



Ninety-Seventh Legislature - First Session - 2001
Introducer's Statement of Intent
LB 319

Chairperson: Senator David M. Landis
Committee: Banking, Commerce and Insurance
Date of Hearing: February 26, 2001

The following constitutes the reasons for this bill and the purposes which are sought to be accomplished thereby:

LB 319 enacts the Equity in Prescription Insurance and Contraceptive and Infertility Coverage Act (Act). The bill requires equitable health insurance coverage for contraceptives that require a prescription from a doctor and for medical procedures to diagnose and treat infertility.

The bill prohibits health insurance plans that:

- exclude or restrict benefits for prescription contraceptive drugs or devices approved by the Food and Drug Administration (including generic equivalents as substitutes) if the insurance plan provides for other outpatient prescription drugs or devices
- exclude or restrict benefits for outpatient contraceptive services if the plan provides benefits for other outpatient services provided by a health care provider
- impose a deductible, coinsurance, or other cost-sharing or waiting period in relation to benefits for prescription contraceptive drugs or devices under a plan unless the deductible, coinsurance, or other cost-sharing or waiting period for a prescription contraceptive drug or device is no greater than the deductibles, coinsurance, or other cost-sharing or waiting periods for other prescription drugs or devices covered under the plan
- impose a deductible, coinsurance, or other cost-sharing or waiting period in relation to benefits for outpatient contraceptive services under a plan unless the deductible, coinsurance, or other cost-sharing or waiting period for outpatient contraceptive services is no greater than the deductibles, coinsurance, or other cost-sharing or waiting periods for other outpatient services covered under the plan
- deny to any individual eligibility or continued eligibility to enroll or to renew coverage under the terms of the health insurance plan because of the individual's use or potential use of items or services that are covered in accordance with the Act
- provide monetary payments or rebates to covered persons to encourage such individuals to accept less than the minimum protections available under the Act
- penalize or otherwise reduce or limit the reimbursement of a health care provider because the health care provider prescribed drugs or devices or contraceptive services in accordance with the Act, and

- provide incentives, monetary or otherwise, to a health care provider to induce the provider to withhold from a covered person contraceptive drugs, devices, or services.

The bill requires health insurance plans to provide coverage for nonexperimental infertility procedures for the diagnosis and treatment of infertility, including, but not limited to, baseline infertility testing and medicine, subject to the following conditions:

- coverage for treatment of male infertility is required, including, but not limited to, seminal fluid analysis, hormone evaluation, and medicine, and
- benefit levels, deductibles, and copayments are the same for any other illness under the policy, plan, or contract for the insured. This requirement also applies to individuals with a preexisting condition of infertility.

Baseline infertility testing includes:

- a complete or partial hormone evaluation
- an ovarian cyst and ultrasound evaluation
- one laparoscopy, hysteroscopy, or selective hysterosalpingogram with possible diagnostic transendocervical salpingolysis
- seminal fluid analysis
- medications to enhance cervical mucus production, stimulate ovulation, or to support pregnancy
- up to two reconstructive reproductive surgeries, and
- medications, laboratory work, and ultrasounds to stimulate and monitor the natural reproductive process.

Infertility means the inability to conceive or to produce conception after one year of unprotected sexual intercourse or the inability to carry a pregnancy to a live birth. A nonexperimental infertility procedure means any clinical treatment or procedure the safety and efficacy of which is established, and any treatment or procedure recognized by the American Fertility Society or the American College of Obstetricians and Gynecologists.

Any procedure required to be covered under the Act that a religious institution or religious organization determines will violate its religious and moral teachings and beliefs is not required to be contained in any plan, policy or contract issued to the religious institution or religious organization.

The Director of Insurance shall use all investigatory tools available to verify compliance with the Act and shall receive and review written complaints regarding compliance. If the director determines a plan is not in compliance with the act, the director shall:

- recommend a correction plan to be followed by the insurer
- institute corrective action to be followed by the insurer
- suspend or revoke the insurer's certificate of authority or deny the insurer's application for a certificate of authority, or

- use any other enforcement powers available to obtain the insurer's compliance with the act.

The Act does not apply to any plan in force before the effective date of the bill, but applies to any plan delivered, issued, renewed, modified, amended, or extended on or after the effective date of the bill.

Principal Introducer:

_____ **Senator Deborah S. Suttle**