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House District 35 – West Fairbanks

House Bill 17

Sectional Analysis – Version R

Section 1

AS 21.42.427. Coverage for contraceptives.

Amends AS 21.42 by adding a new section which (1) requires a health care insurer to provide coverage for prescription contraceptives and medical services necessary for those products or devices (Version A included references to emergency contraception which were removed in Version B); (2) requires reimbursement to a health care provider or dispensing entity for dispensing prescription contraceptives intended to last for a 12-month period for subsequent dispensing; (3) prevents an insurer from requiring cost sharing for contraceptives or covered services from a participating health care provider or dispensing entity; (4) prevents an insurer from restricting or delaying coverage for contraceptives; (5) if a participating health care provider recommends a particular service or FDA-approved item based on a determination of medical necessity, the plan or issuer must cover that service or item without cost sharing; and (6) exempts religious employers from enforcing insurance coverage regarding contraceptive methods if certain criteria are met unless there is a compelling government interest.

Section 2

AS 29.10.200. Limitation of home rule powers.

Amends AS 29.10.200 by adding a provision applying to health care insurance plans.

Section 3

AS 29.20.420. Health insurance policies.

Amends AS 29.20 by adding a new section clarifying that municipal health care insurance plans that are self-insured are subject to the requirements of sec. 1.

Section 4

AS 39.30.090. Procurement of group insurance.

Clarifies that a group health insurance policy covering employees of a participating governmental unit is subject to the requirements of sec. 1.

Section 5

AS 39.30.091. Authorization for self-insurance and excess loss insurance.

Clarifies that a self-insured group medical plan covering active state employees provided under this section is subject to the requirements of sec. 1.

Section 6

AS 47.07.065. Payment for prescribed drugs.

Requires the Department of Health to pay for prescription contraceptives intended to last for a 12-month period for subsequent dispensing for eligible recipients of medical assistance, if prescribed to and requested by the recipient, as well as medical services necessary for those products or devices.

Section 7

Uncodified law - applicability

Requires the Department of Health to immediately amend and submit for federal approval a state plan for medical assistance coverage consistent with sec. 6 of this Act.

Section 8

Uncodified law - applicability

Makes sec. 6 of the Act conditional on the approval required under sec. 7 of the Act and applies a conditional effective date of January 1, 2026.

Section 9

Uncodified Law - conditional effective date

Adds the conditional effective date January 1, 2025.