

HOUSE COMMITTEE OF REFERENCE REPORT

Chairman of Committee

April 15, 2016
Date

Committee on Public Health Care & Human Services.

After consideration on the merits, the Committee recommends the following:

HB16-1322 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

1 Amend printed bill, page 2, line 2, after "10-16-104," insert "**amend** (3)
2 (a) (I) and (18) (a) (I) introductory portion; and"

3 Page 2, strike line 5 and substitute "**rules. (3) Maternity coverage.**
4 (a) (I) All group sickness and accident insurance policies providing
5 coverage within the state and issued to an employer by an entity subject
6 to part 2 of this article, all group health service contracts issued by an
7 entity subject to part 3 or 4 of this article and issued to an employer, all
8 individual sickness and accident insurance policies issued by an entity
9 subject to part 2 of this article, and all individual health care or indemnity
10 contracts issued by an entity subject to part 3 or 4 of this article, except
11 supplemental policies covering a specified disease or other limited
12 benefit, shall insure against the expense of normal pregnancy and
13 childbirth or provide coverage for maternity care and provide coverage
14 for contraception in the same manner as any other sickness, injury,
15 disease, or condition is otherwise covered under the policy or contract;
16 EXCEPT THAT COVERAGE FOR CONTRACEPTION SHALL BE CONSISTENT
17 WITH THE REQUIREMENTS IN PARAGRAPH (b.5) OF SUBSECTION (18) OF
18 THIS SECTION. Individual sickness and accident insurance policies or
19 contracts may exclude coverage for pregnancy and delivery expenses on
20 the grounds that pregnancy was a preexisting condition. The exclusion for
21 the pregnancy as a preexisting condition under the policy or contract shall
22 not apply for any subsequent pregnancies. Group sickness and accident

1 insurance policies or contracts shall not exclude coverage for pregnancy
2 and delivery expenses on the grounds that pregnancy was a preexisting
3 condition.

4 (18) **Preventive health care services.** (a) (I) The following
5 policies and contracts that are delivered, issued, renewed, or reinstated on
6 or after January 1, 2010, must provide coverage for the total cost of the
7 preventive health care services specified in ~~paragraph (b)~~ of this
8 subsection (18):

9 (b.5) (I) FOR PURPOSES OF".

10 Page 2, line 8, strike "THE" and substitute "A PARTICIPATING".

11 Page 2, line 9, after "ENTITY" insert "THAT IS IN THE HEALTH BENEFIT
12 PLAN'S NETWORK".

13 Page 2, after line 20 insert:

14 "(II) FOR PURPOSES OF COVERAGE FOR CONTRACEPTION AS A
15 PREVENTIVE HEALTH CARE SERVICE FOR WOMEN AS REQUIRED BY THE
16 FEDERAL ACT, A HEALTH BENEFIT PLAN SUBJECT TO COVERAGE
17 REQUIREMENTS MUST REIMBURSE THE PARTICIPATING PROVIDER OR
18 DISPENSING ENTITY THAT IS IN THE HEALTH BENEFIT PLAN'S NETWORK FOR
19 DISPENSING TO A COVERED PERSON A PRESCRIBED VAGINAL
20 CONTRACEPTIVE RING INTENDED TO LAST FOR A THREE-MONTH PERIOD."

21 Renumber succeeding subparagraph accordingly.

22 Page 3, line 3, strike "DRUG OR DEVICE" and substitute "ORAL DRUG OR
23 CONTRACEPTIVE PATCH".

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