LEGISLATURE OF NEBRASKA ONE HUNDRED SEVENTH LEGISLATURE FIRST SESSION

LEGISLATIVE BILL 20

Introduced by Blood, 3. Read first time January 07, 2021 Committee: Banking, Commerce and Insurance

- A BILL FOR AN ACT relating to public health and welfare; to amend section
 68-901, Revised Statutes Cumulative Supplement, 2020; to provide
 requirements for insurance coverage of prescribed contraceptives and
 obtaining prescribed contraceptives under the medical assistance
 program; to harmonize provisions; and to repeal the original
 section.
- 7 Be it enacted by the people of the State of Nebraska,

2group sickness and accident insurance policy, certificate, or subscriber3contract delivered, issued for delivery, or renewed in this state and any4hospital, medical, or surgical expense-incurred policy, except for5policies that provide coverage for a specified disease or other limited-6benefit coverage, and any self-funded employee benefit plan to the extent7not preempted under federal law shall include coverage for a self-8administered hormonal contraceptive that is approved by the federal Food9and Drug Administration and shall reimburse an in-network health care10provider or dispensing entity on a per-unit basis for dispensing a supply11of such contraceptives to a covered individual as follows:12(a) For the first prescription of such contraceptive, at least up to13a three-month supply, if so prescribed; and14(b) For subsequent refills of the same contraceptive, regardless of15whether the covered individual was enrolled in the policy, certificate,16contract, or plan at the time of the first prescription for such17(contraceptive, up to a twelve-month supply, if so prescribed.18(2) Nothing in this section shall be construed to:19(a) Require a health care provider to prescribe a twelve-month20supply of a self-administered hormonal contraceptive; or21(b) Permit a policy, certificate, contract, or plan to impose cost-22sharing for an alternative methods before exhausting a previously24dispensed supply of a self-administered hormonal	1	Section 1. <u>(1) Notwithstanding section 44-3,131, any individual or</u>
 hospital, medical, or surgical expense-incurred policy, except for policies that provide coverage for a specified disease or other limited- benefit coverage, and any self-funded employee benefit plan to the extent not preempted under federal law shall include coverage for a self- administered hormonal contraceptive that is approved by the federal Food and Drug Administration and shall reimburse an in-network health care provider or dispensing entity on a per-unit basis for dispensing a supply of such contraceptives to a covered individual as follows: (a) For the first prescription of such contraceptive, at least up to a three-month supply, if so prescribed; and (b) For subsequent refills of the same contraceptive, regardless of whether the covered individual was enrolled in the policy, certificate, contract, or plan at the time of the first prescription for such contraceptive, up to a twelve-month supply, if so prescribed. (2) Nothing in this section shall be construed to: (a) Require a health care provider to prescribe a twelve-month supply of a self-administered hormonal contraceptive; or (b) Permit a policy, certificate, contract, or plan to impose cost- sharing for an alternative method of contraceptive. Sec. 2. Section 68-901, Revised Statutes Cumulative Supplement, 2020, is amended to read: 68-901 Sections 68-901 to 68-9,100 and section 3 of this act shall be known and may be cited as the Medical Assistance Act. Sec. 3. (1) In providing family planning services and supplies under the medical assistance program, the department shall ensure that a 	2	group sickness and accident insurance policy, certificate, or subscriber
policies that provide coverage for a specified disease or other limited- benefit coverage, and any self-funded employee benefit plan to the extent not preempted under federal law shall include coverage for a self- administered hormonal contraceptive that is approved by the federal Food and Drug Administration and shall reimburse an in-network health care provider or dispensing entity on a per-unit basis for dispensing a supply of such contraceptives to a covered individual as follows: (a) For the first prescription of such contraceptive, at least up to a three-month supply, if so prescribed; and (b) For subsequent refills of the same contraceptive, regardless of whether the covered individual was enrolled in the policy, certificate, contract, or plan at the time of the first prescription for such contraceptive, up to a twelve-month supply, if so prescribed. (2) Nothing in this section shall be construed to: (a) Require a health care provider to prescribe a twelve-month supply of a self-administered hormonal contraceptive; or (b) Permit a policy, certificate, contract, or plan to impose cost- sharing for an alternative method of contraception if a covered individual changes contraceptive methods before exhausting a previously dispensed supply of a self-administered hormonal contraceptive. Sec. 2. Section 68-901, Revised Statutes Cumulative Supplement, 2020, is amended to read: 68-901 Sections 68-901 to 68-9,100 and section 3 of this act shall be known and may be cited as the Medical Assistance Act. Sec. 3. (1) In providing family planning services and supplies under the medical assistance program, the department shall ensure that a	3	contract delivered, issued for delivery, or renewed in this state and any
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1	of a covered self-administered hormonal contraceptive is provided as
2	prescribed.
3	(2) Nothing in this section shall be construed to limit a medical
4	assistance recipient's freedom to choose or change the method of family
5	<u>planning to use, regardless of whether the recipient has exhausted a</u>
6	previously dispensed supply of contraceptives.
7	Sec. 4. Original section 68-901, Revised Statutes Cumulative
8	Supplement, 2020, is repealed.