AMENDMENTS TO LB933

Introduced by Blood, 3.

1. Insert the following new sections:

   Sec. 11.  (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, 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 contraceptives 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. 12. Section 68-901, Revised Statutes Supplement, 2021, is
amended to read:

68-901 Sections 68-901 to 68-9,101 and section 13 of this act shall
be known and may be cited as the Medical Assistance Act.

Sec. 13. (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.

2. Renumber the remaining section and correct the repealer
accordingly.