a) Except with respect to limited benefit health care insurance or health care insurance purchased by a religious employer, a health care insurer that offers, issues for delivery, delivers, or renews in this state a health care insurance plan that provides coverage for prescription drugs on an outpatient basis shall provide coverage for any prescribed drug or device approved by the United States Food and Drug Administration for use as a contraceptive.</p> <p>(c) This section may not be construed to</p> <p>(1) require coverage for prescription coverage benefits in a contract, policy, or plan that does not otherwise provide coverage for prescription drugs;</p> <p>(2) preclude the use of closed formularies if the formularies include oral, implant, and injectable contraceptive drugs, intrauterine devices, and prescription barrier methods;</p> <p>(3) require an insurer to provide coverage for abortion.</p>	<p>(a) Except with respect to... health care insurance purchased by a religious employer, a health care insurer that offers, issues for delivery, delivers, or renews in this state a health care insurance plan that provides coverage for prescription drugs on an outpatient basis shall provide coverage for any prescribed drug or device approved by the United States Food and Drug Administration for use as a contraceptive.</p> <p>(2) "religious employer" means an employer</p> <p>(A) with a primary purpose of instilling religious principles;</p> <p>(B) that primarily employs individuals who share the religious principles of the employer;</p> <p>(C) that primarily serves individuals who share the employer's religious principles; and</p> <p>(D) that does not receive public funding.</p>

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AZ	<p>HB2154</p> <p>House second read, Jan. 16, 2001</p> <p>HB 2115</p> <p>House second read, Jan. 16, 2001</p>	<p>Note: Both bills (HB2154, HB2115) propose amendments to various statutes, and both bills use similar language. The bills would affect the following statutes:</p> <p>Section 1 of each bill affects §20-826 (subsection Y), dealing with corporations; Section 2 affects §20-1057.02 (G), health care services organizations; Section 3 affects §20-1342 (L), disability insurer; Section 4 affects §20-1402 (L), group disability insurer; Section 5 affects §20-1404 (U), blanket disability insurer; and Section 6 affects §20-2329, health benefits plan.</p> <p>Any contract that provides coverage for prescription drugs shall provide coverage for any prescribed drug or device that is approved by the United States [FDA] for use as a contraceptive. A corporation shall not impose on any individual receiving prescription contraceptive benefits pursuant to this subsection any reduction in allowable reimbursement for prescription drug benefits or any copayment, coinsurance payment or fee that is not equally imposed on all individuals that are in the same benefit category, class, coinsurance level or copayment level and that are receiving benefits for prescription drugs. A corporation may use a drug formulary or list but that formulary or list shall include oral, implant and injectable contraceptive drugs, intrauterine devices and prescription barrier methods.</p>	None

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CO	<p>HB 1258 (HB01-1258)</p> <p>Introduced Jan. 31, 2001</p> <p>House Committee on Health, Environment, Welfare & Institutions postpone indefinitely (Feb. 14, 2001)</p>	<p>Adding sub § (15) to § 10-16-104:</p> <p>(a) no hospitalization or medical benefits contract on a group basis issued by an insurer... shall be sold in this state unless the policyholder under such contract or persons holding the master contract under such contract are offered the opportunity to purchase coverage for benefits for contraceptive devices.</p>	None

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FL	<p>HB 381 (H381)</p> <p>Referred to Health and Human Services Committee, April 23, 2001</p> <p>Died in Health & Human Services Appropriations (May 4, 2001)</p>	<p>Note: Preamble notes that EEOC has found that denial of contraceptive coverage violates Title VII's Pregnancy Discrimination Act</p> <p>Sections 4, 6, & 8: Any [health insurance policy; any group, franchise, accident, or health insurance policy; or health maintenance contracts] that provides coverage for outpatient prescription drugs shall cover prescription oral contraceptives approved by the [FDA] and prescribed by a [license d] practitioner ...</p> <p>Section 3: (2) Exception: Nothing in this section shall be construed as authorizing the exclusion of coverage under a health plan of prescription oral contraceptives necessary to preserve the life or health of the patient.</p> <p>(4) Nothing in this section shall be construed to require coverage for chemically induced abortions.</p>	<p>Section 3.</p> <p>(1) General Rule: ... a religious health plan sponsor may provide a health plan that does not provide benefits for prescription oral contraceptives that are contrary to the religious tenets of the religion or religious corporation, association, or society referred to in subsection (3). Further, [the contraceptive equity rule] shall not apply to an [individual or group health care service plan contract] purchased by an employer that is a religious health plan sponsor, including but not limited to, any church, religious school, religious association, other [not-profit] religious organization [...], if the provision of prescription oral contraceptives ... is inconsistent with the religious beliefs of the organization.</p> <p>(3) Definition – ... the term “religious health provider” means a health plan sponsor that meets the definition of “church plan” under § 3(33) of the Employee Retirement Income Security Act of 1974.</p>

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IL	<p>SB0018</p> <p>Re-referred to Rules Comm, March 31, 2001.</p> <p>HB0944</p> <p>Re-referred to Rules Comm, March 16, 2001.</p> <p>HB0980</p> <p>Referred to Senate Rules Committee, April 4, 2001.</p>	<p>Section 5. The Illinois Insurance Code is amended by 6 adding Section 356z.1 as follows:</p> <p>Sec. 356z.1. Coverage for contraceptives. (a) An individual or group policy of accident and health insurance amended, delivered, issued, or renewed in this State after the effective date of this amendatory Act of the 92nd General Assembly that provides coverage for outpatient services and outpatient prescription drugs or devices must provide coverage for the insured and any dependent of the insured covered by the policy for outpatient contraceptive services and outpatient contraceptive drugs or devices approved by the [FDA].</p> <p>(b) As used in this Section, "outpatient contraceptive service" means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.</p>	None
IN	<p>HB 1699</p> <p>Second reading: amended, ordered engrossed, Feb. 21, 2001</p>	<p>Chapter 24.2. Sec. 1. (b) The term [contraceptives] does not include abortion (as defined in IC 16-18-2-1) or abortifacients, including any drugs or devices that are intended to terminate a pregnancy.</p> <p>Sec. 7. An insurer that issues an insurance policy that provides coverage for outpatient prescription drugs must offer to provide benefits for prescription contraceptive drugs or devices approved by the United States Food and Drug Administration to a covered individual.</p>	Sec. 6. (a) This chapter does not apply to an insurance policy that is issued by or to an entity that finds contraception incompatible with its religious and moral teachings and beliefs.

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LA	<p>SB 211</p> <p>Engrossed Final Passage in Senate, April 26, 2001</p> <p>Assigned to House Insurance - considered on May 31, 2001</p>	<p>A. Every health insurance policy, contract, or plan ... which provides coverage for prescription drugs shall provide coverage for any birth control drug that is approved by the [FDA]...</p> <p>C. (3) Health insurers shall allow enrollees in a health plan exempted under [the religious exemption] to directly purchase coverage of contraceptive services and supplies. The cost to the enrollee shall not exceed the enrollee's pro rata share of the price the religious employer would have paid for such coverage had the religious employer not invoked the religious exemption.</p> <p>(4) Nothing in this section shall be construed to exclude coverage for prescription contraceptive supplies ordered...for reasons other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating the symptoms of menopause, or for prescription contraception that is necessary to preserve the life or health of the insured.</p> <p>(E) The provisions of this Section shall only apply to birth control drugs and shall not be construed to apply to any antiprogestin or other abortifacient class of drug.</p>	<p>C. (1) Any employer which is a religious organization may request ... an exclusion from coverage under such policy, plan or contract for coverage of birth control drugs ... if such coverage conflicts with the religious beliefs and practices of the organization.</p> <p>(7)... a "religious employer" is an entity for which each of the following is true:</p> <p>(a) the inculcation of religious benefits is the primary purpose of the entity.</p> <p>(b) the entity primarily employs persons who share the religious beliefs of the entity.</p> <p>(c) the entity serves primarily persons who share the religious tenets of the entity.</p> <p>(d) the entity is a nonprofit organization pursuant to [§ 501 (c)(3) of the Internal Revenue Code].</p>

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MA	<p>S 805</p> <p>Referred to the Committee on Insurance, Jan. 3, 2001.</p>	<p>The bill would amend Chapters 175, 176A, 176B, and 176G of the General Laws:</p> <p>(b) [Various insurance plan types] that [are] delivered, issued or renewed within or without the commonwealth, and that provide[] benefits for prescription drugs and devices, shall provide hormone replacement therapy and all outpatient prescription contraceptive drugs or devices which have been approved by the United States [FDA], under the same terms and conditions as for other prescription drugs or devices.</p>	<p>(c) The requirements of this section shall not apply to an [insurance plan type delivered,] issued or renewed pursuant to [this chapter or the insurance policy] if that [insurance plan] is purchased by an employer 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).</p>
MT	<p>HB 355</p> <p>Missed Deadline for General Bill Transmittal, Feb. 23, 2001.</p>	<p>Amending sections 33-22-101, 33-31-111, and 33-35-306, MCA: Section 1. Coverage for contraceptive drugs, devices, and services. (1) Each group and individual disability policy, certificate of insurance, or membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state that provides benefits for drugs or devices prescribed by a medical practitioner may not exclude or restrict benefits for any prescriptive contraceptive drugs or devices that are approved for use by the United States [FDA].</p>	<p>None</p>
NE	<p>LB 319</p> <p>Introduced, Jan. 8, 2001</p> <p>Indefinitely postponed March 7, 2001</p>	<p>Sec. 3. ... a health insurance plan shall not:</p> <p>(1) Exclude or restrict benefits for prescriptive contraceptive drugs or devices approved by the [FDA] or generic equivalents..., if the health insurance plan provides benefits for other outpatient prescription drugs or devices...</p>	<p>5. Any procedure required to be covered by [this Act] that a religious institution or religious organization determines will violate its religious or moral teachings and beliefs is not required to be contained in any policy, plan or contract issued to the religious institution or religious organization.</p>

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NV	<p>AB 206</p> <p>Did not qualify for exemption pursuant to Joint Standing Rule No. 14.6.1; pursuant to Joint Standing Rule No. 14.3.1, no further action allowed. April 17, 2001.</p>	<p>NOTE: This bill would repeal existing laws that cover contraceptives.</p> <p>Sec. 25. NRS ... 689B.0376, ... 695C.1715, 695C.1717... are hereby repealed.</p>	
NJ	<p>AB 2167 (A2167) Identical Bill = S179</p> <p>Amended on Assembly Floor, March 26, 2001</p>	<p>[various health insurance plan types] that provide[] hospital or medical expense benefits for expenses incurred in the purchase of prescription drugs under a contract shall provide coverage ... for expenses incurred in the purchase of prescription female contraceptives... “prescription female contraceptives” means any drug or device used for contraception by a female that can only be purchased in this State with a prescription written by a [licensed] health care professional..., and includes, but is not limited to, birth control pills and diaphragms.</p> <p>... [The religious exemption] shall not be construed as authorizing a [health insurer] to exclude coverage for prescription drugs that are prescribed for reasons other than for contraceptive purposes or for female contraceptives that are necessary to preserve the life or health of a subscriber.</p> <p>... The benefits shall be provided to the same extent as for any other prescription drugs under the contract.</p>	<p>... A religious employer may request ... an exclusion under the contract ... if the required coverage conflicts with the religious employer’s bona fide religious beliefs and practices ...</p> <p>... “religious employer” means an employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. § 3121(w)(3)(A) and that qualifies as a tax-exempt organization under 26 U.S.C. § 501(c)(3).</p>

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NY	<p>S3 Referred to Insurance, Jan. 23, 2001</p> <p>A2006 Referred to Insurance, Jan. 29, 2001</p>	<p>Every [health insurance policy or contract which provides coverage for prescription drugs shall include coverage for the cost of contraceptive drugs or devices approved by the [FDA] ... under the prescription of [an authorized] health care provider...</p>	<p>In SB 3 only:</p> <p>If the group or entity, on whose behalf the policy is issued is operated, supervised or controlled by or in connection with a religious organization or denominational group or entity, then nothing in this subsection shall require the policy to cover any diagnosis or treatment that is contrary to the religious tenets of such group or entity.</p> <p>If the insurer or [HMO] ... is operated or controlled by or in connection with a religious organization or denominational group or entity, then nothing in this subsection shall require the policy to cover any diagnosis or treatment that is contrary to the religious tenets of such insurer or [HMO].</p>
NY	<p>S. 5626 Referred to Insurance, June 20, 2001</p>	<p>§11. (bb) Every contract which provides coverage for prescription drugs shall include coverage for the cost of contraceptive drugs or devices approved by the [FDA].... The coverage required by this section shall be included in contracts and certificates only through the addition of a rider.</p> <p>(3)(A) Where a group contractholder makes an election not to purchase coverage for contraceptive drugs or devices..., each enrollee covered under the contract issued... shall have the right to directly purchase the rider required by this subsection from the insurer or [HMO] which issued the group contract. The enrollee's cost of purchasing such rider shall be the same as that which would have been applicable had the group contractholder not exercised such election not to purchase coverage.</p>	<p>§11. (1) If the group or entity... is operated, supervised or controlled by or in connection with a religious organization or denomination group or entity, then nothing in this subsection shall require the contract to cover any contraceptive drug or device that is contrary to the religious tenets of such group or entity.</p> <p>[Subsection (2) applies to insurers or HMOs.]</p>

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NC	<p>S 1083</p> <p>Referred to Committee on Children & Human Resources, April 5, 2001.</p> <p>H 1010</p> <p>Referred to Committee on Rules, Calendar, and Operations of the House, April 9, 2001.</p>	<p>NOTE: Bill adds to the language of (c)(4).</p> <p>SECTION 1. G.S. 58-3-178 reads as rewritten:</p> <p>(a) Except as provided in subsection (e), every insurer providing a health benefit plan that provides coverage for prescription drugs or devices shall provide coverage for prescription contraceptive drugs or devices. Coverage shall include coverage for insertion or removal of and any medically necessary examination associated with the use of the prescribed contraceptive drug or devices...</p> <p>(c)(4) "Prescribed contraceptive drugs or devices" [excludes RU-486, "Preven" and drug equivalents]. c. Any drug or device that interferes with the development of an embryo after fertilization.</p> <p>(e) ... Nothing in [this subsection (e)] authorizes a health benefit plan to exclude coverage for prescription drugs ordered by a health care provider ... for reasons other than contraceptive purposes, or for the prescription contraception that is necessary to preserve the life or health of a person covered under the plan.</p>	<p>NOTE: Bill would remove the language of Section e, including subsections 1-3, and replace it with the following language:</p> <p>Nothing in this section shall be construed to require a health insurer, employer, or association to provide prescription contraceptive coverage or outpatient contraceptive services coverage in a health insurance policy when the provision of the coverage is inconsistent with the religious beliefs of the insurer, employer, association, or insured individual. When a health insurer that provides a health benefit plan has received from an employer or association certification that the provision of prescription contraceptive drugs and services as described in this section is inconsistent with the religious beliefs of the employer organization, association, or employed individual, that insurer shall provide a plan and charge appropriate premiums without the inconsistent coverage. An insurer providing a health benefit plan in response to the certification shall provide reasonable notice that contraception is not covered in the health benefit plan and in any application and sales brochure for the health benefit plan.</p>

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OK	SB 152 Amended Feb. 27, 2001.	SECTION 2. A new section of law to be codified in the Oklahoma Statutes as Section 6060.62 of Title 36. B. Such agreements, contracts, or policies that provide prescription drug coverage shall not exclude any prescribed drug or device approved by the United States [FDA] for use as a contraceptive drug or device. Such agreements, contracts or policies shall also not impose any co-payment, coinsurance payment, fee or waiting requirement for such drug or device that is not equally imposed upon all individuals in the same benefit category, class, co-payment or coinsurance level receiving benefits for prescription drugs. F. Nothing in this section shall be construed to require coverage for an abortion, or for prescription drugs or devices that are used to cause an abortion.	None

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OR	<p>HB 3312</p> <p>Engrossed, ordered by the House, Referred to Advancing E-Government by order of Speaker, June 1, 2001.</p>	<p>Bill adds §2 to ORS chapter 743:</p> <p>SECTION 2. (1) For purposes of this section, 'contraceptive' means any appliance, device, drug or medicinal preparation approved by the [FDA] and intended or having special utility for the prevention of conception. (2) All health insurance policies that provide a prescription drug benefit, except those policies in which coverage is limited to expenses from accidents or specific diseases that are unrelated to the coverage required by this subsection, must include coverage for: (a) Prescription contraceptives; and (b) Outpatient consultations, examinations, procedures and medical services that are necessary for the prescription or administration of the contraceptives required to be covered pursuant to this subsection. (6) This section may not be construed to exclude coverage for prescription contraceptives ordered by a health care provider for reasons other than contraceptive purposes.</p>	<p>SECTION 2. (4)(a) As used in this section, 'religious employer' means an entity for which each of the following is true:</p> <p>(A) The inculcation of religious values is the purpose of the entity; (B) The entity primarily employs persons who share the religious tenets of the entity; (C) The entity primarily serves persons who share the religious tenets of the entity; and (D) The entity is an organization exempt from taxation as described in section 6033(a)(2)(A)(i) or (iii) of the Internal Revenue Code of 1986, as amended.</p> <p>(b) Notwithstanding subsection (2) of this section, a religious employer may request a policy without coverage for prescription contraceptives that are contrary to the religious employer's religious tenets. If requested, an insurer shall offer to the religious employer a policy without coverage for prescription contraceptives.</p>

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PA	<p>SB 699</p> <p>Introduced March 27, 2001</p> <p>Referred to Banking & Insurance, March 27, 2001</p>	<p>§ 4. A health insurance policy shall not:</p> <p>(1) Exclude or restrict coverage of any prescription contraceptive drug approved by the [FDA], if the policy providers coverage for other prescription drugs.</p> <p>(2) Exclude or restrict coverage for a prescription contraceptive device approved by the [FDA], if the policy providers coverage for other prescription devices.</p> <p>(3) Exclude or restrict coverage for outpatient medical or counseling services necessary for the effective use of contraception, if the policy providers coverage for other outpatient medical or counseling services.</p>	None
SC	<p>GB 3310 (General bill, introduced by House)</p> <p>Referred to Labor, Commerce, and Industry Committee, Jan. 23, 2001.</p>	<p>SECTION 1. The 1976 Code is amended by adding:</p> <p>"Section 38-71-142. (A) An individual or group health and accident health insurance policy or a health maintenance organization plan may not: (1) exclude or restrict benefits for prescription contraceptive drugs or devices approved by the United States [FDA], or generic equivalents approved as substitutable by the United States [FDA], if the policy or plan provides benefits for other outpatient prescription drugs or devices[.]</p>	None

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UT	<p>SB 42 (Bill has been substituted. Bill is now: SB42 Substitute)</p> <p>Introduced Jan. 4, 2001</p> <p>Senate/Enacting Clause struck - location: Senate Rules Committee file for defeated bills (Feb. 28, 2001)</p>	<p>(7)(a) Except as provided in subsection (7)(b), [an HMO] contract that provides coverage for outpatient prescription drugs shall cover to the same extent and subject to the same policy or contract terms:</p> <p>(i) contraceptive articles.</p> <p>(ii) outpatient services for contraceptive articles.</p> <p>(d) As used in this subsection (7):</p> <p>(i) "Contraceptive article" means: (A) Any drug, medicine, mixture, preparation, instrument, article, or device of any nature that is: (I) Approved by the [FDA] to prevent a pregnancy... or (B) Any hormonal compound that is taken orally and that is approved by the [FDA] to prevent a pregnancy</p> <p>(ii) "Contraceptive article" does not include any drug, medicine, mixture, preparation, instrument, article, or device of any nature ... for use in terminating a pregnancy.</p>	<p>(7)(b) A religious organization may, at its option, request that the coverage required by Subsection (7)(a) be excluded from a policy or contract purchased by or otherwise offered through the organization for the benefit of the organization's employees.</p>

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WA	<p>SB 5462 (Companion Bill = HB 2194)</p> <p>By resolution, reintroduced and retained in present status, April 25, 2001</p>	<p>Sec. 1. A new section is added to chapter 48.43 RCW to read as follows:</p> <p>(1) Definitions - (a) "Health carrier" includes: Insuring entities listed in RCW 48.43.005 (17); the state health insurance pool operating under chapter 48.41 RCW; fraternal benefit societies under chapter 48.36A RCW; health plans operating under the health care authority under chapter 41.05 RCW; managed health care systems operating under the basic health plan under chapter 70.47 RCW; and managed health care systems contracting with the department of social and health services under chapter 74.09 RCW. (d) "Prescription contraceptive drugs and devices" means all prescription contraceptive drugs and devices approved by the United States food and drug administration.</p> <p>(2) Every health carrier offering, issuing, or renewing a health plan on or after July 1, 2001, that provides coverage for prescription drugs must provide coverage for all prescription contraceptive drugs and devices approved by the United States food and drug administration.</p> <p>(6) Nothing in this section requires coverage for: (a) Prescription contraceptive drugs and devices in any contract, policy, or health plan that does not otherwise provide coverage for prescription drugs.</p>	None

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WI	<p>AB 296</p> <p>Referred to Committee on Insurance April 6, 2001</p> <p>Fiscal estimate received April 23, 2001</p>	<p>§ 10 adding 632.895(15)</p> <p>(b) Every disability insurance policy and every self-insured health plan ... that provide coverage of outpatient health care services, preventive treatments and services, or prescription drugs and devices shall provide coverage for all of the following:</p> <ol style="list-style-type: none"> 1. Contraceptive articles. 2. Medical services, including counseling and physical examinations, for the prescription or use of a contraceptive article or of a procedure to prevent pregnancy. 3. Medical procedures performed to prevent a pregnancy. <p>(a) (1) “Contraceptive article” means any of the following:</p> <ol style="list-style-type: none"> a. A drug, medicine, preparation, instrument, article or device that is approved by the [FDA] for use to prevent a pregnancy... [It] does not include any drug, medicine, preparation, instrument, article or device of any nature prescribed for use in terminating a pregnancy of a woman who is known by [the provider] to be pregnant. b. A hormonal compound that is taken orally and that is approved by the [FDA] for use to prevent a pregnancy. 	<p>(d) This subsection does not apply to...:</p> <p>4. A disability insurance policy that is issued to a religious employer, if the religious employer requests that the insurer issuing the policy not provide the coverage... on the basis that the articles and services covered are contrary to the religious employer’s religious tenets...</p> <p>(a) 1. b. 2. “Religious employer” means an entity that satisfies all of the following criteria:</p> <ol style="list-style-type: none"> a. The inculcation of religious values is the purpose of the entity. b. The entity employs primarily persons who share the religious tenets of the entity. c. The entity is exempt from filing a federal annual information return under [26 U.S.C. § 6033(a)(2)(A)(i) and (iii) and (C)(i)].