SENATE BILL No. 417

By Committee on Public Health and Welfare

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AN ACT enacting the Kansas contraceptive equity act; providing insurance coverage for contraceptives; amending K.S.A. 2017 Supp. 40-2,103 and 40-19c09 and repealing the existing sections.

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

New Section 1. (a) (1) Except as provided in subsection (b) and section 2, and amendments thereto, any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization that provides coverage for accident and health services and that is delivered, issued for delivery, amended or renewed on or after January 1, 2019, shall provide coverage for all of the following services and contraceptive methods:

- (A) All federal food and drug administration-approved contraceptive drugs, devices and other products, including those prescribed by the covered person's provider or as otherwise authorized under state or federal law. The following conditions shall apply:
- (i) If there is a therapeutic equivalent of a federal food and drug administration-approved contraceptive drug, device or product, the insurer or plan must include either the original federal food and drug administration-approved contraceptive drug, device or product or at least one of its therapeutic equivalents; and
- (ii) if the covered contraceptive drug, device or product is deemed medically inadvisable by the covered person's provider, the insurer or plan shall defer to the determination and judgment of the attending provider and provide coverage for an alternate prescribed contraceptive drug, device or product;
 - (B) voluntary sterilization procedures;
 - (C) patient education and counseling on contraception; and
- (D) follow-up services related to the drugs, devices, products and procedures covered under this section, including, but not limited to, management of side effects, counseling for continued adherence and device insertion and removal.
- (2) An insurer or plan subject to this section shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided pursuant to this section. This subsection shall not

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apply to grandfathered health plans.

- (3) Except as otherwise authorized under this section, an insurer or plan shall not impose any restrictions or delays on the coverage required under this section.
- (4) Benefits for an enrollee under this section shall be the same for an enrollee's covered spouse or domestic partner and covered nonspouse dependents.
- (b) A religious employer may request an insurer or plan contract without coverage for federal food or drug administration-approved contraceptive methods used for contraceptive purposes that are contrary to the religious employer's religious tenets. If so requested, an insurer or plan contract shall be provided without coverage for contraceptive methods. Every religious employer that invokes the exemption provided under this subsection shall provide written notice to prospective enrollees prior to enrollment with the insurer or plan, listing the contraceptive health care services the employer refuses to cover for religious reasons.
- (c) Nothing in this section shall be construed to exclude coverage for contraceptive supplies as prescribed by a provider, acting within the provider's scope of practice, for reasons other than contraceptive purposes or for contraception that is necessary to preserve the life or health of an enrollee.
- (d) Nothing in this section shall be construed to require an insurer or plan contract to cover experimental or investigational treatments.
 - (e) For purposes of this section, the following definitions apply:
- (1) "Grandfathered health plan" has the meaning set forth in section 1251 of the federal patient protection and affordable care act (public law 111-148), as amended by the federal health care and education reconciliation act of 2010 (public law 111-152), and any rules, regulations or guidance issued thereunder.
- (2) "Provider" means an individual who is certified or licensed pursuant to law with authority to prescribe drugs.
 - (3) "Religious employer" means an organization that is organized and operates as a nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii) of the internal revenue code of 1986, as amended.
 - (4) "Therapeutic equivalent" has the meaning set forth by the federal food and drug administration.
 - (f) The provisions of K.S.A. 40-2249a, and amendments thereto, shall not apply to the provisions of this section.

New Sec. 2. The provisions of section 1, and amendments thereto, shall not apply to any policy or certificate that provides coverage for any specified disease, specified accident or accident-only coverage, credit, dental, disability income, hospital indemnity, long-term care insurance as defined by K.S.A. 40-2227, and amendments thereto, vision care or any

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other limited supplemental benefit nor to any medicare supplement policy of insurance as defined by the commissioner of insurance by rule and regulation, any coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, automobile medical-payment insurance or any insurance under which benefits are payable with or without regard to fault, whether written on a group, blanket or individual basis.

New Sec. 3. Sections 1 and 2, and amendments thereto, shall be known and may be cited as the Kansas contraceptive equity act.

Sec. 4. K.S.A. 2017 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, inclusive, 40-2250, K.S.A. 2017 Supp. 40-2,105a, 40-2,105b, 40-2,184, 40-2,190-and, 40-2,194 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. 5. K.S.A. 2017 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 to 74, inclusive, 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, inclusive, 40-2a01 et seq., 40-2111-to through 40-2116, inclusive, 40-2215-to through 40-2220, inclusive, 40-2221a, 40-2221b, 40-2229, 40-2230, 40-2250, 40-2251, 40-2253, 40-2254, 40-2401-to through 40-2421, inclusive, and 40-3301-to through 40-3313, inclusive, K.S.A. 2017 Supp. 40-2,105a, 40-2,105b, 40-2,184, 40-2,190 and, 40-2,194 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 that 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.

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1 Sec. 6. K.S.A. 2017 Supp. 40-2,103 and 40-19c09 are hereby 2 repealed.

Sec. 7. This act shall take effect and be in force from and after its publication in the statute book.