

AMENDMENTS TO LB92

Introduced by Banking, Commerce and Insurance.

1           1. Strike the original sections and insert the following new  
2 sections:

3           Section 1. Section 44-785, Reissue Revised Statutes of Nebraska, is  
4 amended to read:

5           44-785 (1) Notwithstanding section 44-3,131, (a) any individual or  
6 group sickness and accident insurance policy or subscriber contract  
7 delivered, issued for delivery, or renewed in this state and any  
8 hospital, medical, or surgical expense-incurred policy, except for  
9 policies that provide coverage for a specified disease or other limited-  
10 benefit coverage, and (b) any self-funded employee benefit plan to the  
11 extent not preempted by federal law shall include coverage for screening  
12 mammography, digital breast tomosynthesis, bilateral whole breast  
13 ultrasound, and diagnostic magnetic resonance imaging as follows:

14           (i) For a woman ~~women~~ who is ~~are~~ thirty-five years of age and older  
15 but younger than forty years of age, one base-line mammogram between  
16 thirty-five and forty years of age;

17           (ii) For a woman ~~women~~ who is ~~is~~ under ~~are~~ forty years of age and who,  
18 based on the National Comprehensive Cancer Network Guidelines for Breast  
19 Cancer Screening and Diagnosis version 1.2022 and the recommendation of  
20 the woman's health care provider, has an increased risk of breast cancer  
21 due to (A) a family or personal history of breast cancer or prior  
22 atypical breast biopsy, (B) positive genetic testing, or (C)  
23 heterogeneous or dense breast tissue based on a breast imaging, at least  
24 one mammogram each year and additional mammograms if necessary; ~~older but~~  
25 younger than fifty years of age, one mammogram every two years or more  
26 frequently based on the patient's physician's recommendation; and

27           (iii) For a woman ~~women~~ who is ~~are~~ forty ~~fifty~~ years of age or

1 older, one mammogram every year; -

2 (iv) For a woman who, based on the National Comprehensive Cancer  
3 Network Guidelines for Breast Cancer Screening and Diagnosis version  
4 1.2022 and the recommendation of the woman's health care provider, has an  
5 increased risk for breast cancer due to (A) a family or personal history  
6 of breast cancer or prior atypical breast biopsy, (B) positive genetic  
7 testing, or (C) heterogeneous or dense breast tissue based on a breast  
8 imaging, one digital breast tomosynthesis each year;

9 (v) For a woman who, based on the National Comprehensive Cancer  
10 Network Guidelines for Breast Cancer Screening and Diagnosis version  
11 1.2022 and the recommendation of the woman's health care provider, has an  
12 increased risk for breast cancer due to (A) a family or personal history  
13 of breast cancer or prior atypical breast biopsy, (B) positive genetic  
14 testing, or (C) heterogeneous or dense breast tissue based on a breast  
15 imaging, one bilateral whole breast ultrasound each year;

16 (vi) For a woman who, based on the National Comprehensive Cancer  
17 Network Guidelines for Breast Cancer Screening and Diagnosis version  
18 1.2022 and the recommendation of the woman's health care provider, has an  
19 increased risk for breast cancer due to (A) a family or personal history  
20 of breast cancer or prior atypical breast biopsy, (B) positive genetic  
21 testing, or (C) a history of chest radiation, one diagnostic magnetic  
22 resonance imaging each year; and

23 (vii) For a woman who, based on national standard risk models or the  
24 National Comprehensive Cancer Network Guidelines for Breast Cancer  
25 Screening and Diagnosis, has an increased risk of breast cancer and  
26 heterogeneous or dense breast tissue, one diagnostic magnetic resonance  
27 imaging each year.

28 (2)(a) Except as provided in subdivision (b) of this subsection,  
29 this section prohibits the application of deductible, coinsurance,  
30 copayment, or other cost-sharing requirements contained in the policy or  
31 health benefit plan for such services.

1           **(b) (2)** This section does not prevent application of deductible or  
2 copayment provisions contained in the policy or health benefit plan for  
3 diagnostic magnetic resonance imaging for a woman based on heterogeneous  
4 or dense breast tissue.

5           **(c)** This section does not ~~or~~ require that coverage under an  
6 individual or group policy or health benefit plan be extended to any  
7 other procedures. The coverage provided by this section shall not be less  
8 favorable than for other radiological examinations. ~~This section does not~~  
9 ~~apply if the covered individuals are provided an ongoing screening~~  
10 ~~mammography program which at a minimum meets the requirements of this~~  
11 ~~section as a separate benefit.~~

12           **(3)** For purposes of this section, screening mammography shall mean  
13 radiological examination of the breast of asymptomatic women for the  
14 early detection of breast cancer, which examination shall include (a) a  
15 cranio-caudal and a medial lateral oblique view of each breast and (b) a  
16 licensed radiologist's interpretation of the results of the procedure.  
17 Screening mammography shall not include diagnostic mammography,  
18 additional projections required for lesion definition, breast ultrasound,  
19 or any breast interventional procedure. Screening mammography shall be  
20 performed by a mammogram supplier who meets the standards of the federal  
21 Mammography Quality Standards Act of 1992.

22           Sec. 2. Section 44-7,102, Revised Statutes Cumulative Supplement,  
23 2022, is amended to read:

24           44-7,102 (1) Notwithstanding section 44-3,131, (a) any individual or  
25 group sickness and accident insurance policy, certificate, or subscriber  
26 contract delivered, issued for delivery, or renewed in this state and any  
27 hospital, medical, or surgical expense-incurred policy, except for short-  
28 term major medical policies of six months or less duration and policies  
29 that provide coverage for a specified disease or other limited-benefit  
30 coverage, and (b) any self-funded employee benefit plan to the extent not  
31 preempted by federal law shall include screening coverage for a

1 colorectal cancer examination and laboratory tests for cancer for any  
2 nonsymptomatic person forty-five years of age or older covered under such  
3 policy, certificate, contract, or plan. Such screening coverage shall  
4 include a maximum of one stool-based preventive screening test as  
5 approved by the United States Preventive Services Task Force screening  
6 ~~fecal occult blood test~~ annually and a flexible sigmoidoscopy every five  
7 years, a colonoscopy every ten years, or a barium enema every five to ten  
8 years, or any combination, or the most reliable, medically recognized  
9 screening test available. The screenings selected shall be as deemed  
10 appropriate by a health care provider and the patient.

11 (2) On or after December 31, 2023, no policy, certificate, or  
12 contract, delivered, issued for delivery, or renewed in this state, or  
13 any self-funded employee benefit plan, to the extent not preempted by  
14 federal law, shall impose a deductible, coinsurance, or any other cost  
15 sharing requirements for screening colonoscopies as recommended by the  
16 United States Preventive Services Task Force, including those performed  
17 as a result of a positive noncolonoscopy stool-based preventive screening  
18 test ~~This section does not prevent application of deductible or copayment~~  
19 ~~provisions contained in the policy, certificate, contract, or employee~~  
20 ~~benefit plan or require that such coverage be extended to any other~~  
21 ~~procedures.~~

22 Sec. 3. Section 44-1993, Reissue Revised Statutes of Nebraska, is  
23 amended to read:

24 44-1993 (1) A title insurer shall not accept title insurance  
25 business from a title insurance agent unless there is in force a written  
26 contract between the parties which sets forth the responsibilities of  
27 each party and, when both parties share responsibility for a particular  
28 function, specifies the division of responsibilities.

29 (2) For each title insurance agent under contract with a title  
30 insurer, the title insurer shall have on file a statement of financial  
31 condition of each title insurance agent as of the end of the previous

1 calendar year setting forth an income statement of title insurance  
2 business done during the preceding year and a balance sheet showing the  
3 condition of its affairs as of the prior December 31 certified by the  
4 title insurance agent as being a true and accurate representation of the  
5 title insurance agent's financial condition. Attorneys actively engaged  
6 in the practice of law, other than that related to title insurance  
7 business, are exempt from the requirements of this subsection.

8 (3) A title insurer shall, at least annually, conduct a ~~an~~ on-site  
9 review of the underwriting, claims, and escrow practices of the title  
10 insurance agent which shall include a review of the title insurance  
11 agent's title insurance policy form inventory and processing operations.  
12 If the title insurance agent does not maintain separate financial  
13 institution or trust accounts for each title insurer it represents, the  
14 title insurer shall verify that the funds held on its behalf are  
15 reasonably ascertainable from the books of account and records of the  
16 title insurance agent.

17 (4) Within thirty days after executing or terminating a contract  
18 with a title insurance agent, a title insurer shall provide written  
19 notification of the appointment or termination and the reason for  
20 termination to the director. Notices of appointment of a title insurance  
21 agent shall be made on a form prescribed or approved by the director.

22 (5) A title insurer shall maintain an inventory of all title  
23 insurance policy forms or title insurance policy numbers allocated to  
24 each title insurance agent.

25 (6) A title insurer shall have on file proof that each title  
26 insurance agent is licensed by this state.

27 (7) A title insurer shall establish the underwriting guidelines and,  
28 when applicable, limitations on title claims settlement authority to be  
29 incorporated into contracts with its title insurance agents.

30 (8)(a) A title insurer is liable for the defalcation, conversion, or  
31 misappropriation by a title insurance agent appointed by or under written

1 contract with such title insurer of escrow, settlement, closing, or  
2 security deposit funds handled by such title insurance agent in  
3 contemplation of or in conjunction with the issuance of a title insurance  
4 commitment or title insurance policy by such title insurer. However, if  
5 no such title insurance commitment or title insurance policy was issued,  
6 each title insurer which appointed or maintained a written contract with  
7 such title insurance agent at the time of the discovery of the  
8 defalcation, conversion, or misappropriation shares in the liability for  
9 the defalcation, conversion, or misappropriation in the same proportion  
10 that the premium remitted to the title insurer by such title insurance  
11 agent during the twelve-month period immediately preceding the date of  
12 the discovery of the defalcation, conversion, or misappropriation bears  
13 to the total premium remitted to all title insurers by such title  
14 insurance agent during the twelve-month period immediately preceding the  
15 date of the discovery of the defalcation, conversion, or  
16 misappropriation.

17 (b) For purposes of this subsection, title insurance agent includes  
18 (i) a person with whom a title insurer maintains a title insurance agency  
19 agreement and (ii) an employer or employee of a title insurance agent or  
20 of a person with whom a title insurer maintains a title insurance agency  
21 agreement.

22 Sec. 4. Section 44-4054, Reissue Revised Statutes of Nebraska, is  
23 amended to read:

24 44-4054 (1) Unless denied licensure pursuant to section 44-4059, a  
25 person who has met the requirements of sections 44-4052 and 44-4053 shall  
26 be issued an insurance producer license. An insurance producer may  
27 receive qualification for a license in one or more of the following lines  
28 of authority:

29 (a) Life insurance coverage on human lives, including benefits of  
30 endowment and annuities, and may include benefits in the event of death  
31 or dismemberment by accident and benefits for disability income;

1 (b) Accident and health or sickness, insurance coverage for  
2 sickness, bodily injury, or accidental death and may include benefits for  
3 disability income;

4 (c) Property insurance coverage for the direct or consequential loss  
5 or damage to property of every kind;

6 (d) Casualty insurance coverage against legal liability, including  
7 that for death, injury, or disability or damage to real or personal  
8 property;

9 (e) Variable life and variable annuity products, insurance coverage  
10 provided under variable life insurance contracts, and variable annuities;

11 (f) Limited line credit insurance;

12 (g) Limited line pre-need funeral insurance;

13 (h) Personal lines property and casualty insurance coverage sold to  
14 individuals and families for primarily noncommercial purposes; and

15 (i) Any other line of insurance permitted under Nebraska laws,  
16 rules, or regulations.

17 (2) An insurance producer license shall remain in effect unless  
18 revoked or suspended if the fee set forth in section 44-4064 is paid and  
19 education requirements for resident individual producers are met by the  
20 due date.

21 (3) All business entity licenses issued under the Insurance  
22 Producers Licensing Act shall expire on April 30 of each even-numbered  
23 year, and all producers licenses shall expire on the last day of the  
24 month of the producer's birthday in the first year after issuance in  
25 which his or her age is divisible by two. Such producer licenses may be  
26 renewed within the ninety-day period before their expiration dates.  
27 Business entity and producer licenses also may be renewed within the  
28 thirty-day period after their expiration dates upon payment of a late  
29 renewal fee as established by the director pursuant to section 44-4064 in  
30 addition to the applicable fee otherwise required for renewal of business  
31 entity and producer licenses as established by the director pursuant to

1 such section. All business entity and producer licenses renewed within  
2 the thirty-day period after their expiration dates pursuant to this  
3 subsection shall be deemed to have been renewed before their expiration  
4 dates.

5 (4) The director may establish procedures for renewal of licenses by  
6 rule and regulation adopted and promulgated pursuant to the  
7 Administrative Procedure Act.

8 (5) An individual insurance producer who allows his or her license  
9 to lapse may, within twelve months from the due date of the renewal fee,  
10 reinstate the same license without the necessity of passing a written  
11 examination. Producer licenses reinstated pursuant to this subsection  
12 shall be issued only after payment of a reinstatement fee as established  
13 by the director pursuant to section 44-4064 in addition to the applicable  
14 fee otherwise required for renewal of producer licenses as established by  
15 the director pursuant to such section.

16 (6) The director may grant a licensed insurance producer who is  
17 unable to comply with license renewal procedures due to military service  
18 or some other extenuating circumstance, including, but not limited to, a  
19 long-term medical disability, a waiver of those procedures. The director  
20 may grant a producer a waiver of any examination requirement or any other  
21 fine, fee, or sanction imposed for failure to comply with renewal  
22 procedures.

23 (7) The license shall contain the licensee's name, address, and  
24 personal identification number, the date of issuance, the lines of  
25 authority, the expiration date, and any other information the director  
26 deems necessary.

27 (8) Licensees shall inform the director by any means acceptable to  
28 the director of a change of legal name or address within thirty days  
29 after the change. Any person failing to provide such notification shall  
30 be subject to a fine by the director of not more than five hundred  
31 dollars per violation, suspension of the person's license until the

1 change of address is reported to the director, or both.

2 (9) The director may contract with nongovernmental entities,  
3 including the National Association of Insurance Commissioners or any  
4 affiliates or subsidiaries that the National Association of Insurance  
5 Commissioners oversees, to perform any ministerial functions, including  
6 the collection of fees, related to producer licensing that the director  
7 may deem appropriate.

8 Sec. 5. (1) Except as provided in subsection (3) of this section,  
9 beginning January 1, 2024, and notwithstanding section 44-3,131, (a) any  
10 individual or group sickness and accident insurance policy or subscriber  
11 contract delivered, issued for delivery, or renewed in this state and any  
12 hospital, medical, or surgical expense-incurred policy, except for  
13 policies that provide coverage for a specified disease or other limited-  
14 benefit coverage, and (b) any self-funded employee benefit plan to the  
15 extent not preempted by federal law, which provides reimbursement for  
16 prescription insulin drugs shall limit the total amount that a covered  
17 individual is required to pay for each covered prescription insulin drug  
18 on the policy's, contract's, or plan's lowest brand or generic tier to a  
19 maximum of thirty-five dollars per thirty-day supply of insulin,  
20 regardless of the amount needed.

21 (2) Nothing in this section prevents a policy, contract, or plan  
22 from reducing the total amount that a covered individual is required to  
23 pay for each covered prescription insulin drug to an amount less than the  
24 maximum specified in subsection (1) of this section.

25 (3) If, due to a national shortage of an insulin drug, a covered  
26 individual cannot access a covered prescription insulin drug on the  
27 lowest brand or generic tier of the policy, contract, or plan, the  
28 policy, contract, or plan shall ensure access to an insulin drug at a  
29 maximum of thirty-five dollars per thirty-day supply, until such time  
30 that the national shortage ends to prevent disruptions in patient access  
31 to insulin.

1       (4) For purposes of this section, prescription insulin drug means a  
2 prescription drug that contains insulin and is used to treat diabetes.

3       Sec. 6. (1) For purposes of this section:

4       (a) Health benefit plan means a policy, a contract, a certificate,  
5 or an agreement entered into, offered by, or issued by an insurer to  
6 provide, deliver, arrange for, pay for, or reimburse any of the costs of  
7 healthcare services, including a vision or dental benefit plan, except  
8 that health benefit plan shall not include any coverage pursuant to a  
9 liability insurance policy, including medical payments insurance issued  
10 as a supplement to a liability insurance policy, or a workers'  
11 compensation insurance policy; and

12       (b) Plan sponsor means:

13       (i) In the case of a health benefit plan established or maintained  
14 by a single employer, the employer;

15       (ii) In the case of a health benefit plan established or maintained  
16 by an employee organization, the employee organization; or

17       (iii) In the case of a health benefit plan established or maintained  
18 by two or more employers or jointly by one or more employers and one or  
19 more employee organizations, the association, committee, joint board of  
20 trustees, or other similar group of representatives of the parties who  
21 establish or maintain the benefit plan.

22       (2) The plan sponsor of a health benefit plan may, on behalf of  
23 covered persons in the plan, provide the consent to the delivery of all  
24 communications related to the plan by electronic means and to the  
25 electronic delivery of any health insurance identification card if,  
26 before consenting on behalf of a covered person, a plan sponsor:

27       (a) Confirms that the covered person routinely uses electronic  
28 communications during the normal course of employment;

29       (b) Provides the covered person an opportunity to opt out of  
30 delivery by electronic means; and

31       (c) Follows all federal and state laws relating to the electronic

1 delivery of such information or documents.

2           Sec. 7. Sections 1 and 9 of this act become operative on January 1,  
3 2024. Sections 4 and 10 of this act become operative on April 30, 2024.  
4 The other sections of this act become operative on their effective date.

5           Sec. 8. Original section 44-1993, Reissue Revised Statutes of  
6 Nebraska, and section 44-7,102, Revised Statutes Cumulative Supplement,  
7 2022, are repealed.

8           Sec. 9. Original section 44-785, Reissue Revised Statutes of  
9 Nebraska, is repealed.

10           Sec. 10. Original section 44-4054, Reissue Revised Statutes of  
11 Nebraska, is repealed.