

**CS FOR SENATE BILL NO. 156(HSS)**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTY-NINTH LEGISLATURE - SECOND SESSION**

**BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE**

**Offered: 4/1/16**

**Referred: Labor and Commerce**

**Sponsor(s): SENATOR GARDNER**

**A BILL**

**FOR AN ACT ENTITLED**

1   **"An Act relating to insurance coverage for contraceptives and related services; relating**  
2   **to medical assistance coverage for contraceptives and related services; and providing for**  
3   **an effective date."**

4   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5    \* **Section 1.** AS 21.42 is amended by adding a new section to read:

6           **Sec. 21.42.427. Coverage for contraceptives.** (a) A health care insurer that  
7           offers, issues for delivery, delivers, or renews in the state a health care insurance plan  
8           in the group or individual market shall

9                   (1) provide coverage for

10                           (A) prescription contraceptives;

11                           (B) voluntary sterilization procedures; and

12                           (C) consultations, examinations, procedures, and medical  
13           services that are necessary to prescribe, dispense, insert, deliver, distribute,  
14           administer, or remove the drugs, devices, and other products or services

provided under this paragraph;

(2) reimburse a health care provider or dispensing entity for dispensing prescription contraceptives intended to last for a

(A) three-month period for the first dispensing of the prescription contraceptive to an insured; and

(B) 12-month period for subsequent dispensings of the same prescription contraceptive to the insured regardless of whether the insured was enrolled in the health care insurance plan at the time of the first dispensing.

(b) A health care insurer may not deny coverage or reimbursement under (a) of this section because an insured changed contraceptive methods within a 12-month period.

(c) A health care insurer may not offset the costs of compliance with (a) of this section and may not require copayments, deductibles, or other forms of cost sharing for contraceptives or services covered under (a) of this section.

(d) A health care insurer may not restrict or delay the coverage or reimbursement required under (a) of this section, including by using medical management techniques that limit an insured's choice in accessing a full range of prescription contraceptives.

(e) A health care insurer shall provide coverage and reimbursement under (a) of this section to all insureds, including enrolled spouses and dependents, enrolled in a health insurance plan.

(f) A health care insurer that offers, issues for delivery, delivers, or renews in the state a health care insurance plan in the group market to a religious employer is exempt from the requirements of this section with respect to the health care insurance plan of the religious employer if the religious employer opposes the coverage required under this section and is an

(1) organization that meets the criteria set out in 26 U.S.C. 6033(a)(3)(A)(i) or (iii) (Internal Revenue Code of 1986), as amended; or

(2) eligible organization that has self-certified in the form and manner specified by the United States Secretary of Labor or has provided notice to the United States Secretary of Health and Human Services, under the requirements set out in 45

1 C.F.R. 147.131(b)(1) - (3).

2 (g) In this section, "prescription contraceptive" means a drug or device that  
3 requires a prescription and is approved by the United States Food and Drug  
4 Administration to prevent pregnancy.

5 \* **Sec. 2.** AS 47.07.065 is amended by adding new subsections to read:

6 (b) The department shall pay for

7 (1) prescription contraceptives intended to last for a

8 (A) three-month period for the first dispensing of the  
9 prescription contraceptive to a recipient; and

10 (B) 12-month period for subsequent dispensings of the same  
11 prescription contraceptive if prescribed to and requested by the recipient,  
12 regardless of whether the recipient was receiving medical assistance at the time  
13 of the first dispensing; and

14 (2) consultations, examinations, procedures, and medical services that  
15 are necessary to

16 (A) prescribe, dispense, insert, distribute, or administer  
17 prescription contraceptives; or

18 (B) remove prescription contraceptives.

19 (c) Nothing in this section requires itemized reimbursement when a service is  
20 reimbursable as part of a bundled or composite rate.

21 (d) In this section, "prescription contraceptive" means a drug or device that  
22 requires a prescription and is approved by the United States Food and Drug  
23 Administration to prevent pregnancy.

24 \* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to  
25 read:

26 MEDICAID STATE PLAN INSTRUCTIONS; NOTICE TO REVISOR OF  
27 STATUTES. The Department of Health and Social Services shall immediately amend and  
28 submit for federal approval a state plan for medical assistance coverage consistent with  
29 AS 47.07.065(b) - (d), added by sec. 2 of this Act. The Department of Health and Social  
30 Services shall apply to the United States Department of Health and Human Services for any  
31 waivers necessary to implement AS 47.07.065(b) - (d), added by sec. 2 of this Act. The

1 commissioner of health and social services shall notify the revisor of statutes in writing on or  
2 before January 1, 2017, if the United States Department of Health and Human Services  
3 approves the provisions of AS 47.07.065(b) - (d), added by sec. 2 of this Act.

4 \* **Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to  
5 read:

6       CONDITIONAL EFFECT. AS 47.07.065(b) - (d), added by sec. 2 of this Act, take  
7 effect only if the commissioner of health and social services notifies the revisor of statutes in  
8 writing under sec. 3 of this Act, on or before January 1, 2017, that the provisions of  
9 AS 47.07.065(b) - (d), added by sec. 2 of this Act, have been approved by the United States  
10 Department of Health and Human Services.

11 \* **Sec. 5.** If AS 47.07.065(b) - (d), added by sec. 2 of this Act, take effect, they take effect on  
12 the day after the date the commissioner of health and social services makes a certification to  
13 the revisor of statutes under secs. 3 and 4 of this Act.

14 \* **Sec. 6.** Except as provided in sec. 5 of this Act, this Act takes effect January 1, 2017.