

**CS FOR HOUSE BILL NO. 17(HSS) am(efd fld)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-THIRD LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

Amended: 3/20/24

Offered: 3/8/23

Sponsor(s): REPRESENTATIVES CARRICK, Armstrong, Groh, Fields, Hannan, Schrage, Mina, McCormick, Foster, Himschoot, Mears, Galvin, Dibert, Gray, Josephson, Story

SENATORS Tobin, Kawasaki, Kiehl, Dunbar, Claman, Gray-Jackson

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to insurance coverage for contraceptives and related services; and**  
2 **relating to medical assistance coverage for contraceptives and related services."**

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

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

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

8 (1) provide coverage for

9 (A) prescription contraceptives; and

10 (B) consultations, examinations, procedures, and medical  
11 services that are necessary to prescribe, dispense, insert, deliver, distribute,  
12 administer, or remove the drugs, devices, and other products or services  
13 provided under this paragraph;

14 (2) reimburse a health care provider or dispensing entity for dispensing

1 prescription contraceptives intended to last for a 12-month period for subsequent  
2 dispensings of the same prescription contraceptive to the insured regardless of whether  
3 the insured was enrolled in the health care insurance plan at the time of the first  
4 dispensing.

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

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

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

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

25 (f) If the covered therapeutically equivalent version of a prescription  
26 contraceptive is not available or is considered medically inadvisable by the health care  
27 provider of the insured, a health care insurer shall provide coverage without cost  
28 sharing for an alternative therapeutically equivalent version of the prescription  
29 contraceptive that is prescribed for the insured.

30 (g) A health care insurer shall provide coverage and reimbursement under (a)  
31 of this section to all insureds enrolled in a health care insurance plan, including

1 enrolled spouses and dependents.

2 (h) A health care insurer that offers, issues for delivery, delivers, or renews in  
3 the state a health care insurance plan in the group market to a religious employer is  
4 exempt from the requirements of this section with respect to the health care insurance  
5 plan of the religious employer if the religious employer opposes the coverage required  
6 under this section and is an organization that meets the criteria set out in 26 U.S.C.  
7 6033(a)(3)(A)(i) or (iii) (Internal Revenue Code of 1986), as amended. A religious  
8 employer that opposes coverage under this subsection shall provide a list of the  
9 contraceptives or services described in (a) of this section for which the religious  
10 employer opposes coverage

11 (1) to each prospective enrollee in the religious employer's health care  
12 insurance plan before the enrollee's enrollment in the plan; and

13 (2) annually to all insureds enrolled in the religious employer's health  
14 care insurance plan.

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

18 \* **Sec. 2.** AS 21.96 is amended by adding a new section to read:

19 **Sec. 21.96.205. Coverage that burdens person's religious practices.** (a)

20 When enforcing state law concerning a person's health care or health care insurance  
21 coverage in a manner that burdens a person's religious practices, the state must  
22 demonstrate that enforcement is

23 (1) in furtherance of a compelling government interest; and

24 (2) the least restrictive means of furthering that interest.

25 (b) In this section, "person" includes a business entity, organization, and  
26 natural person.

27 \* **Sec. 3.** AS 29.10.200 is amended by adding a new paragraph to read:

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

29 \* **Sec. 4.** AS 29.20 is amended by adding a new section to article 5 to read:

30 **Sec. 29.20.420. Health insurance policies.** (a) If a municipality offers a group  
31 health care insurance plan covering municipal employees, including by means of self-

1 insurance, the municipal health care insurance plan is subject to the requirements of  
2 AS 21.42.427.

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

4 (c) In this section, "health care insurance plan" has the meaning given in  
5 AS 21.54.500.

6 \* **Sec. 5.** AS 39.30.090(a) is amended to read:

7 (a) The Department of Administration may obtain a policy or policies of group  
8 insurance covering state employees, persons entitled to coverage under AS 14.25.168,  
9 14.25.480, AS 22.25.090, AS 39.35.535, 39.35.880, or former AS 39.37.145,  
10 employees of other participating governmental units, or persons entitled to coverage  
11 under AS 23.15.136, subject to the following conditions:

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

16 (2) each eligible employee of the state, the spouse and the unmarried  
17 children chiefly dependent on the eligible employee for support, and each eligible  
18 employee of another participating governmental unit shall be covered by the group  
19 policy, unless exempt under regulations adopted by the commissioner of  
20 administration;

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

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

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

26 (C) the commissioner of administration approves the  
27 participation in writing;

28 (4) in procuring a policy of group health or group life insurance as  
29 provided under this section or excess loss insurance as provided in AS 39.30.091, the  
30 Department of Administration shall comply with the dual choice requirements of  
31 AS 21.86.310, and shall obtain the insurance policy from an insurer authorized to

1 transact business in the state under AS 21.09, a hospital or medical service corporation  
2 authorized to transact business in this state under AS 21.87, or a health maintenance  
3 organization authorized to operate in this state under AS 21.86; an excess loss  
4 insurance policy may be obtained from a life or health insurer authorized to transact  
5 business in this state under AS 21.09 or from a hospital or medical service corporation  
6 authorized to transact business in this state under AS 21.87;

7 (5) the Department of Administration shall make available bid  
8 specifications for desired insurance benefits or for administration of benefit claims and  
9 payments to (A) all insurance carriers authorized to transact business in this state  
10 under AS 21.09 and all hospital or medical service corporations authorized to transact  
11 business under AS 21.87 who are qualified to provide the desired benefits; and (B)  
12 insurance carriers authorized to transact business in this state under AS 21.09, hospital  
13 or medical service corporations authorized to transact business under AS 21.87, and  
14 third-party administrators licensed to transact business in this state and qualified to  
15 provide administrative services; the specifications shall be made available at least once  
16 every five years; the lowest responsible bid submitted by an insurance carrier, hospital  
17 or medical service corporation, or third-party administrator with adequate servicing  
18 facilities shall govern selection of a carrier, hospital or medical service corporation, or  
19 third-party administrator under this section or the selection of an insurance carrier or a  
20 hospital or medical service corporation to provide excess loss insurance as provided in  
21 AS 39.30.091;

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

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

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

31 (9) for each permanent part-time employee electing coverage under

1 this section, the state shall contribute one-half the state contribution rate for permanent  
 2 full-time state employees, and the permanent part-time employee shall contribute the  
 3 other one-half;

4 (10) a person receiving benefits under AS 14.25, AS 22.25, AS 39.35,  
 5 or former AS 39.37 may obtain auditory, visual, and dental insurance for that person  
 6 and eligible dependents under this section; the level of coverage for persons over 65  
 7 shall be the same as that available before reaching age 65 except that the benefits  
 8 payable shall be supplemental to any benefits provided under the federal old age,  
 9 survivors, and disability insurance program; a person electing to have insurance under  
 10 this paragraph shall pay the cost of the insurance; the commissioner of administration  
 11 shall adopt regulations implementing this paragraph;

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

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

20 **(13) a group health insurance policy covering employees of a**  
 21 **participating governmental unit must meet the requirements of AS 21.42.427.**

22 \* **Sec. 6.** AS 39.30.091 is amended to read:

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

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

1 \* **Sec. 7.** AS 47.07.065 is amended by adding new subsections to read:

2 (c) The department shall pay for

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

7 (2) consultations, examinations, procedures, and medical services that  
8 are necessary to

9 (A) prescribe, dispense, insert, distribute, or administer  
10 prescription contraceptives; or

11 (B) remove prescription contraceptives.

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

14 (e) 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. 8.** The uncodified law of the State of Alaska is amended by adding a new section to  
18 read:

19 **MEDICAID STATE PLAN FEDERAL APPROVAL.** To the extent necessary to  
20 implement this Act, the Department of Health shall amend and submit for federal approval the  
21 state plan for medical assistance coverage consistent with AS 47.07.065(c) - (e), enacted by  
22 sec. 6 of this Act.

23 \* **Sec. 9.** The uncodified law of the State of Alaska is amended by adding a new section to  
24 read:

25 **CONDITIONAL EFFECT; NOTIFICATION.** (a) Section 6 of this Act takes effect  
26 only if, on or before January 1, 2025, the United States Department of Health and Human  
27 Services

28 (1) approves the amendments to the state plan for medical assistance coverage  
29 under AS 47.07.065(c) - (e), enacted by sec. 6 of this Act; or

30 (2) determines that its approval of the amendments to the state plan for  
31 medical assistance coverage under AS 47.07.065(c) - (e), enacted by sec. 6 of this Act, is not

1 necessary.

2 (b) The commissioner of health shall notify the revisor of statutes in writing within 30  
3 days after the United States Department of Health and Human Services approves amendments  
4 to the state plan under (a)(1) of this section or determines that approval is not necessary under  
5 (a)(2) of this section.