AN ACT concerning insurance; relating to health insurance plans; requiring coverage for contraceptives; amending K.S.A. 2018 Supp. 40-2,103 and 40-19c09 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) (1) Except as provided in subsection (b), any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization that provides coverage for accident and health services and that is delivered, issued for delivery, amended or renewed on or after January 1, 2020, shall provide coverage for all of the following services and contraceptive methods:

(A) All United States food and drug administration-approved contraceptive drugs, devices and other products as of July 1, 2019, or substantially equivalent drugs, devices and other products as established by rules and regulations adopted by the insurance department, including those prescribed by the insured's provider or as otherwise authorized under state or federal law, subject to the following conditions:

(i) If there is a therapeutic equivalent of a United States food and drug administration-approved contraceptive drug, device or product, the health insurance plan shall include either the original United States food and drug administration-approved contraceptive drug, device or product or at least one of its therapeutic equivalents; and

(ii) if the covered contraceptive drug, device or product is deemed medically inadvisable by the insured's provider, the health insurance plan shall defer to the determination and judgment of the provider and provide coverage for an alternative prescribed contraceptive drug, device or product;

(B) voluntary sterilization procedures;

(C) patient education and counseling on contraception; and

(D) follow-up services related to the drugs, devices, products and procedures covered under this section, including, but not limited to, management of side effects, counseling for continued adherence and device insertion and removal.
(2) A health insurance plan subject to this section shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided pursuant to this subsection. This paragraph shall not apply to grandfathered health plans.

(3) Except as otherwise authorized under this section, a health insurance plan shall not impose any restrictions or delays on the coverage required under this section.

(4) Benefits for an insured under this section shall be the same for an insured's covered spouse or domestic partner and covered nonspouse dependents.

(b) (1) A religious employer may request a health insurance plan contract without coverage for United States food or drug administration-approved contraceptive methods used for contraceptive purposes that are contrary to the religious employer's religious tenets. If so requested, a health insurance plan contract shall be provided without coverage for contraceptive methods. Every religious employer that invokes the exemption provided under this subsection shall provide written notice to prospective enrollees prior to enrollment with the health insurance plan, listing the contraceptive healthcare services the employer refuses to cover for religious reasons.

(2) The provisions of this section shall not apply to any policy or certificate that provides coverage for any specified disease, specified accident or accident-only coverage, credit, dental, disability income, hospital indemnity, long-term care insurance as defined by K.S.A. 40-2227, and amendments thereto, vision care or any other limited supplemental benefit nor to any medicare supplement policy of insurance as defined by the commissioner of insurance by rule and regulation, any coverage issued as a supplement to liability insurance, workers compensation or similar insurance, automobile medical-payment insurance or any insurance under which benefits are payable with or without regard to fault, whether written on a group, blanket or individual basis.

(c) Nothing in this section shall be construed to exclude coverage for contraceptive supplies as prescribed by a provider, acting within the provider's scope of practice, for reasons other than contraceptive purposes or for contraception that is necessary to preserve the life or health of an insured.

(d) Nothing in this section shall be construed to require a health insurance plan contract to cover experimental or investigational treatments.

(e) As used in this section:

(1) "Grandfathered health plan" means the same as set forth in section 1251 of the federal patient protection and affordable care act (public law 111-148), as amended by the federal healthcare and education
reconciliation act of 2010 (public law 111-152), and any rules, regulations
or guidance issued thereunder, as in effect on July 1, 2019.
(2) "Provider" means an individual who is certified or licensed
pursuant to law with authority to prescribe drugs.
(3) "Religious employer" means an organization that is organized and
operates as a nonprofit entity and is referred to in section 6033(a)(3)(A)(i)
or (iii) of the internal revenue code of 1986, as amended.
(4) "Therapeutic equivalent" has the meaning set forth by the United
States food and drug administration, as in effect on July 1, 2019.
(f) The provisions of K.S.A. 40-2249a, and amendments thereto, shall
not apply to the provisions of this section.
Sec. 2. K.S.A. 2018 Supp. 40-2,103 is hereby amended to read as
follows: 40-2,103. The requirements of K.S.A. 40-2,100, 40-2,101, 40-
2,102, 40-2,104, 40-2,105, 40-2,114, 40-2,160, 40-2,165 through 40-2,170;
and 40-2250, and amendments thereto, and K.S.A. 2018 Supp. 40-2,105a,
40-2,105b, 40-2,184, 40-2,190, 40-2,194 and, 40-2,210 through 40-2,216
and section 1, and amendments thereto, shall apply to all insurance
policies, subscriber contracts or certificates of insurance delivered,
renewed or issued for delivery within or outside of this state or used within
this state by or for an individual who resides or is employed in this state.
Sec. 3. K.S.A. 2018 Supp. 40-19c09 is hereby amended to read as
follows: 40-19c09. (a) Corporations organized under the nonprofit medical
and hospital service corporation act shall be subject to the provisions of
the Kansas general corporation code, articles 60 through 74 of chapter 17
of the Kansas Statutes Annotated, and amendments thereto, applicable to
nonprofit corporations, to the provisions of K.S.A. 40-214, 40-215, 40-
216, 40-218, 40-219, 40-222, 40-223, 40-224, 40-225, 40-229, 40-230, 40-
231, 40-235, 40-236, 40-237, 40-247, 40-248, 40-249, 40-250, 40-251, 40-
252, 40-2,100, 40-2,101, 40-2,102, 40-2,103, 40-2,104, 40-2,105, 40-
2,116, 40-2,117, 40-2,125, 40-2,153, 40-2,154, 40-2,160, 40-2,161, 40-
2,163 through 40-2,170, 40-2a01 et seq., 40-2111 through 40-2116, 40-
2215 through 40-2220, 40-2221a, 40-2221b, 40-2229, 40-2230, 40-2250,
40-2251, 40-2253, 40-2254, 40-2401 through 40-2421, and 40-3301
through 40-3313, and amendments thereto, and K.S.A. 2018 Supp. 40-
2,105a, 40-2,105b, 40-2,184, 40-2,190, 40-2,194 and, 40-2,210 through
40-2,216 and section 1, and amendments thereto, except as the context
otherwise requires, and shall not be subject to any other provisions of the
insurance code except as expressly provided in this act.
(b) No policy, agreement, contract or certificate issued by a
corporation to which this section applies shall contain a provision which
that excludes, limits or otherwise restricts coverage because medicaid
benefits as permitted by title XIX of the social security act of 1965 are or
may be available for the same accident or illness.
(c) Violation of subsection (b) shall be subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.

Sec. 4. K.S.A. 2018 Supp. 40-2,103 and 40-19c09 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.