



Ninety-Seventh Legislature - First Session - 2001
Committee Statement
LB 319

Hearing Date: February 27, 2001
Committee On: Banking, Commerce and Insurance

Introducers: (Suttle)
Title: Adopt the Equity in Prescription Insurance and Contraceptive and Infertility Coverage Act

Roll Call Vote – Final Committee Action:

- Advanced to General File
 - Advanced to General File with Amendments
 - X Indefinitely Postponed
-

Vote Results:

6	Yes	Senators Tyson, Bourne, Bruning, Jensen, Kremer, Smith
2	No	Senators Landis, Aguilar
	Present, not voting	
	Absent	

Proponents:
 Senator Deb Suttle
 Thom Cope
 Devorah Lanner
 Courtney Froien
 Michael Froien

Representing:
 Introducer
 Planned Parenthood
 NE Commission on Status of Women
 Self
 Self

Opponents:
 Galen Ullstrom
 Randy Boldt
 Jim Cunningham
 James Watson
 Ron Sedlacek
 Michelle Frost
 Robert J. Hallstrom

 Jan McKenzie

Representing:
 Mutual of Omaha
 Blue Cross/Blue Shield of NE
 NE Catholic Conference
 United Healthcare
 NE Chamber of Commerce & Industry
 City of Omaha
 NE Bankers Association
 National Federation of Independent Business
 NE Insurance Federation

Neutral: **Representing:**

Summary of purpose and/or changes:

LB 319 (Suttle) would provide requirements for health insurance plans regarding coverage for (1) prescription contraceptive drugs or devices and outpatient contraceptive services and (2) nonexperimental procedures for the diagnosis and treatment of infertility.

The bill would provide, section by section, as follows:

Section 1 would provide for a named act: the Equity in Prescription Insurance and Contraceptive and Infertility Coverage Act.

Section 2 would define terms: “baseline infertility testing,” “covered person,” “health insurance plan,” “health insurer,” “infertility,” “medicine,” “nonexperimental infertility procedure,” and “outpatient contraceptive services.”

Section 3 would provide that a health insurance plan:

(1) shall not exclude or restrict benefits for prescription contraceptive drugs or devices if the plan provides benefits for other outpatient prescription drugs or devices;

(2) shall not exclude or restrict benefits for outpatient contraceptive services if the plan provides benefits for other outpatient services provided by a health care professional;

(3) shall not impose a deductible, coinsurance, or waiting period for prescription contraceptive drugs or devices unless the deductible, coinsurance, or waiting period is no greater than the deductibles, coinsurance, or waiting period for other covered prescription drugs or devices;

(4) shall not impose a deductible, coinsurance, or waiting period for outpatient contraceptives services unless the deductible, coinsurance, or waiting period is no greater than the deductible, coinsurance, or waiting period for other covered outpatient services;

(5) shall not deny eligibility or continued eligibility because of an individual’s use or potential use of items or services covered by the act;

(6) shall not provide monetary payments or rebates to encourage a covered person to accept less than the minimum protections available under the act;

(7) shall not reduce or limit the reimbursement of a health care professional because such person prescribed contraceptive drugs or devices or provided contraceptive services; or

(8) shall not provide incentives to a health care professional to induce such person to withhold contraceptive drugs, devices, or contraceptive services from a covered person.

Section 4 would provide that a health insurance plan shall provide coverage for nonexperimental procedures for the diagnosis and treatment of infertility. This section would provide that (1) coverage for male infertility shall be required, (2) benefit levels, deductibles, and copayments shall be the same as the most favorable benefit level, deductible, or copayment for

any other illness, and (3) this requirement shall also apply to individuals with a preexisting condition of infertility.

Section 5 would provide that any procedure required to be covered that a religious institution or organization determines will violate its religious and moral teachings and beliefs is not required to be contained in a plan issued to such institution or organization.

Section 6 would require the Director of Insurance to investigate complaints and sanction health insurers not in compliance with the act.

Section 7 would provide that the act is prospective only in application.

Section 8 would provide codification assignment requirements for the Revisor of Statutes.

Section 9 would provide severability.

Explanation of amendments, if any:

Senator David M. Landis, Chairperson