



Ninety-Eighth Legislature - First Session - 2003
Committee Statement
LB 299

Hearing Date: March 3, 2003

Committee On: Banking, Commerce and Insurance

Introducer(s): (Price, Byars, Hudkins, Schimek, Stuhr, Thompson)

Title: Adopt the Equity in Prescription Insurance and Contraceptive Coverage Act

Roll Call Vote – Final Committee Action:

Advanced to General File

Advanced to General File with Amendments

X Indefinitely Postponed

Vote Results:

6	Yes	Senators Quandahl, Tyson, Foley, Jensen, Mines, Redfield
	No	
2	Present, not voting	Senators Johnson, Loudon
	Absent	

Proponents:

Senator Marian Price
Mildred Gardner
Diana Doyle, M.D.

Lynn Darling
Nancy Intermill
Carlene Bourn
Roberta Kierstead
Doris Carpenter

Bridget Christensen
Abby Swatsworth
David Buntain
Laura Urbanec

Opponents:

Thomas Jenkins
Galen Ullstrom
Ron Sedlacek

Representing:

Introducer
American Association of University Women
NE Health & Human Services Office of
Women's Health
Self
Lincoln-Lancaster Women's Commission
NE Commission on the Status of Women
Pro-Choice Coalition of Nebraska
NE Federation of Business & Professional
Women
Unitarian Church Social Action Committee
Self
NE Medical Association
Family Planning Council of NE
Women's Health Services

Representing:

Blue Cross/Blue Shield of NE
Mutual of Omaha Insurance Co.
NE Chamber of Commerce
National Federation of Independent Business
NE Bankers Association

Tony Sorrentino

NE Chamber of Commerce
National Federation of Independent Business
NE Bankers Association
NE Catholic Conference
NE Insurance Federation
Association of Insurance and Financial Advisors-
NE

Jim Cunningham

Janis McKenzie

David McBride

Neutral:

Vicki Hahn

Representing:

Self

Summary of purpose and/or changes:

LB 299 (Price, Byars, Combs, Hudkins, Schimek, Stuhr) would provide requirements for health insurance plans regarding coverage for prescription contraceptive drugs or devices and outpatient contraceptive services.

The bill would provide, section by section, as follows:

Section 1 would provide for a named act: the Equity in Prescription Insurance and Contraceptive Coverage Act.

Section 2 would define terms: “covered person,” “health insurance plan,” “health insurer,” “outpatient contraceptive services,” and “religious employer.”

Section 3 would provide that a health insurance plan:

(1) shall not exclude or restrict benefits for prescription contraceptive drugs or devices if the plan provides benefits for other outpatient prescription drugs or devices;

(2) shall not exclude or restrict benefits for outpatient contraceptive services if the plan provides benefits for other outpatient services provided by a health care professional;

(3) shall not impose a deductible, coinsurance, or waiting period for prescription contraceptive drugs or devices unless the deductible, coinsurance, or waiting period is no greater than the deductibles, coinsurance, or waiting periods for other covered prescription drugs or devices;

(4) shall not impose a deductible, coinsurance, or waiting period for outpatient contraceptives services unless the deductible, coinsurance, or waiting period is no greater than the deductible, coinsurance, or waiting period for other covered outpatient services;

(5) shall not deny eligibility or continued eligibility because of an individual’s use or potential use of items or services covered by the act;

(6) shall not provide monetary payments or rebates to encourage a covered person to accept less than the minimum protections available under the act;

(7) shall not reduce or limit the reimbursement of a health care professional because such person prescribed contraceptive drugs or devices or provided contraceptive services; or

(8) shall not provide incentives to a health care professional to induce such person to withhold contraceptive drugs, devices, or contraceptive services from a covered person.

Section 4 would provide that any procedure required to be covered under the act that a religious institution, religious organization, or religious employer determines will violate its religious and moral teachings and beliefs is not required to be contained in a plan issued to such institution, organization, or employer.

Section 5 would require the Director of Insurance to investigate complaints and sanction health insurers not in compliance with the act.

Section 6 would provide that the act is prospective only in its application.

Section 7 would provide codification assignment requirements for the Revisor of Statutes.

Section 8 would provide severability.

Explanation of amendments, if any:

Senator Mark Quandahl, Chairperson