

CS FOR HOUSE BILL NO. 58(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-SECOND LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered: 4/22/21

Referred: Labor and Commerce

Sponsor(s): REPRESENTATIVES CLAMAN, Zulkosky, Kreiss-Tomkins, Hopkins, Spohnholz, Tarr, Hannan, Fields, Schrage, Snyder, Drummond, Rasmussen

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) emergency contraception, including over-the-counter
12 emergency contraception, approved by the United States Food and Drug
13 Administration; the insurer may not require a prescription for coverage of
14 over-the-counter emergency contraception under this subparagraph;

1 (C) voluntary sterilization procedures; and

2 (D) consultations, examinations, procedures, and medical
3 services that are necessary to prescribe, dispense, insert, deliver, distribute,
4 administer, or remove the drugs, devices, and other products or services
5 provided under this paragraph;

6 (2) reimburse a health care provider or dispensing entity for dispensing
7 prescription contraceptives intended to last for a 12-month period for subsequent
8 dispensings of the same prescription contraceptive to the insured regardless of whether
9 the insured was enrolled in the health care insurance plan at the time of the first
10 dispensing.

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

14 (c) Except as provided in (d) of this section, a health care insurer may not
15 offset the costs of compliance with (a) of this section and may not require copayments
16 or deductibles for contraceptives or services covered under (a) of this section.

17 (d) A health care insurer shall establish cost sharing for the coverage provided
18 under (a) of this section to the extent necessary to qualify a plan as a high deductible
19 health plan eligible for a health savings account tax deduction under 26 U.S.C. 223
20 (Internal Revenue Code).

21 (e) A health care insurer may not restrict or delay the coverage or
22 reimbursement required under (a) of this section, including use of medical
23 management techniques, such as denials, step therapy, or prior authorization, that limit
24 an insured's choice in accessing a full range of prescription contraceptives. Nothing in
25 this subsection prevents a health care insurer from enacting reasonable cost
26 containment measures in relation to the coverage required under (a) of this section if
27 the cost containment measure does not unreasonably limit choice in access to
28 coverage. In this subsection, "cost containment" means incentivizing the use of
29 generic or lower cost medications or the use of health care providers or pharmacies
30 that offer services or prescriptions at a lower negotiated rate.

31 (f) If the covered therapeutically equivalent version of a prescription

1 contraceptive is not available or is considered medically inadvisable by the health care
 2 provider of the insured, a health care insurer shall provide coverage without cost
 3 sharing for an alternative therapeutically equivalent version of the prescription
 4 contraceptive that is prescribed for the insured.

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

8 (h) A health care insurer that offers, issues for delivery, delivers, or renews in
 9 the state a health care insurance plan in the group market to a religious employer is
 10 exempt from the requirements of this section with respect to the health care insurance
 11 plan of the religious employer if the religious employer opposes the coverage required
 12 under this section and is an organization that meets the criteria set out in 26 U.S.C.
 13 6033(a)(3)(A)(i) or (iii) (Internal Revenue Code of 1986), as amended.

14 (i) In this section, "prescription contraceptive" means a drug or device that
 15 requires a prescription and is approved by the United States Food and Drug
 16 Administration to prevent pregnancy.

17 * **Sec. 2.** AS 29.10.200 is amended by adding a new paragraph to read:

18 (68) AS 29.20.420 (health care insurance plans).

19 * **Sec. 3.** AS 29.20 is amended by adding a new section to article 5 to read:

20 **Sec. 29.20.420. Health insurance policies.** (a) If a municipality offers a group
 21 health care insurance plan covering municipal employees, including by means of self-
 22 insurance, the municipal health care insurance plan is subject to the requirements of
 23 AS 21.42.427.

24 (b) This section applies to home rule and general law municipalities.

25 (c) In this section "health care insurance plan" has the meaning given in
 26 AS 21.54.500.

27 * **Sec. 4.** AS 39.30.090(a) is amended to read:

28 (a) The Department of Administration may obtain a policy or policies of group
 29 insurance covering state employees, persons entitled to coverage under AS 14.25.168,
 30 14.25.480, AS 22.25.090, AS 39.35.535, 39.35.880, or former AS 39.37.145,
 31 employees of other participating governmental units, or persons entitled to coverage

1 under AS 23.15.136, subject to the following conditions:

2 (1) a group insurance policy shall provide one or more of the following
3 benefits: life insurance, accidental death and dismemberment insurance, weekly
4 indemnity insurance, hospital expense insurance, surgical expense insurance, dental
5 expense insurance, audiovisual insurance, or other medical care insurance;

6 (2) each eligible employee of the state, the spouse and the unmarried
7 children chiefly dependent on the eligible employee for support, and each eligible
8 employee of another participating governmental unit shall be covered by the group
9 policy, unless exempt under regulations adopted by the commissioner of
10 administration;

11 (3) a governmental unit may participate under a group policy if

12 (A) its governing body adopts a resolution authorizing
13 participation and payment of required premiums;

14 (B) a certified copy of the resolution is filed with the
15 Department of Administration; and

16 (C) the commissioner of administration approves the
17 participation in writing;

18 (4) in procuring a policy of group health or group life insurance as
19 provided under this section or excess loss insurance as provided in AS 39.30.091, the
20 Department of Administration shall comply with the dual choice requirements of
21 AS 21.86.310, and shall obtain the insurance policy from an insurer authorized to
22 transact business in the state under AS 21.09, a hospital or medical service corporation
23 authorized to transact business in this state under AS 21.87, or a health maintenance
24 organization authorized to operate in this state under AS 21.86; an excess loss
25 insurance policy may be obtained from a life or health insurer authorized to transact
26 business in this state under AS 21.09 or from a hospital or medical service corporation
27 authorized to transact business in this state under AS 21.87;

28 (5) the Department of Administration shall make available bid
29 specifications for desired insurance benefits or for administration of benefit claims and
30 payments to (A) all insurance carriers authorized to transact business in this state
31 under AS 21.09 and all hospital or medical service corporations authorized to transact

1 business under AS 21.87 who are qualified to provide the desired benefits; and (B)
2 insurance carriers authorized to transact business in this state under AS 21.09, hospital
3 or medical service corporations authorized to transact business under AS 21.87, and
4 third-party administrators licensed to transact business in this state and qualified to
5 provide administrative services; the specifications shall be made available at least once
6 every five years; the lowest responsible bid submitted by an insurance carrier, hospital
7 or medical service corporation, or third-party administrator with adequate servicing
8 facilities shall govern selection of a carrier, hospital or medical service corporation, or
9 third-party administrator under this section or the selection of an insurance carrier or a
10 hospital or medical service corporation to provide excess loss insurance as provided in
11 AS 39.30.091;

12 (6) if the aggregate of dividends payable under the group insurance
13 policy exceeds the governmental unit's share of the premium, the excess shall be
14 applied by the governmental unit for the sole benefit of the employees;

15 (7) a person receiving benefits under AS 14.25.110, AS 22.25,
16 AS 39.35, or former AS 39.37 may continue the life insurance coverage that was in
17 effect under this section at the time of termination of employment with the state or
18 participating governmental unit;

19 (8) a person electing to have insurance under (7) of this subsection
20 shall pay the cost of this insurance;

21 (9) for each permanent part-time employee electing coverage under
22 this section, the state shall contribute one-half the state contribution rate for permanent
23 full-time state employees, and the permanent part-time employee shall contribute the
24 other one-half;

25 (10) a person receiving benefits under AS 14.25, AS 22.25, AS 39.35,
26 or former AS 39.37 may obtain auditory, visual, and dental insurance for that person
27 and eligible dependents under this section; the level of coverage for persons over 65
28 shall be the same as that available before reaching age 65 except that the benefits
29 payable shall be supplemental to any benefits provided under the federal old age,
30 survivors, and disability insurance program; a person electing to have insurance under
31 this paragraph shall pay the cost of the insurance; the commissioner of administration

1 shall adopt regulations implementing this paragraph;

2 (11) a person receiving benefits under AS 14.25, AS 22.25, AS 39.35,
3 or former AS 39.37 may obtain long-term care insurance for that person and eligible
4 dependents under this section; a person who elects insurance under this paragraph
5 shall pay the cost of the insurance premium; the commissioner of administration shall
6 adopt regulations to implement this paragraph;

7 (12) each licensee holding a current operating agreement for a vending
8 facility under AS 23.15.010 - 23.15.210 shall be covered by the group policy that
9 applies to governmental units other than the state;

10 **(13) a group health insurance policy covering employees of a**
11 **participating governmental unit is subject to the requirements of AS 21.42.427.**

12 * **Sec. 5.** AS 39.30.091 is amended to read:

13 **Sec. 39.30.091. Authorization for self-insurance and excess loss insurance.**

14 Notwithstanding AS 21.86.310 or AS 39.30.090, the Department of Administration
15 may provide, by means of self-insurance, one or more of the benefits listed in
16 AS 39.30.090(a)(1) for state employees eligible for the benefits by law or under a
17 collective bargaining agreement and for persons receiving benefits under AS 14.25,
18 AS 22.25, AS 39.35, or former AS 39.37, and their dependents. The department shall
19 procure any necessary excess loss insurance under AS 39.30.090. **A self-insured**
20 **group medical plan covering active state employees provided under this section is**
21 **subject to the requirements of AS 21.42.427.**

22 * **Sec. 6.** AS 47.07.065 is amended by adding new subsections to read:

23 (c) The department shall pay for

24 (1) prescription contraceptives intended to last for a 12-month period
25 for subsequent dispensings of the same prescription contraceptive if prescribed to and
26 requested by the recipient, regardless of whether the recipient was receiving medical
27 assistance at the time of the first dispensing;

28 (2) emergency contraception, including over-the-counter emergency
29 contraception, approved by the United States Food and Drug Administration; the
30 department may not require a prescription for coverage of over-the-counter emergency
31 contraception under this paragraph; and

1 (3) consultations, examinations, procedures, and medical services that
2 are necessary to

3 (A) prescribe, dispense, insert, distribute, or administer
4 prescription contraceptives; or

5 (B) remove prescription contraceptives.

6 (d) Nothing in this section requires itemized reimbursement when a service is
7 reimbursable as part of a bundled or composite rate.

8 (e) In this section, "prescription contraceptive" means a drug or device that
9 requires a prescription and is approved by the United States Food and Drug
10 Administration to prevent pregnancy.

11 * **Sec. 7.** The uncodified law of the State of Alaska is amended by adding a new section to
12 read:

13 **MEDICAID STATE PLAN FEDERAL APPROVAL.** The Department of Health and
14 Social Services shall amend and submit for federal approval the state plan for medical
15 assistance coverage consistent with AS 47.07.065(c) - (e), enacted by sec. 6 of this Act.

16 * **Sec. 8.** The uncodified law of the State of Alaska is amended by adding a new section to
17 read:

18 **CONDITIONAL EFFECT; NOTIFICATION.** (a) The commissioner of health and
19 social services shall notify the revisor of statutes in writing, on or before January 1, 2022, if
20 the United States Department of Health and Human Services approves the amendments to the
21 state plan for medical assistance coverage under AS 47.07.065(c) - (e), enacted by sec. 6 of
22 this Act.

23 (b) Section 6 of this Act takes effect only if the commissioner of health and social
24 services notifies the revisor of statutes in writing as required under (a) of this section.

25 * **Sec. 9.** If sec. 6 of this Act takes effect, it takes effect on the day after the date the revisor
26 of statutes receives notice from the commissioner of health and social services under sec. 8 of
27 this Act.