

House File 175 - Introduced

HOUSE FILE 175

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A BILL FOR

1 An Act relating to insurance coverage for dispensing
2 prescription contraceptives in certain quantities.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 514C.19, Code 2019, is amended to read
2 as follows:

3 **514C.19 Prescription contraceptive coverage.**

4 1. For purposes of this section:

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

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

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

11 ~~1.~~ 2. Notwithstanding the uniformity of treatment
12 requirements of section 514C.6, a group policy, or contract, or
13 plan providing for third-party payment or prepayment of health
14 or medical expenses shall not do either of the following:

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

26 (1) A three-month supply of a prescription contraceptive
27 the first time the prescription contraceptive is dispensed to
28 the covered person.

29 (2) A twelve-month supply of a prescription contraceptive
30 for any subsequent dispensing of the same prescription
31 contraceptive to the covered person.

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

34 b. Exclude or restrict benefits for an outpatient
35 contraceptive services which are service that is provided

1 for the purpose of preventing conception if such policy,
2 ~~or contract, or plan~~ provides ~~benefits~~ a benefit for any
3 other outpatient ~~services~~ service provided by a health care
4 professional.

5 ~~2.~~ 3. A person who provides a group policy, ~~or contract, or~~
6 plan providing for third-party payment or prepayment of health
7 or medical expenses which is subject to subsection 2 shall
8 not do any of the following:

9 *a.* Deny to an individual eligibility, or continued
10 eligibility, to enroll in or to renew coverage under the terms
11 of the policy, ~~or contract, or plan~~ because of the individual's
12 use or potential use of ~~such~~ a prescription contraceptive
13 ~~drugs drug~~ or ~~devices device~~, or use or potential use of an
14 outpatient contraceptive ~~services~~ service.

15 *b.* Provide a monetary payment or rebate to a covered
16 individual to encourage such individual to accept less than the
17 minimum benefits provided for under subsection 2.

18 *c.* Penalize or otherwise reduce or limit the reimbursement
19 of a health care professional because such professional
20 prescribes a contraceptive ~~drugs drug~~ or ~~devices device~~, or
21 provides a contraceptive ~~services~~ service.

22 *d.* Provide ~~incentives~~ an incentive, monetary or otherwise,
23 to a health care professional to induce such professional to
24 withhold ~~from a covered individual~~ a contraceptive ~~drugs drug~~
25 or ~~devices device~~, or a contraceptive ~~services~~ service from a
26 covered individual.

27 ~~3.~~ 4. This section shall not be construed to prevent a
28 third-party payor from including deductibles, coinsurance, or
29 copayments under the policy, ~~or contract, or plan~~ as follows:

30 *a.* A deductible, coinsurance, or copayment for ~~benefits~~ a
31 benefit for a prescription contraceptive ~~drugs drug~~ shall not
32 be greater than such deductible, coinsurance, or copayment for
33 any outpatient prescription drug for which coverage under the
34 policy, ~~or contract, or plan~~ is provided.

35 *b.* A deductible, coinsurance, or copayment for ~~benefits~~ a

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

5 *c.* A deductible, coinsurance, or copayment for ~~benefits~~ a
6 benefit for an outpatient contraceptive ~~services~~ service shall
7 not be greater than such deductible, coinsurance, or copayment
8 for any outpatient health care ~~services~~ service for which
9 coverage under the policy, ~~or contract,~~ or plan is provided.

10 ~~4.~~ 5. *This section* shall not be construed to require
11 a third-party payor under a policy, ~~or contract,~~ or plan
12 to provide ~~benefits~~ a benefit for an experimental or
13 investigational contraceptive ~~drugs~~ drug or ~~devices~~ device, or
14 experimental or investigational contraceptive ~~services~~ service,
15 except to the extent that such policy, ~~or contract,~~ or plan
16 provides coverage for any other experimental or investigational
17 outpatient prescription ~~drugs~~ drug or ~~devices~~ device, or
18 experimental or investigational outpatient health care ~~services~~
19 service.

20 ~~5.~~ 6. *This section* shall not be construed to limit or
21 otherwise discourage ~~the~~ any of the following:

22 *a.* The use of a generic equivalent ~~drugs~~ drug approved
23 by the United States food and drug administration, ~~whenever~~
24 if available and appropriate. ~~This section,~~ when a brand
25 name drug is requested by a covered individual and a suitable
26 generic equivalent is available and appropriate, shall not be
27 construed to prohibit a

28 *b.* A third-party payor from requiring ~~the~~ a covered
29 individual to pay a deductible, coinsurance, or copayment
30 consistent with subsection 3 4, in addition to the difference
31 of the cost of the brand name drug less the maximum covered
32 amount for a generic equivalent.

33 7. *This section* shall not be construed to require a
34 third-party payor to provide payment to a health care
35 professional for dispensing a prescription contraceptive to

1 replace a prescription contraceptive that has been dispensed
2 to a covered person and that has been misplaced, stolen, or
3 destroyed. This section shall not be construed to require a
4 third-party payor to replace covered prescriptions that are
5 misplaced, stolen, or destroyed.

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

15 ~~7.~~ 9. a. This section applies shall apply to the following
16 classes of third-party payment provider policies, contracts ~~or~~
17 policies, and plans delivered, issued for delivery, continued,
18 or renewed in this state on or after July 1, ~~2000~~ 2019:

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

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

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

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

28 (5) A plan established pursuant to chapter 509A for public
29 employees.

30 b. This section shall not apply to accident-only,
31 specified disease, short-term hospital or medical, hospital
32 confinement indemnity, credit, dental, vision, Medicare
33 supplement, long-term care, basic hospital and medical-surgical
34 expense coverage as defined by the commissioner, disability
35 income insurance coverage, coverage issued as a supplement

1 to liability insurance, workers' compensation or similar
2 insurance, or automobile medical payment insurance.

3 EXPLANATION

4 The inclusion of this explanation does not constitute agreement with
5 the explanation's substance by the members of the general assembly.

6 This bill relates to insurance coverage for a prescription
7 contraceptive dispensed by a health care professional to a
8 covered person in a three-month or 12-month quantity. The bill
9 defines "health care professional" as a physician or other
10 health care practitioner licensed, accredited, registered, or
11 certified to perform specified health care services consistent
12 with state law.

13 The bill amends prescription contraceptive coverage
14 provisions to specifically require that a policy, contract,
15 or plan providing for third-party payment or prepayment of
16 health or medical expenses provide for payment to a health
17 care professional that dispenses a three-month supply of a
18 prescription contraceptive the first time it is dispensed to a
19 covered person, and payment when a 12-month supply of the same
20 prescription contraceptive is subsequently dispensed to the
21 same covered person. The bill also provides for payment to a
22 health care professional for dispensing a three-month supply of
23 a prescription vaginal contraceptive ring.

24 The bill shall not be construed to require a third-party
25 payor to provide payment to a health care professional
26 for dispensing a prescription contraceptive to replace a
27 prescription contraceptive that has been dispensed and has been
28 misplaced, lost, or stolen.

29 The bill applies to third-party payment provider contracts,
30 policies, and plans delivered, issued for delivery, continued,
31 or renewed in this state on or after July 1, 2019, by the
32 third-party payment providers enumerated in the bill.

33 The bill specifies the types of specialized health-related
34 insurance which are not subject to the coverage requirements
35 of the bill.