

YEAR-END REPORT - 2022

Published 19-Dec-2022
HPTS Issue Brief 12-19-22.21

Health Policy Tracking Service - Issue Briefs
Health Insurance Oversight
Mandated Benefits

This Issue Brief was authored by Jeffrey Karberg, J.D., a contributing writer and member of the Maryland bar.

12/19/2022

Mandated Benefits**2022 Federal Action****Federal**

2021 CONG US HR 8588 was introduced in the House of Representatives on July 28, 2022. The proposed bill seeks to address the high costs of health care services, prescription drugs, and health insurance coverage in the United States.

2021 CONG US S 5008 was introduced in the Senate on September 29, 2022. The proposed bill seeks to promote affordable access to evidence-based opioid treatments under the Medicare program and require coverage of medication assisted treatment for opioid use disorders, opioid overdose reversal medications, and recovery support services by health plans without cost-sharing requirements.

2022 State Action**In Arizona**

2022 AZ H.B. 2211 (NS) was introduced January 20, 2022. The proposed bill, if passed, will require insurers offering Medicare supplement insurance policies to persons who are at least sixty-five years of age must also offer Medicare supplement insurance policies to persons who are eligible for and enrolled in Medicare due to a disability or end-stage renal disease. All benefits and coverages that apply to a Medicare enrollee who is at least sixty-five years of age must also apply to a Medicare enrollee who is enrolled due to a disability or end-stage renal disease.

In California

2021 CA S.B. 473 (NS), a previously introduced bill, was amended January 13, 2022. Existing law requires a health care policies to include coverage for equipment, supplies, and, if the contract or policy covers prescription benefits, prescriptive medications for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes, as medically necessary. If passed, this bill would prohibit a health care service plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2023, from imposing cost sharing on a covered insulin prescription, except for a copayment not to exceed \$35 per month per each dosage form of insulin products. The bill would also prohibit a health care service plan contract that is issued, amended, delivered, or renewed on or after January 1, 2023, from imposing a deductible requirement on benefits related to managing and treating diabetes, as specified.

2021 CA A.B. 2516 (NS) was introduced February 17, 2022. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to low-income individuals pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law also establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department, under which comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level, and who is eligible to receive these services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The bill would also expand comprehensive clinical family planning services under the Family PACT Program to include the HPV vaccine for persons for whom it is FDA approved.



2021 CA A.B. 2659 (NS) was introduced February 18, 2022. Existing law authorizes the holder of a midwifery license or nurse-midwifery certificate to provide prenatal, intrapartum, and postpartum care, as specified. Under existing law, midwifery services and nurse-midwifery services are covered under the Medi-Cal program, subject to utilization controls and other conditions. If passed, this bill would require a Medi-Cal managed care plan to have within its provider network at least one licensed midwife (LM) or certified-nurse midwife (CNM) within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries. The bill would exempt a Medi-Cal managed care plan from that requirement for purposes of a given county if no LM or CNM is available in that county or if no LM or CNM in that county accepts Medi-Cal payments.

2021 CA S.B. 999 (NS), a previously introduced bill, was amended April 25, 2022. The proposed bill is known as the California Mental Health and Substance Use Disorder Treatment Patient Safety and Fairness Act. Existing law requires a health care service plan or disability insurer, as specified, to base medical necessity determinations and the utilization review criteria the plan or insurer, and any entity acting on the plan's or insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders, on current generally accepted standards of mental health and substance use disorder care. If passed, this bill would require the Director of Managed Health Care and the Insurance Commissioner to adopt rules mandating specific requirements for utilization review, including requiring the health care service plan or the disability insurer, as applicable, or an entity acting on the plan's or insurer's behalf, to maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding specific issues related to treatment.

2021 CA S.B. 912 (NS), a previously introduced bill, was amended April 26, 2022. If passed, this bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes.

2021 CA A.B. 1823 (NS), a previously introduced bill, was amended April 26, 2022. This bill, for policy years beginning on or after January 1, 2023, would require student health insurance coverage, as defined, to be considered individual health insurance coverage. The bill would define student health insurance coverage as a blanket disability policy provided to students enrolled in an institution of higher education and to their dependents, that covers hospital, medical, or surgical benefits. The bill, except as specified, would require a blanket disability insurance policy that meets the definition of student health insurance coverage to comply with insurance provisions that are applicable to nongrandfathered individual health insurance, including, among others, essential health benefits requirements and annual limits on out-of-pocket expenses.

2021 CA S.B. 923 (NS), a previously introduced bill, was amended May 2, 2022. Existing law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, long-term care services for older individuals under the Medi-Cal State Plan. Under existing law, certain entities that exclusively serve PACE participants are exempt from licensure by the State Department of Public Health and are subject to oversight and regulation as PACE organizations by the State Department of Health Care Services. This bill would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as TGI. The bill would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments. The bill would require an individual to complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary.

2021 CA A.B. 2585 (NS), a previously introduced bill, was amended June 27, 2022. Existing law sets forth the Pain Patient's Bill of Rights, which grants a patient who suffers from severe chronic intractable pain the option to request or reject the use of any or all modalities to relieve their pain. This bill would make related findings and declarations, including that the health care system should encourage the use of evidence-based nonpharmacological therapies for pain management. The bill states that medical devices are an important option for the treatment and management of pain and prevention of opioid use disorders. With a shift in how pain is treated, there is a greater need for ensuring appropriate coverage and payment policies for effective emerging technologies.

2021 CA A.B. 2242 (NS), a previously amended bill, was amended June 27, 2022. Existing law, the Lanterman-Petris-Short Act (the Act), authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. This bill, on or before July 1, 2023, would require the State Department of Health Care Services to convene a stakeholder group of entities, including the County Behavioral Health Directors Association of California and the California Hospital Association, among others, to create a model care coordination plan to be followed when discharging those held under temporary holds or a conservatorship. This bill would require the commission to develop, implement, and oversee a public and comprehensive framework for tracking and reporting spending on mental health programs and services from all major fund sources and of program- and service-level and statewide outcome data, as specified. The bill would require counties to report to the commission its expenses in specific categories, including, but not limited to, inpatient care or intensive outpatient services, as well as their unspent funding from all major funding sources. By imposing new reporting requirements on counties, this bill would impose a state-mandated local program.



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

2021 CA A.B. 2352 (NS), a previously introduced bill, was amended June 20, 2022. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment to apply to the applicable deductible. This bill would require a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. The bill would require the plan or insurer to respond in real time to that request and ensure the information is current no later than one business day after a change is made. The bill would prohibit a health care service plan or health insurer from, among other things, restricting a prescribing provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost drug.

2021 CA S.B. 184 (NS) was enrolled June 29, 2022. Existing law provides that routine health care costs related to the treatment of a beneficiary who is diagnosed with cancer and accepted in a clinical trial are covered under the Medi-Cal program, if certain requirements are met. Under existing federal law, medical assistance covered by the Medicaid program includes, among other services, routine patient costs for items and services furnished in connection with participation in a qualifying clinical trial, which is defined as a clinical trial, in any clinical phase of development, that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease, as specified. This bill, effective July 1, 2022, would expand the coverage requirements for qualifying clinical trials for purposes of the Medi-Cal program, to conform with the Medicaid definition of a qualifying clinical trial.

2021 CA A.B. 2585 (NS) was adopted August 22, 2022. The bill relates to nonpharmacological pain management treatment. Existing law sets forth the Pain Patient's Bill of Rights, which grants a patient who suffers from severe chronic intractable pain the option to request or reject the use of any or all modalities to relieve their pain. This bill would make related findings and declarations, including that the health care system should encourage the use of evidence-based nonpharmacological therapies for pain management.

2021 CA A.B. 2516 (NS), a previously introduced bill, was amended August 22, 2022. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to low-income individuals pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law also establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department, under which comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level, and who is eligible to receive these services. This bill would expand the coverage requirement for an annual cervical cancer screening test to disability insurance policies that provide coverage for hospital, medical, or surgical benefits and would require a health care service plan contract or disability insurance policy that provides coverage for hospital, medical, or surgical benefits issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved.

2021 CA A.B. 2134 (NS), a previously introduced bill, was amended August 24, 2022. Existing law, the Reproductive Privacy Act, prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The act defines 'abortion' as a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. This bill would establish the California Reproductive Health Equity Program within the Department of Health Care Access and Information to ensure abortion and contraception services are affordable for and accessible to all patients and to provide financial support for safety net providers of these services. The bill would authorize a Medi-Cal enrolled provider to apply to the department for a grant, and a continuation award after the initial grant, to provide abortion and contraception at no cost or a reduced cost to an individual with a household income at or below 400% of the federal poverty level who is uninsured or has health care coverage that does not include both abortion and contraception, and who is not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family PACT programs.

CA LEGIS 630 (2022) was filed with the Secretary of State on September 27, 2022. This bill, the Contraceptive Equity Act of 2022, makes various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2024, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions. The bill also requires health care service plans and insurance policies offered by public or private institutions of higher learning that directly provide health care services only to its students, faculty, staff, administration, and their respective dependents, issued, amended, renewed, or delivered, on or after January 1, 2024, to comply with these contraceptive coverage requirements. The bill also requires coverage for clinical services related to the provision or use of contraception. The bill would revise provisions applicable when a covered, therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by deferring to the provider.

2021 CA A.B. 2516 (NS) was enrolled September 1, 2022. This bill expands the coverage requirement for an annual cervical cancer screening test to disability insurance policies that provide coverage for hospital, medical, or surgical benefits and would require a health care service plan contract or disability insurance policy that provides coverage for hospital, medical, or surgical benefits issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

the vaccine is FDA approved. The bill also expands comprehensive clinical family planning services under the Family PACT Program to include the HPV vaccine for persons for whom it is FDA approved.

CA LEGIS 688 (2022) was filed with the Secretary of State on September 28, 2022. This bill, for policy years beginning on or after January 1, 2024, will require student health insurance coverage to be considered individual health insurance coverage. The bill will define student health insurance coverage as a blanket disability policy provided to students enrolled in an institution of higher education and to their dependents, that covers hospital, medical, or surgical benefits. The bill, except as specified, will also require a blanket disability insurance policy that meets the definition of student health insurance coverage to comply with insurance provisions that are applicable to nongrandfathered individual health insurance, including, among others, essential health benefits requirements and annual limits on out-of-pocket expenses. The bill exempts student health insurance coverage from certain requirements otherwise applicable to health insurers and health benefit plans, including the establishment of specified enrollment periods, guaranteed availability and renewability, specified coverage level requirements, and single risk pool rating requirements. The bill requires a notice be provided in the student health insurance enrollment materials informing a student, or dependent of a student, of the requirement that California residents and their dependents obtain health coverage and various options to meet this requirement.

CA LEGIS 545 (2022) was filed with the Secretary of State September 25, 2022. Existing law requires a health care service plan contract or a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, excluding a specialized health care service plan contract or health insurance policy, to cover the costs of testing and immunization for COVID-19, or a future disease when declared a public health emergency by the Governor, and prohibits the contract or policy from imposing cost sharing or prior authorization requirements for that coverage. Under existing law, the requirement to cover COVID-19 testing and immunizations delivered by an out-of-network provider without cost sharing does not apply to testing and immunizations furnished on or after the expiration of the federal public health emergency. A violation of these provisions by a health care service plan is a crime. This bill will provide that a health care service plan, including a Medi-Cal managed care plan, or disability insurer is not required to cover the cost sharing for COVID-19 testing and immunizations delivered by an out-of-network provider beginning 6 months after the federal public health emergency expires.

2021 CA S.B. 1019 (NS) was enrolled September 1, 2022. Existing law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. Under existing law, non-specialty mental health services covered by a Medi-Cal managed care plan include, among other things, individual and group mental health evaluation and treatment, psychological testing, and psychiatric consultation, as specified.

This bill requires a Medi-Cal managed care plan, no later than January 1, 2025, to conduct annual outreach and education for its enrollees, based on a plan that the Medi-Cal managed care plan develops and submits to the department, as specified, regarding the mental health benefits that are covered by the Medi-Cal managed care plan. The bill also requires a Medi-Cal managed care plan to also conduct annual outreach and education, based on a plan that it develops, to inform primary care providers regarding those mental health benefits.

2021 CA S.B. 987 (NS) was enrolled September 9, 2022. This bill will, for covered benefits under its contract, require a Medi-Cal managed care plan to, among other things, make a good faith effort to contract with at least one National Cancer Institute (NCI)-designated comprehensive cancer center, site affiliated with the NCI Community Oncology Research Program (NCORP), or qualifying academic cancer center, as specified within each county in which the Medi-Cal managed care plan operates, and authorize any eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to any of those centers to receive medically necessary services unless the enrollee chooses a different cancer treatment provider. The bill requires a Medi-Cal managed care plan to notify all enrollees of their right to request a referral to access to care through any of those centers.

In Colorado

2022 CO S.B. 40 (NS) was engrossed May 9, 2022. The bill requires the division of insurance (division) to retain a contractor on or before November 1, 2022, for the purpose of performing actuarial reviews of proposed legislation that may impose a new health benefit mandate on health benefit plans. The contractor, under the direction of the division, shall conduct an actuarial review of up to 5 legislative proposals for each regular legislative session, each at the request of a member of the general assembly. Each actuarial review performed by the contractor must consider the predicted effects of the legislative proposal during the 5 years immediately following the effective date of the proposed legislation, including specifically described considerations.

2022 CO H.B. 1260 (NS) was enrolled May 31, 2022. The bill relates to access to medically necessary services for students. The Colorado health insurance mandate to cover autism spectrum disorder (ASD) requires state-regulated health insurance plans to cover all specified medically necessary treatment for ASD, including treatment in school settings. The bill states that no later than July 1, 2023, each administrative unit must adopt a policy that addresses how a student who has a prescription from a qualified health-care provider for medically necessary treatment receives such treatment in the school setting as required by applicable federal and state laws.

In Connecticut



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

2022 CT H.B. 5386 (NS), a previously introduced bill, was amended April 21, 2022. The proposed bill relates to an act concerning health insurance coverage for epinephrine cartridge injectors, health carriers and pharmacy benefit managers. Insurers providing coverage for outpatient prescription drugs must provide coverage for at least one epinephrine cartridge dual-pack injector.

2022 CT H.B. 5001 (NS) was adopted May 23, 2022. The bill is an act related to children's mental health. The Commissioner of Public Health, in consultation with the Commissioner of Children and Families, must develop and implement a plan to waive licensure requirements for a person who:

- is a mental or behavioral health care provider licensed or certified to provide mental or behavioral health care services, or is entitled to provide mental or behavioral health care services under a different designation, in another state having requirements for practicing in such capacity that are substantially similar to or higher than the requirements in effect in this state for practitioners practicing in such capacity; and
- has no disciplinary action or unresolved complaint pending against such person, provided the provisions of any interstate licensure compact regarding a mental or behavioral health care provider adopted by the state shall supersede any plan for waiver of licensure requirements implemented under this section concerning such mental or behavioral health care provider.

In Delaware

2021 DE H.B. 234 (NS) was engrossed June 21, 2022. The bill relates to the extension of Medicaid coverage through the first year of postpartum.

2021 DE H.B. 303 (NS) was engrossed June 30, 2022. The bill requires all carriers to provide coverage of an annual behavioral health well check, which must be reimbursed through the following common procedural terminology (CPT) codes at the same rate that such CPT codes are reimbursed for the provision of other medical care, provided that reimbursement may be adjusted for payment of claims that are billed by a non-physician clinician so long as the methodology to determine such adjustments is comparable to and applied no more stringently than the methodology for adjustments made for reimbursement of claims billed by non-physician clinicians for other medical care.

2021 DE [S.B. 309](#) (NS) was adopted November 2, 2022. Certain specified law prohibits annual or lifetime numerical limits on chiropractic visits for the treatment of back pain. The treatment of chronic back pain through chiropractic supportive care can prevent patients from requiring opioid pain medications or more expensive treatments. This Act prohibits the denial of insurance coverage for chiropractic supportive care, which constitutes maintenance therapy. This requirement applies to policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2023. In addition, this Act clarifies, but does not expand, the insurance coverage subject to the certain specified requirements, states that the requirements under this subsection cannot be waived by contract, and requires that the regulations establish utilization review standards.

In Georgia

2021 GA H.B. 918 (NS) was filed January 13, 2022. The proposed bill seeks to establish the Georgia Rare Disease Advisory Council. The purpose of the advisory council must be to advise the General Assembly and other state agencies and departments, as appropriate, on the needs of individuals with rare diseases living in Georgia. The advisory council will conduct the following activities to benefit rare disease patients in Georgia:

convene public hearings, make inquiries, and solicit comments from the general public in Georgia to assist the advisory council with a first-year landscape or survey of the needs of rare disease patients, caregivers, and providers in the state;

- consult with health care experts to develop policy recommendations to improve patient access to quality rare disease specialists, affordable and comprehensive health care coverage, better access to clinical trials, expansion of telehealth services, relevant diagnostics, timely treatment and to make recommendations to state agencies and insurers that provide services to persons with a rare disease on the impact of prior authorization, cost-sharing, tiering, or other utilization management procedures on the provision of treatment and care for patients;
- evaluate and make recommendations to implement necessary improvements to Georgia newborn screening programs;
- publish on the advisory council's website a list of existing, publicly accessible resources on research, diagnosis, treatment, and educational materials for health care providers relating to the rare diseases in Georgia; and
- research and identify best practices to reduce health disparities and achieve health equity in the research, diagnosis, and treatment of rare diseases in Georgia.

2021 GA H.B. 1339 (NS) was filed February 11, 2022. The bill relates to state employees' health insurance and benefit plans, so as to mandate that the state health benefit plan cover medically necessary care and treatment of head and neck conditions.

In Hawaii

2021 HI H.B. 1674 (NS) was filed January 21, 2022. The proposed bill is an act seeking to remove discriminatory requirements for mandatory insurance coverage of in vitro fertilization procedures to create parity of coverage for same-sex couples, unmarried women, and male-female couples for whom male infertility is the relevant factor.



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

2021 HI S.B. 2635 (NS) was introduced January 21, 2022. If passed, the proposed bill will require insurers and mutual benefit societies to cover mandated services for mammography at least as favorably as coverage for other radiological examinations.

2021 HI S.B. 2439 (NS), a previously introduced bill, was amended February 11, 2022. If passed, the bill will require health insurance policies and contracts issued after 12/31/22 to provide coverage for purchases of medically necessary hearing aid models, including analog, digital, and digitally programmable, with standard features, per hearing impaired ear, every thirty-six months.

2021 HI H.B. 1774 (NS), a previously introduced bill, was amended February 10, 2022. If passed, the bill will require health insurers, mutual benefit societies, and health maintenance organizations to cover mandated services for mammography at least as favorably as coverage for other radiological examinations.

2021 HI S.C.R. 123 (NS), a previously introduced bill, was amended April 6, 2022. The proposed bill requests the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for early access breast cancer screening.

2021 HI S.C.R. 152 (NS), a previously introduced bill, was amended April 5, 2022. The proposed bill, if passed, will request the auditor to assess the social and financial effects of mandating health insurance coverage for oocyte cryopreservation.

2021 HI S.C.R. 61 (NS), a previously introduced bill, was amended April 19, 2022. The proposed bill requests the auditor to assess the social and financial effects of mandating health insurance coverage for hearing aids.

2021 HI S.C.R. 241 (NS) was adopted April 26, 2022. The bill requests the auditor to assess the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for certain persons who have been diagnosed with cancer and whose cancer or cancer treatment may adversely affect their fertility.

2021 HI H.C.R. 33 (NS) was adopted May 5, 2022. The bill requests the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for early access breast cancer screening.

In Illinois

2021 IL H.B. 4408 (NS) was enrolled March 31, 2022. This bill prohibits providing coverage for naloxone hydrochloride from imposing a copayment on the coverage provided. Amends the Medical Assistance Article of the Illinois Public Aid Code. The bill also prohibits the Department of Healthcare and Family Services from imposing a copayment on the coverage provided for naloxone hydrochloride under the medical assistance program.

2021 IL H.B. 5739 (NS) was filed April 3, 2022. The proposed bill, if passed, provides that prosthetic wigs for persons diagnosed with a medical condition that causes hair loss, including, but not limited to, alopecia areata, must be covered under the medical assistance program for persons who are otherwise eligible for medical assistance.

2021 IL H.B. 5823 (NS) was filed October 21, 2022. The bill provides that the amendatory Act may be referred to as the Reproductive Liberty and Justice Act. If passed, the bill will require the Department of Public Health to establish reproductive health centers throughout the State to provide comprehensive access to essential reproductive health care services. The bill will also:

- expand the definition of 'medical facility' to include a reproductive health center established at a nonprofit community health center. Makes other changes;
- make changes to the definition of 'birth center';
- amend the Licensed Certified Professional Midwife Practice Act;
- provide that a licensed certified professional midwife may provide out-of-hospital care to a childbearing individual who has had a previous cesarean section, if authorized by the Department of Financial and Professional Regulation; and
- remove language prohibiting a licensed certified professional midwife from performing an abortion or knowingly accepting responsibility for prenatal or intrapartum care of a client with alcohol abuse or drug addiction.

In Indiana

2022 IN S.B. 268 (NS) was introduced January 10, 2022. The proposed bill specifies services to be included as part of a covered colorectal cancer screening for policies of accident and sickness insurance and health maintenance organization contracts. The bill also removes the exception from coverage mandate for high deductible health plans.

2022 IN S.B. 268 (NS), a previously introduced bill, was amended January 13, 2022. The proposed bill relates to colorectal cancer screening coverage. The proposed bill specifies services to be included as part of a covered colorectal cancer screening for policies of accident and sickness insurance and health maintenance organization (HMO) contracts. The bill also states that a policy of accident and sickness insurance or HMO contract must cover:

- a colorectal cancer screening test assigned either an 'A' or 'B' grade by the United States Preventive Services Task Force; and
- a follow up colonoscopy if the result of a non-invasive colorectal cancer screening test with an 'A' or 'B' grade from the United States Preventive Services Task Force is positive.



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

The bill also states that a high deductible health plan may impose a deductible requirement for a follow-up colonoscopy if these colorectal cancer screening requirements would be inconsistent with Internal Revenue Code provisions concerning high deductible health plans.

In Indiana

2022 IN H.B. 1001 (NS), a previously introduced bill, was amended August 3, 2022. The proposed bill seeks to provide that the postpartum period determined by the office of the secretary of family and social services during which Medicaid coverage is available to a woman must not be less than 12 months beginning on the last day of the pregnancy.

In Iowa

2021 IA S.F. 2276 (NS) was introduced February 15, 2022. The proposed bill is an act relating to direct healthcare agreements. Direct healthcare agreements must include a notice in bold, twelve-point type that states substantially as follows: 'NOTICE. This direct health care agreement is not health insurance and is not a plan that provides health coverage for purposes of any federal mandates. This direct health care agreement only covers the health care services described in this agreement. It is recommended that you obtain health insurance to cover health care services not covered under this direct health care agreement. You are personally responsible for the payment of any additional health care expenses you may incur.'

IA LEGIS H.F. 2200 (2022) was approved May 12, 2022. The bill relates to direct health care agreements. The direct health care agreement must include a notice in bold, twelve-point type that states substantially as follows:

'NOTICE. This direct health care agreement is not health insurance and is not a plan that provides health coverage for purposes of any federal mandates. This direct health care agreement only covers the health care services described in this agreement. It is recommended that you obtain health insurance to cover health care services not covered under this direct health care agreement. You are personally responsible for the payment of any additional health care expenses you may incur.'

In Kansas

2021 KS H.B. 2110 (NS) was adopted April 7, 2022. The bill is an act mandating coverage for pediatric acute-onset neuropsychiatric syndrome (PANS) and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and requiring submission of an impact report to the legislature.

In Kentucky

2022 KY H.B. 300 (NS) was introduced January 13, 2022. The proposed bill relates to contraceptive coverage.

2022 KY S.B. 140 (NS), a previously introduced bill was amended February 15, 2022. The proposed bill relates to step therapy protocols. Except for specified exceptions, clinical review criteria developed by an insurer to establish a step therapy protocol must be based on clinical practice guidelines that:

- recommend that prescription drugs be taken in the specific sequence required by the step therapy protocol;
- are developed and endorsed by a multidisciplinary panel of experts that manages conflicts of interest among the members of the writing and review groups by requiring members to meet certain specified conditions;
- are based on high quality studies, research, and medical practice are created by an explicit and transparent process that minimizes biases and conflicts of interest and explains the relationship between treatment options and outcomes; and
- are continually updated through a review of new evidence, research, and newly developed treatments.

2022 KY H.B. 174 (NS), a previously introduced bill, was amended March 23, 2022. The proposed bill seeks to extend Medicaid eligibility for certain new mothers for up to 12 months postpartum. If passed, the bill will also require the Cabinet for Health and Family Services or the Department for Medicaid Services to seek a federal waiver or other approval if they determine that such waiver or approval is necessary.

In Louisiana

2022 LA H.B. 882 (NS) was introduced March 28, 2022. The proposed bill is called the Right to Shop Act. If passed, the bill will require a program with healthcare shopping capabilities and decision support services to require an interactive marketplace disclosing the costs of certain healthcare services and procedures.

2022 LA S.R. 60 (NS) was introduced April 14, 2022. The proposed bill is a resolution to urge and request the Department of Insurance to form a task force to study, jointly with the Louisiana Department of Health, the causes of infertility in women and the desirability and feasibility of mandating insurance coverage for fertility treatments for women.

2022 LA S.B. 146 (NS) was enrolled June 1, 2022. The bill seeks to provide Provides for health insurance coverage of cancer treatments. The bill states that health coverage plans must not deny coverage for the treatment of metastatic or unresectable tumors or other advanced cancers with a medically necessary drug prescribed by a physician on the sole basis that the drug is not indicated for the specific tumor type or location in the body of the patient's cancer if the drug is approved by the United States Food and Drug Administration for the treatment of the specific mutation in a different type of cancer. Insurers must not consider the treatment experimental or outside of their policy scope if the United States Food and Drug Administration has approved the drug for the treatment



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

of cancer with the specific genetic mutation, even if in a different tumor type. This coverage may be denied only if an alternative treatment has proven to be more effective in published randomized clinical trials and is not contraindicated in the patient.

2022 LA S.B. 154 (NS), a previously introduced bill, was adopted on June 16, 2022. This bill requires health insurance coverage of genetic testing for critically ill infants with no diagnosis; to provide for definitions; to provide relative to Medicaid coverage for genetic testing of critically ill infants; to provide for coverage for rapid whole genome sequencing testing of certain infants; to provide for the duties of the secretary of the Louisiana Department of Health; and to provide for related matters.

2022 LA H.B. 651 (NS) was adopted June 16, 2022. The bill requires a health coverage plan to provide benefits for pasteurized donor human milk when medically necessary. The bill states that a health coverage plan issued for delivery, delivered, renewed, or otherwise contracted for in this state must provide inpatient and outpatient coverage benefits for up to two months for medically necessary pasteurized donor human milk upon prescription of an infant's pediatrician or licensed pediatric provider stating that the infant is medically or physically unable to receive maternal human milk or participate in breastfeeding, or the infant's mother is medically or physically unable to produce maternal human milk in sufficient quantities. A health coverage plan may limit coverage under this Section to inpatient and outpatient donor human milk obtained from a member bank of the Human Milk Banking Association of North America.

2022 LA H.B. 557 (NS), a previously introduced bill, was adopted on June 18, 2022. This bill would require health plans of the state Medicaid program to provide reimbursement for a six-month supply of contraceptive drugs dispensed at one time; to provide for a required usage period; to provide for definitions; to provide for applicability; and to provide for related matters.

In Maryland

2022 MD H.B. 971 (NS) was introduced February 10, 2022. If passed, the proposed bill seeks to require the Maryland Department of Health and the Behavioral Health Administration to ensure that the delivery system for specialty mental health services for enrollees of managed care organizations has an adequate network of providers available to provide alcohol and drug abuse treatment for children under the age of 18 years. The bill also relates to the Maryland Medical Assistance Program and access to substance abuse treatment services.

In Massachusetts

2021 MA S.B. 3097 (NS) was introduced August 1, 2022. The proposed bill is an act addressing barriers to care for mental health. The bill states that any qualifying student health insurance plan authorized under this chapter shall comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

In Michigan

2021 MI H.B. 6366 (NS) was introduced September 7, 2022. If passed, the bill will require insurers providing coverage for prescription contraceptives must also include coverage for:

- a 12-month supply of prescription contraceptives furnished or dispensed at 1 time, unless the insured requests a smaller supply or the prescriber instructs that the insured must receive a smaller supply;
- if covered for other prescription drugs under the health insurance policy, outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, dispense, deliver, distribute, administer, or remove a prescription contraceptive; and
- a prescription contraceptive that the insured's prescriber determines is medically necessary for the insured.

In Minnesota

2021 MN H.F. 2843 (NS) was introduced January 31, 2022. The propped bill relates to unemployment insurance benefits ensured for individual terminated for not adhering to vaccine mandate, and COVID-19 proof of recovery allowed as vaccination substitution.

2021 MN H.F. 4218 (NS) was introduced March 10, 2022. If passed, this bill will require specified joint self-insurance plans to offer health coverage to members of the in-home day care cooperative that establishes the plan and dependents of members, employees of members of the in-home day care cooperative that establishes the plan and the dependents of employees of members, or employees of the in-home day care cooperative that establishes the plan and the dependents of employees of the in-home day care cooperative. Health coverage must be offered only to individuals who meet certain criteria described in the joint self-insurance plan governing documents, provided that criteria cannot be based on health status factors of the individuals to be covered through the joint self-insurance plan.

2021 MN S.F. 3501 (NS) was engrossed April 4, 2022. The statute states that all certain specified benefits relating to expenses incurred for medical treatment or services of a licensed physician, must include services provided by a physician assistant. This subdivision is intended to provide payment of benefits for treatment and services by a physician assistant and is not intended to add to the benefits provided for in these policies or contracts.

In Mississippi

2022 MS S.B. 2738 (NS) was introduced January 17, 2022. The proposed bill relates to mandated coverage for telemedicine services. If passed, the bill will revise the definition of "telemedicine" and require health insurers to reimburse providers for telemedicine services.

In New Hampshire



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

2021 NH S.B. 422 (NS) was introduced January 5, 2022. If passed, the proposed bill will require the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program.

2021 NH H.B. 1501 (NS) was introduced January 5, 2022. The proposed bill relates to insurance coverage for pediatric autoimmune neuropsychiatric disorders.

2021 NH [S.B. 373](#) (NS) was adopted July 25, 2022. This bill requires submission of the federal comparative analysis for certain mental illnesses and removes the mandate for rules to regulate this type of specific insurance coverage.

In New Jersey

2022 NJ S.B. 1187 (NS) was introduced January 31, 2022. The proposed bill seeks to mandate health benefits coverage for preimplantation genetic screening under certain health insurance plans.

2022 NJ A.B. 2191 (NS) was introduced February 7, 2022. If passed, the proposed bill will increase the amount allowed in initial prescription for opioid drugs in cases of acute pain.

2022 NJ A.B. 4683 (NS) was introduced September 29, 2022. If passed, the proposed bill will authorize pharmacists to dispense HIV prophylaxis without individual prescription under certain circumstances. The bill will also mandate prescription benefits coverage.

2022 NJ A.B. 4781 (NS) was introduced October 17, 2022. The proposed bill seeks to require health insurance coverage for certain obesity treatments. The proposed bill states that provided that there is federal financial participation available, benefits for expenses incurred in the treatment of obesity. The methods of treatment for which benefits shall be provided shall include preventive care, nutrition counseling, behavioral therapy, bariatric surgery, and anti-obesity medication approved by the United States Food and Drug Administration that provides for chronic weight management in patients with obesity. Under the bill, health insurance carriers (including insurance companies, hospital service corporations, medical service corporations, health service corporations, health maintenance organizations authorized to issue health benefits plans in New Jersey, and any entities contracted to administer health benefits in connection with the State Health Benefits Program or School Employees' Health Benefits Program, and the Medicaid Program) will be required to cover certain treatments for obesity. The methods of treatment for which benefits will be provided include preventive care, nutrition counseling, behavioral therapy, bariatric surgery, and anti-obesity medication. For the purpose of this bill, 'anti-obesity medication' means any medication approved by the United States Food and Drug Administration that provides for chronic weight management in patents with obesity.

2022 NJ [S.B. 3259](#) (NS) was introduced October 31, 2022. If passed, the bill will require health insurance coverage for certain obesity treatments. Under the bill, health insurance carriers (including insurance companies, hospital service corporations, medical service corporations, health service corporations, health maintenance organizations authorized to issue health benefits plans in New Jersey, and any entities contracted to administer health benefits in connection with the State Health Benefits Program or School Employees' Health Benefits Program, and the Medicaid Program) will be required to cover certain treatments for obesity. The methods of treatment for which benefits will be provided include preventive care, nutrition counseling, behavioral therapy, bariatric surgery, and anti-obesity medication. For the purpose of this bill, 'anti-obesity medication' means any medication approved by the United States Food and Drug Administration that provides for chronic weight management in patents with obesity.

In New York

2021 NY A.B. 7200 (NS), a previously introduced bill, was amended February 16, 2022. If passed, the bill will provide that prescription drugs eligible for reimbursement must be provided and paid for under the preferred drug program and the clinical drug review program. The bill also seeks to restore pharmacy benefits under Medicaid managed care.

2021 NY S.B. 9508 (NS) was introduced July 22, 2022. The proposed bill seeks to enact the 'health equity, affordability, and reform act'. The proposed bill:

- permits a person or eligible small group to purchase coverage from a basic health plan on behalf of an individual, spouse, and any qualified dependents through the basic health program buy-in as long as the individual, spouse, and any qualified dependents otherwise meet certain eligibility requirements (Part A); relates to cost containment and consumer protection; relates to income execution (Part B);
- establishes the chronic disease demonstration program to recommend cost-sharing eliminations for targeted high-value services, treatments and prescription drugs used to treat certain chronic conditions (Part C);
- addresses health equity through safety net hospital support; promotes health equity through commercial rate equity for safety net hospitals that predominantly serve communities that experience health disparities because of race, ethnicity, socioeconomic status or other status (Part D); and
- provides that the commissioner of health may require any health care provider or third-party payer to report additional claim or price information not already reported pursuant to this section to analyze all health care expenditures in the state from public and private sources (Part E).



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

2021 NY A.B. 7898 (NS), a previously introduced bill, was amended July 8, 2022. The proposed bill relates to establishing the professional practice of community midwifery. The proposed bill seeks to:

- establish the professional practice of community midwifery;
- define as the management in the home, birth center, or community setting, of normal pregnancies, child birth, and postpartum care, including primary preventive gynecologic and obstetric care of essentially healthy individuals; and
- sets requirements for license and practice.

NY LEGIS 571 (2022) was approved October 14, 2022. The bill requires every policy providing medical, major medical, or similar comprehensive-type coverage must provide the following coverage for breast or chest wall reconstruction surgery after a mastectomy or partial mastectomy:

- all stages of reconstruction of the breast or chest wall on which the mastectomy or partial mastectomy has been performed; and
- surgery and reconstruction of the other breast or chest wall to produce a symmetrical appearance; in the manner determined by the attending physician and the patient to be appropriate. Chest wall reconstruction surgery must include aesthetic flat closure as such term is defined by the National Cancer Institute. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy. Written notice of the availability of such coverage must be delivered to the policyholder prior to inception of such policy and annually thereafter.

In Pennsylvania

2021 PA S.B. 1188 (NS) was introduced April 5, 2022. The proposed bill is an act providing for patient access to diagnostics and treatments for Lyme disease and related tick-borne illnesses and requiring health care policies to provide certain coverage.

2021 PA S.B. 225 (NS) was adopted November 3, 2022. The bill is an act that amends the Insurance Company Law of 1921, in quality health care accountability and protection, further providing for definitions, for responsibilities of managed care plans, for financial incentives prohibition, for medical gag clause prohibition, for emergency services, for continuity of care, for procedures, for confidentiality, for required disclosure and for internal complaint process, providing for internal complaint process for enrollees, further providing for appeal of complaint, for complaint resolution, for certification and for operational standards, providing for utilization review standards, further providing for internal grievance process, for external grievance process and for records, providing for adverse benefit determinations, further providing for prompt payment of claims, for health care provider and managed care plan protection, for departmental powers and duties and for penalties and sanctions, providing for regulations and further providing for compliance with national accrediting standards and for exceptions.

In Rhode Island

2021 RI H.B. 6664 (NS) was introduced January 6, 2022. If passed, this bill will require the health insurance commissioner to adopt a uniform set of medical criteria for prior authorization and create a required form to be used by a health insurer.

2021 RI H.B. 7393 (NS) was introduced February 9, 2022. If passed, this act will create the 'Neil Fachon Terminally Ill Patients' Right To Try Act of 2022,' which establishes the conditions for the use of experimental treatments for terminally ill patients. Insurers would not be responsible to provide coverage for such treatment and the patient's heirs and/or estate would not be liable for any uninsured or underinsured costs associated with the treatment. The health care provider would be immune from liability or risk of the suspension of his or her license based solely on the provider's recommendation of treatment. The treatment may be provided in a hospital setting provided the patient signs a waiver of liability as to the hospital and its staff. The manufacturer of such treatment would be provided immunity provided they acted in good faith and exercised reasonable care.

2021 RI H.B. 7503 (NS) was introduced February 16, 2022. If passed, this act will require coverage for the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, including, but not limited to, the use of intravenous immunoglobulin therapy.

2021 RI S.B. 2327 (NS) was introduced February 15 2022. If passed, this act would require every individual or group health insurance contract effective on or after January 1, 2023, to provide coverage to the insured and the insured's spouse and dependents for all FDA-approved contraceptive drugs, devices and other products, voluntary sterilization procedures, patient education and counseling on contraception and follow-up services as well as Medicaid coverage for a twelve (12) month supply for Medicaid recipients.

2021 RI S.B. 2325 (NS) was introduced February 15, 2022. If passed, this act will mandate that health insurance companies and Medicaid provide coverage for FDA approved COVID-19 home testing kits.

2021 RI H.B. 8158 (NS) was introduced April 14, 2022. If passed, this act would cap the amount that a covered person is required to pay for insulin administration and glucose monitoring equipment and supplies at twenty-five dollars per thirty day supply or per item when an item is intended to be used for longer than thirty days and would prohibit any deductible for the equipment and supplies. The coverage would commence on January 1, 2023.

2021 RI H.B. 8219 (NS) was introduced May 6, 2022. If passed, this act would create the mandated health insurance benefits advisory council, to analyze the state's current health insurance benefits mandates and to review retrospectively and prospectively the mandates. The reviews of both the current and new mandates would be based upon sound clinical and scientific medical evidence and



would balance cost and benefits. The council would consider the medical efficacy, cost and social impact of each mandate and report its findings to the general assembly.

2021 RI S.B. 2072 (NS), a previously introduced bill, was amended June 2, 2022. If passed, the bill will require the health insurance commissioner to adopt a uniform set of medical criteria for prior authorization and create a required form to be used by a health insurer.

2021 RI S.B. 2203 (NS), a previously introduced bill, was amended/substituted June 23, 2022. This bill would require coverage for the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections/pediatric acute onset neuropsychiatric syndrome, including, but not limited to, the use of intravenous immunoglobulin therapy.

2021 RI H.B. 7503 (NS), a previously introduced bill, was amended/substituted June 22, 2022. This bill would require coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, including, but not limited to, the use of intravenous immunoglobulin therapy.

2021 RI S.B. 2203 (NS), a previously introduced bill, was amended June 23, 2022. If passed, this act will require coverage for the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, including, but not limited to, the use of intravenous immunoglobulin therapy.

2021 RI [S.B. 2746](#) (NS), a previously introduced bill, was amended June 21, 2022. If passed, the bill will:

- eliminate the need for an 'in person' hearing defaulting to the administrative procedures act;
- reduce the standard non forfeiture interest rate on a go forward basis;
- update the rebating laws; update and clarify the long term care insurance statute;
- add additional lines of insurance to the commercial special risks statute; and
- add a new chapter addressing lender placed insurance.

2021 RI H.B. 7244 (NS) was adopted June 30, 2022. The bill relates to Medicare eligible disabled individuals under age 65 eligible for Medicare supplemental policies. The bill also states that Health insurance commissioner may adopt reasonable regulations and standards for Medicare supplemental policies.

In Tennessee

2021 TN S.B. 2140 (NS) was introduced February 2, 2022. The proposed bill relates to insurance coverage for prosthetic devices. The bill states that a health insurance entity may require that, if coverage is provided through a managed care plan, the benefits mandated pursuant to this section are covered benefits only if the prosthetic devices are provided by a vendor and prosthetic services are rendered by a provider who contracts with or is designated by the carrier. To the extent that a health insurance entity provides in-network and out-of-network services, the coverage for the prosthetic device must be offered no less extensively.

In Utah

2022 UT H.B. 358 (NS) was introduced February 10, 2022. If passed, the proposed bill will modify the Accident and Health Insurance provisions of the Insurance Code to address mental health coverage requirements for health plans offered by certain governmental entities.

In Virginia

2022 VA [S.B. 641](#) (NS) was engrossed February 10 2022. The bill establishes the Early Psychosis Intervention and Coordinated Specialty Care Program Advisory Board for the purpose of assisting the Department of Behavioral Health and Developmental Services in expanding the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services.

2022 VA [S.B. 449](#) (NS) was enrolled March 1, 2022. The bill is an act providing an exception to the prohibition of a qualified health plan providing state-mandated health benefits that are not provided in the essential health benefits package for state-mandated health benefits enacted no later than July 1, 2020.

2022 VA H.B. 1329 (NS) was adopted April 11, 2022. This bill expands from under 13 years of age to under 18 years of age the age range of the pediatric survivors of sexual assault for whom each hospital must develop a plan for providing either pediatric sexual assault survivor treatment services or transfer services to an approved pediatric health care facility. The bill also allows for transfer of a survivor of sexual assault to a clinic that provides treatment services for survivors of sexual assault that are comparable to those provided by treatment hospitals, and adds a representative of a forensic clinic to the existing Task Force on Services for Survivors of Sexual Assault.

In Washington

2021 WA S.B. 5702 (NS) was adopted March 30, 2022. The bill is an act relating to requiring coverage for donor breast milk. It states that health carrier must provide coverage for medically necessary donor human milk for inpatient use when ordered by a licensed health care provider with prescriptive authority or an international board certified lactation consultant certified by the international board of lactation consultant examiners for an infant who is medically or physically unable to receive maternal human milk or participate



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.

in chest feeding or whose parent is medically or physically unable to produce maternal human milk in sufficient quantities or caloric density or participate in chest feeding, if the infant meets at least one of the criteria listed in the statute.

In Wisconsin

2021 WI A.B. 803 (NS) was introduced January 4, 2022. The proposed bill relates to coverage of maternity and newborn care. This bill requires certain health insurance policies, known in the bill as disability insurance policies, and governmental self-insured health plans to cover the essential health benefit of maternity and newborn care, as specified by the commissioner of insurance by rule. The bill specifies a list of requirements that the commissioner must follow when establishing the maternity and newborn care benefit, including certain limitations on cost sharing. If the maternity or newborn care benefit specified by the commissioner is also subject to its own mandated coverage requirement under current law, the bill requires the disability insurance policy or self-insured health plan to provide coverage under whichever requirement provides the insured or plan participant with more comprehensive coverage.

In Virginia

2022 VA H.B. 30 (NS), a budget bill, was enrolled on June 22, 2022. This bill includes a provision that no qualified health plan shall be required to provide any state-mandated health benefit that is not provided in the essential health benefits package until the Commonwealth makes a determination to select a new essential health benefit benchmark plan.

2022 VA H.B. 680 (NS) was adopted August 4, 2022. The bill contains a provision for the payment of medical assistance for the dispensing or furnishing of up to a 12-month supply of hormonal contraceptives at one time. Absent clinical contraindications, the Department must not impose any utilization controls or other forms of medical management limiting the supply of hormonal contraceptives that may be dispensed or furnished to an amount less than a 12-month supply. Nothing in this subdivision shall be construed to

- require a provider to prescribe, dispense, or furnish a 12-month supply of self-administered hormonal contraceptives at one time; or
- exclude coverage for hormonal contraceptives as prescribed by a prescriber, acting within his scope of practice, for reasons other than contraceptive purposes.

© Copyright Thomson/West - NETSCAN's Health Policy Tracking Service

Produced by Thomson Reuters Accelus Regulatory Intelligence

27-Jun-2023



THOMSON REUTERS™

© 2023 Thomson Reuters. No claim to original U.S. Government Works.