LB100
2021

LEGISLATURE OF NEBRASKA

ONE HUNDRED SEVENTH LEGISLATURE

FIRST SESSION

LEGISLATIVE BILL 100

FINAL READING

Introduced by Walz, 15.

Read first time January 07, 2021

Committee: Health and Human Services

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 provide for limits on provider contracts pertaining to the utilization of certain billing practices under the Medical Assistance Act; to harmonize provisions; and to repeal the original section.

Be it enacted by the people of the State of Nebraska,

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Section 1. (1) Notwithstanding section 44-3,131, any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state and any 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 that includes coverage for a self-administered hormonal contraceptive that is approved by the federal Food and Drug Administration shall reimburse an in-network health care provider or dispensing entity on a per-unit basis for dispensing a supply of such contraceptive 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, contract, or plan at the time of the first prescription for such contraceptive, up to a six-month supply, if so prescribed.

(2) Nothing in this section shall be construed to:

(a) Require a health care provider to prescribe a six-month supply of a self-administered hormonal contraceptive; or

(b) Permit a policy, 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.

(3) A policy, contract, or plan shall be exempt from this section for a policy, contract, or plan year if, using a calculation method approved by the Department of Insurance, the cost of coverage would likely exceed one percent of all premiums collected under such policy, contract, or plan for such policy, contract, or plan year.

Sec. 2. Section 68-901, Revised Statutes Cumulative Supplement, 2020, is amended to read:

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68-901 Sections 68-901 to 68-9,100 and sections 3 and 4 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 prescription for the dispensation of a covered self-administered hormonal contraceptive is provided 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 medical assistance program at the time of the first prescription for such contraceptive, up to a six-month supply, if so prescribed.

(2) Nothing in this section shall be construed to limit a medical assistance recipient's freedom to choose or change the method of family planning to use, regardless of whether the recipient has exhausted a previously dispensed supply of contraceptives.

Sec. 4. (1) For purposes of this section, multiple procedure payment reduction policy means a policy used in the federal medicare program under Title XVIII of the federal Social Security Act for outpatient rehabilitation service codes where full payment is made for the unit or procedure with the highest rate and subsequent units and procedures are paid at a reduction of the published rates when more than one unit procedure is provided to the same patient on the same day.

(2) A multiple procedure payment reduction policy shall not be implemented under the Medical Assistance Act as it applies to therapy services provided by physical therapy, occupational therapy, or speech-language pathology.

Sec. 5. Original section 68-901, Revised Statutes Cumulative Supplement, 2020, is repealed.