

Senate File 359

H-8446

1 Amend the amendment, H-8269, to Senate File 359, as passed by
2 the Senate, as follows:

3 1. Page 3, after line 19 by inserting:

4 <DIVISION ____

5 PRESCRIPTION CONTRACEPTIVE COVERAGE

6 Sec. _____. Section 514C.19, Code 2018, is amended to read as
7 follows:

8 **514C.19 Prescription contraceptive coverage.**

9 1. For purposes of this section:

10 a. "Dispense" means the same as defined in section 155A.3.

11 b. "Health care professional" means the same as defined in
12 section 514J.102.

13 c. "Prescription contraceptive" means a medically acceptable
14 oral drug or contraceptive patch or ring that is used to
15 prevent pregnancy, and requires a prescription.

16 ~~1.~~ 2. Notwithstanding the uniformity of treatment
17 requirements of section 514C.6, a group policy, or contract, or
18 plan providing for third-party payment or prepayment of health
19 or medical expenses shall not do either of the following:

20 a. Exclude or restrict benefits for a prescription
21 ~~contraceptive drugs or prescription contraceptive devices which~~
22 ~~prevent conception and which are contraceptive that is approved~~
23 by the United States food and drug administration, or a generic
24 ~~equivalents equivalent~~ approved as substitutable a substitute
25 by the United States food and drug administration, if such
26 policy, or contract, or plan provides benefits a benefit for
27 any other outpatient prescription drugs drug or devices device.
28 Such policy, contract, or plan shall provide for payment to a
29 health care professional that dispenses any of the following to
30 a covered person:

31 (1) A three-month supply of a prescription contraceptive
32 the first time the prescription contraceptive is dispensed to
33 the covered person.

34 (2) A twelve-month supply of a prescription contraceptive
35 for any subsequent dispensing of the same prescription

1 contraceptive to the covered person.

2 (3) A three-month supply of a prescription vaginal
3 contraceptive ring.

4 b. Exclude or restrict benefits for an outpatient
5 contraceptive services which are service that is provided
6 for the purpose of preventing conception if such policy,
7 or contract, or plan provides benefits a benefit for any
8 other outpatient services service provided by a health care
9 professional.

10 ~~2.~~ 3. A person who provides a group policy, or contract, or
11 plan providing for third-party payment or prepayment of health
12 or medical expenses which is subject to subsection 1 2 shall
13 not do any of the following:

14 a. Deny to an individual eligibility, or continued
15 eligibility, to enroll in or to renew coverage under the terms
16 of the policy, or contract, or plan because of the individual's
17 use or potential use of such a prescription contraceptive
18 drugs drug or devices device, or use or potential use of an
19 outpatient contraceptive services service.

20 b. Provide a monetary payment or rebate to a covered
21 individual to encourage such individual to accept less than the
22 minimum benefits provided for under subsection 1 2.

23 c. Penalize or otherwise reduce or limit the reimbursement
24 of a health care professional because such professional
25 prescribes a contraceptive drugs drug or devices device, or
26 provides a contraceptive services service.

27 d. Provide incentives an incentive, monetary or otherwise,
28 to a health care professional to induce such professional to
29 withhold from a covered individual a contraceptive drugs drug
30 or devices device, or a contraceptive services service from a
31 covered individual.

32 ~~3.~~ 4. This section shall not be construed to prevent a
33 third-party payor from including deductibles, coinsurance, or
34 copayments under the policy, or contract, or plan as follows:

35 a. A deductible, coinsurance, or copayment for benefits a

1 benefit for a prescription contraceptive ~~drugs~~ drug shall not
2 be greater than such deductible, coinsurance, or copayment for
3 any outpatient prescription drug for which coverage under the
4 policy, ~~or contract,~~ or plan is provided.

5 **b.** A deductible, coinsurance, or copayment for ~~benefits~~ a
6 benefit for a prescription contraceptive ~~devices~~ device shall
7 not be greater than such deductible, coinsurance, or copayment
8 for any outpatient prescription device for which coverage under
9 the policy, ~~or contract,~~ or plan is provided.

10 **c.** A deductible, coinsurance, or copayment for ~~benefits~~ a
11 benefit for an outpatient contraceptive ~~services~~ service shall
12 not be greater than such deductible, coinsurance, or copayment
13 for any outpatient health care ~~services~~ service for which
14 coverage under the policy, ~~or contract,~~ or plan is provided.

15 ~~4.~~ 5. This section shall not be construed to require
16 a third-party payor under a policy, ~~or contract,~~ or plan
17 to provide ~~benefits~~ a benefit for an experimental or
18 investigational contraceptive ~~drugs~~ drug or ~~devices~~ device, or
19 experimental or investigational contraceptive ~~services~~ service,
20 except to the extent that such policy, ~~or contract,~~ or plan
21 provides coverage for any other experimental or investigational
22 outpatient prescription ~~drugs~~ drug or ~~devices~~ device, or
23 experimental or investigational outpatient health care ~~services~~
24 service.

25 ~~5.~~ 6. This section shall not be construed to limit or
26 otherwise discourage ~~the~~ any of the following:

27 a. The use of a generic equivalent ~~drugs~~ drug approved
28 by the United States food and drug administration, ~~whenever~~
29 if available and appropriate. ~~This section, when a brand~~
30 ~~name drug is requested by a covered individual and a suitable~~
31 ~~generic equivalent is available and appropriate, shall not be~~
32 ~~construed to prohibit a~~

33 b. A third-party payor from requiring ~~the~~ a covered
34 individual to pay a deductible, coinsurance, or copayment
35 consistent with subsection ~~3~~ 4, in addition to the difference

1 of the cost of the brand name drug less the maximum covered
2 amount for a generic equivalent.

3 7. This section shall not be construed to require a
4 third-party payor to provide payment to a health care
5 professional for dispensing a prescription contraceptive to
6 replace a prescription contraceptive that has been dispensed
7 to a covered person and that has been misplaced, stolen, or
8 destroyed. This section shall not be construed to require a
9 third-party payor to replace covered prescriptions that are
10 misplaced, stolen, or destroyed.

11 ~~6.~~ 8. A person who provides an individual policy, ~~or~~
12 contract, or plan providing for third-party payment or
13 prepayment of health or medical expenses shall make available
14 a coverage provision that satisfies the requirements in
15 subsections ~~1~~ 2 through ~~5~~ 7 in the same manner as such
16 requirements are applicable to a group policy, ~~or~~ contract, or
17 plan under those subsections. The policy, ~~or~~ contract, or plan
18 shall provide that the individual policyholder may reject the
19 coverage provision at the option of the policyholder.

20 ~~7.~~ 9. a. This section applies shall apply to the following
21 classes of third-party payment provider policies, contracts, ~~or~~
22 ~~policies and plans~~ delivered, issued for delivery, continued,
23 or renewed in this state on or after July 1, ~~2000~~ 2018:

24 (1) Individual or group accident and sickness insurance
25 providing coverage on an expense-incurred basis.

26 (2) An individual or group hospital or medical service
27 contract issued pursuant to chapter 509, 514, or 514A.

28 (3) An individual or group health maintenance organization
29 contract regulated under chapter 514B.

30 (4) Any other entity engaged in the business of insurance,
31 risk transfer, or risk retention, which is subject to the
32 jurisdiction of the commissioner.

33 (5) A plan established pursuant to chapter 509A for public
34 employees.

35 b. This section shall not apply to accident-only,

1 specified disease, short-term hospital or medical, hospital
2 confinement indemnity, credit, dental, vision, Medicare
3 supplement, long-term care, basic hospital and medical-surgical
4 expense coverage as defined by the commissioner, disability
5 income insurance coverage, coverage issued as a supplement
6 to liability insurance, workers' compensation or similar
7 insurance, or automobile medical payment insurance.>
8 2. Page 3, line 22, after <fetus> by inserting <and
9 contraception>

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