

LEGISLATURE OF NEBRASKA
ONE HUNDRED FOURTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 124

Introduced by Nordquist, 7; Howard, 9.

Read first time January 09, 2015

Committee: Banking, Commerce and Insurance

- 1 A BILL FOR AN ACT relating to insurance; to provide requirements for
- 2 insurers relating to copayments, coinsurance, and deductibles; and
- 3 to provide a duty for the Revisor of Statutes.
- 4 Be it enacted by the people of the State of Nebraska,

1 Section 1. (1) An insurer shall not charge an insured a copayment,
2 coinsurance, or deductible for services under a health benefit plan
3 rendered for each date of service by or separate office visit with a
4 physical therapist, occupational therapist, audiologist, speech-language
5 pathologist, or chiropractor or chiropractic physician licensed under the
6 Uniform Credentialing Act that is greater than the copayment,
7 coinsurance, or deductible charged to the insured for the services of a
8 medical doctor acting in the capacity of a primary care physician or an
9 osteopath or osteopathic physician licensed under the act for such
10 services. An insurer shall state clearly the availability of physical
11 therapy, occupational therapy, audiology, speech-language pathology, and
12 chiropractic coverage under the health benefit plan and all related
13 limitations, conditions, and exclusions.

14 (2) For purposes of this section:

15 (a) Health benefit plan means any individual or group sickness and
16 accident insurance policy or subscriber contract, nonprofit hospital or
17 medical service policy or plan contract, or health maintenance
18 organization contract and any self-funded employee benefit plan to the
19 extent not preempted by federal law or exempted by state law. Health
20 benefit plan does not mean one or more, or any combination, of the
21 following:

22 (i) Coverage only for accident or disability income insurance, or
23 any combination thereof;

24 (ii) Credit-only insurance;

25 (iii) Coverage for specified disease or illness;

26 (iv) Limited-scope dental or vision benefits;

27 (v) Coverage issued as a supplement to liability insurance;

28 (vi) Automobile medical payment insurance or homeowners medical
29 payment insurance;

30 (vii) Insurance under which benefits are payable with or without
31 regard to fault and which is statutorily required to be contained in any

1 liability policy or equivalent self-insurance coverage; or
2 (viii) Hospital indemnity or other fixed indemnity insurance; and
3 (b) Insurer means an insurer delivering, issuing for delivery, or
4 renewing in this state a health benefit plan.
5 (3) This section shall apply to all health benefit plans delivered
6 or issued for delivery or renewed on or after January 1, 2016.
7 Sec. 2. The Revisor of Statutes shall assign section 1 of this act
8 to Chapter 44, article 7.