

## HOUSE BILL No. 2107

By Committee on Federal and State Affairs

1-30

AN ACT concerning health insurance; relating to insurance and state medical assistance program coverage for contraceptives; amending K.S.A. 2018 Supp. 40-2,103 and 40-19c09 and repealing the existing sections.

*Be it enacted by the Legislature of the State of Kansas:*

New Section 1. (a) Any health benefit plan that is delivered, issued for delivery, amended or renewed on or after January 1, 2020, and that includes coverage for contraceptives shall provide reimbursement for up to a 12-month supply of any federal food and drug administration-approved contraceptive drug, device or product that is lawfully prescribed. The amount of reimbursement shall be for the total amount the insured is obligated to pay for each such prescription. Each health benefit plan also shall:

(1) Allow the insured to receive a 12-month supply of a prescribed contraceptive at one time, unless the insured requests a smaller supply, or the prescribing provider directs that a smaller supply be dispensed;

(2) provide coverage for up to a 12-month supply for a prescribed contraceptive whether the insured was enrolled in the health benefit plan at the time such contraceptive was first prescribed or dispensed; and

(3) defer to a provider's determination and medical judgment that a specific federal food and drug administration-approved contraceptive is medically necessary for the insured, and provide coverage for such prescribed contraceptive.

(b) No health insurer shall impose utilization controls or any other form of medical management that limits the supply or coverage of contraceptives that may be dispensed or furnished by a provider or pharmacy, or at a location licensed or otherwise authorized to dispense drugs or supplies, to an amount that is less than a 12-month supply, in the absence of clinical contraindications.

(c) The provisions of K.S.A. 40-2248 and 40-2249a, and amendments thereto, shall not apply to this section.

(d) As used in this section:

(1) (A) "Health benefit plan" means any hospital or medical expense policy, health, hospital or medical service corporation contract, a plan provided by a municipal group-funded pool, a policy or agreement entered

1 into by a health insurer or a health maintenance organization contract  
2 offered by an employer or any certificate issued under any such policies,  
3 contracts or plans.

4 (B) "Health benefit plan" does not include policies or certificates  
5 covering only accident, credit, dental, disability income, long-term care,  
6 hospital indemnity, medicare supplement, specified disease, vision care,  
7 coverage issued as a supplement to liability insurance, insurance arising  
8 out of a workers compensation or similar law, automobile medical-  
9 payment insurance, or insurance under which benefits are payable with or  
10 without regard to fault and that is statutorily required to be contained in  
11 any liability insurance policy or equivalent self-insurance.

12 (2) "Health insurer" means any insurance company, nonprofit medical  
13 and hospital service corporation, municipal group-funded pool, fraternal  
14 benefit society, health maintenance organization, or any other entity that  
15 offers a health benefit plan subject to the Kansas Statutes Annotated.

16 (3) "Insured" means a person who is covered by a health benefit plan.

17 (4) "Provider" means a physician, hospital or other person that is  
18 licensed, accredited or certified to perform specified healthcare services.

19 (5) "Physician" means a person licensed by the state board of healing  
20 arts to practice medicine and surgery.

21 New Sec. 2. (a) The Kansas program for medical assistance shall  
22 provide reimbursement for up to a 12-month supply of any federal food  
23 and drug administration-approved contraceptive drug, device or product  
24 that is lawfully prescribed. The amount of reimbursement shall be for the  
25 total amount the recipient is obligated to pay for each such prescription.  
26 The Kansas program for medical assistance also shall:

27 (1) Allow the recipient to receive a 12-month supply of a prescribed  
28 contraceptive at one time, unless the recipient requests a smaller supply, or  
29 the prescribing provider directs that a smaller supply be dispensed;

30 (2) provide coverage for up to a 12-month supply for a prescribed  
31 contraceptive whether the recipient was eligible to receive assistance under  
32 the program at the time such contraceptive was first prescribed or  
33 dispensed; and

34 (3) defer to a provider's determination and medical judgment that a  
35 specific federal food and drug administration-approved contraceptive is  
36 medically necessary for the recipient, and provide coverage for such  
37 prescribed contraceptive.

38 (b) A recipient shall not be required to do any of the following in  
39 order to obtain the benefits provided under subsection (a):

40 (1) Pay a higher deductible, any copayment or coinsurance;

41 (2) use a program of step therapy;

42 (3) obtain prior authorization; or

43 (4) be subject to a longer waiting period, or any other condition.

(c) The department of health and environment shall submit to the centers for medicare and medicaid services of the United States department of health and human services any state plan amendment, waiver request or other approval request necessary to implement the provisions of this section.

Sec. 3. K.S.A. 2018 Supp. 40-2,103 is hereby amended to read as follows: 40-2,103. The requirements of K.S.A. 40-2,100, 40-2,101, 40-2,102, 40-2,104, 40-2,105, 40-2,114, 40-2,160, 40-2,165 through 40-2,170; *and* 40-2250, *and amendments thereto*, *and* K.S.A. 2018 Supp. 40-2,105a, 40-2,105b, 40-2,184, 40-2,190, 40-2,194 ~~and~~, 40-2,210 through 40-2,216 *and section 1*, and amendments thereto, shall apply to all insurance policies, subscriber contracts or certificates of insurance delivered, renewed or issued for delivery within or outside of this state or used within this state by or for an individual who resides or is employed in this state.

Sec. 4. K.S.A. 2018 Supp. 40-19c09 is hereby amended to read as follows: 40-19c09. (a) Corporations organized under the nonprofit medical and hospital service corporation act shall be subject to the provisions of the Kansas general corporation code, articles 60 through 74 of chapter 17 of the Kansas Statutes Annotated, and amendments thereto, applicable to nonprofit corporations, to the provisions of K.S.A. 40-214, 40-215, 40-216, 40-218, 40-219, 40-222, 40-223, 40-224, 40-225, 40-229, 40-230, 40-231, 40-235, 40-236, 40-237, 40-247, 40-248, 40-249, 40-250, 40-251, 40-252, 40-2,100, 40-2,101, 40-2,102, 40-2,103, 40-2,104, 40-2,105, 40-2,116, 40-2,117, 40-2,125, 40-2,153, 40-2,154, 40-2,160, 40-2,161, 40-2,163 through 40-2,170, 40-2a01 et seq., 40-2111 through 40-2116, 40-2215 through 40-2220, 40-2221a, 40-2221b, 40-2229, 40-2230, 40-2250, 40-2251, 40-2253, 40-2254, 40-2401 through 40-2421, and 40-3301 through 40-3313, *and amendments thereto*, *and* K.S.A. 2018 Supp. 40-2,105a, 40-2,105b, 40-2,184, 40-2,190, 40-2,194 ~~and~~, 40-2,210 through 40-2,216 *and section 1*, and amendments thereto, except as the context otherwise requires, and shall not be subject to any other provisions of the insurance code except as expressly provided in this act.

(b) No policy, agreement, contract or certificate issued by a corporation to which this section applies shall contain a provision which excludes, limits or otherwise restricts coverage because medicaid benefits as permitted by title XIX of the social security act of 1965 are or may be available for the same accident or illness.

(c) Violation of subsection (b) shall be subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.

Sec. 5. K.S.A. 2018 Supp. 40-2,103 and 40-19c09 are hereby repealed.

Sec. 6. This act shall take effect and be in force from and after its publication in the statute book.