Session of 2003

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HOUSE BILL No. 2185

By Committee on Insurance

2-4

AN ACT concerning insurance; providing coverage for contraceptives; amending K.S.A. 2002 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. This act shall be known as the parity in prescription insurance and contraceptive coverage act of 2003.

- New Sec. 2. (a) "Insured" means the beneficiary of any insurance company, fraternal benefit society, health maintenance organization and nonprofit hospital and medical service corporation authorized to transact health insurance business in this state.
- "Health insurance plan" means any hospital or medical expense policy, health, hospital or medical service corporation contract, and a plan provided by a municipal group-funded pool, or a health maintenance organization contract offered by an employer or any certificate issued under any such policies, contracts or plans. Health insurance plan does not include policies or certificates covering 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 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.
- "Outpatient contraceptive services" means consultations, examinations, procedures and medical services, provided on an outpatient basis and related to the use of contraceptive methods to prevent pregnancy.
 - (d) "Commissioner" means the commissioner of insurance.
- New Sec. 3. (a) Every health insurance plan that is delivered, issued, executed, or renewed in this state or approved for issuance or renewal in this state by the commissioner on or after July 1, 2003, which provides coverage for prescription drugs on an outpatient basis or outpatient services provided by a health care professional:

- (1) Shall provide coverage for any prescribed drug or device approved by the United States food and drug administration for use as a contraceptive; and
- (2) shall provide coverage for the insertion or removal of such device, and any medically necessary examination associated with the use of such contraceptive.

New Sec. 4. No health insurance plan shall:

- (a) Impose any deductible, coinsurance, other cost-sharing or waiting period in relation to benefits for prescription contraceptive drugs or devices under a health insurance plan, unless such a deductible, coinsurance, other cost-sharing or waiting period for such contraceptive drugs and devices is no greater than such deductibles, coinsurance, cost-sharing or waiting periods for other prescription drugs or devices covered under the health insurance plan;
- (b) impose any deductible, coinsurance, other cost-sharing or waiting period in relation to benefits for outpatient contraceptive services under a health insurance plan, unless such a deductible, coinsurance, other cost-sharing or waiting period for such contraceptive services is no greater than such deductibles, coinsurance, cost-sharing or waiting periods for other outpatient services covered under the health insurance plan;
- (c) deny to any individual or insured person eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan because of the individual's or insured's use or potential use of items or services that are covered in accordance with the requirements of this act;
- (d) provide monetary payments or rebates to a covered person to encourage such insured to accept less than the minimum protections available under this act;
- (e) penalize or otherwise reduce or limit the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services in accordance with this act; or
- (f) provide any incentive, monetary or otherwise, to any health care professional to induce such professional to withhold from an insured contraceptive drugs, devices or contraceptive services.
- New Sec. 5. (a) Notwithstanding any other provision of this act, a religious employer may request a health insurance plan contract without coverage for food and drug administration approved contraceptive methods that are contrary to the religious employer's religious tenets. If a religious employer so requests, a health insurance plan contract shall be provided without coverage for contraceptive methods. This section shall not be construed to deny an enrollee coverage of, and timely access to, contraceptive methods.
 - (b) For purposes of this act, a "religious employer" is an entity for

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which each of the following is true:

- (1) The inculcation of religious values is the purpose of the entity;
- (2) the entity primarily employs persons who share the religious tenets of the entity;
- (3) The entity serves primarily persons who share the religious tenets of the entity; and
- (4) the entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii, of the federal internal revenue code of 1986, as amended.
- (c) Every religious employer that invokes the exemption provided under this section shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the contraceptive health care services the employer refuses to cover for religious reasons.
- Sec. 6. K.S.A. 2002 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. 2002 Supp. 40-2,105a and, 40-2,105b and section 3, 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. 7. K.S.A. 2002 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, 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, 40-226, 40-229, 40-230, 40-231, 40-235, 40-236, 40-237, 40-247, 40-248, 40-249, 40-250, 40-251, 40-252, 40-254, 40-2,100, 40-2,101, 40-2,102, 40-2,103, 40-2,104, 40-2,105, 40-2,116, 40-2,117, 40-2,153, 40-2,154, 40-2,160, 40-2,161, 40-2,163 through 40-2,170, inclusive, 40-2a01 et seq., 40-2111 to 40-2116, inclusive, 40-2215 to 40-2220, inclusive, 40-2221a, 40-2221b, 40-2229, 40-2230, 40-2250, 40-2251, 40-2253, 40-2254, 40-2401 to 40-2421, inclusive, and 40-3301 to 40-3313, inclusive, K.S.A. 2002 Supp. 40-2,105a and, 40-2,105b and section 3, 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.

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(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. 8. K.S.A. 2002 Supp. 40-2,103 and 40-19c09 are hereby repealed.

Sec. 9. This act shall take effect and be in force from and after its publication in the statute book.

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