

SENATE BILL No. 471

By Senator Sykes

2-9

1 AN ACT concerning health benefits; relating to health insurance plans;
2 providing requirements for coverage of diagnostic examinations for
3 breast cancer; relating to state health insurance; expanding eligibility
4 for medicaid postpartum coverage to 12 months; relating to insurance
5 coverage for children; providing coverage for houses with income to be
6 tied to current federal poverty income guidelines; amending K.S.A. 38-
7 2001, 40-2,103 and 40-19c09 and repealing the existing sections.
8

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

10 New Section 1. (a) Every individual or group health insurance policy,
11 medical service plan, contract, hospital service corporation contract,
12 hospital and medical service corporation contract, fraternal benefit society
13 or health maintenance organization that provides coverage for accident and
14 health services, that is delivered, issued for delivery, amended or renewed
15 on or after January 1, 2023, and that provides benefits with respect to
16 screening and diagnostic examinations for breast cancer shall ensure that
17 the cost-sharing requirements applicable to diagnostic breast examinations
18 and supplemental breast screening examinations for an individual enrolled
19 under such coverage are not less favorable to the insured than such
20 requirements applicable to a screening mammography examination for
21 breast cancer.

22 (b) The provisions of K.S.A. 40-2248 and 40-2249a, and amendments
23 thereto, shall not apply to this section.

24 (c) As used in this section:

25 (1) "Breast magnetic resonance imaging" means a diagnostic tool that
26 uses a powerful magnetic field, radio waves and a computer to produce
27 detailed pictures of the structures within the breast.

28 (2) "Breast ultrasound" means a non-invasive diagnostic tool that
29 uses high-frequency sound.

30 (3) "Cost-sharing requirement" means a deductible, coinsurance,
31 copayment and any maximum limitation on the application of such a
32 deductible, coinsurance, copayment or similar out-of-pocket expense.

33 (4) "Diagnostic breast examination" means a medically necessary and
34 appropriate examination of the breast, including such an examination
35 using diagnostic mammography, breast magnetic resonance imaging or
36 breast ultrasound, that is used to evaluate an abnormality.

1 (A) Seen or suspected from a screening examination for breast
2 cancer; or

3 (B) detected by another means of examination.

4 (5) "Diagnostic mammography" means a diagnostic tool that uses x-
5 ray and that is designed to evaluate an abnormality in the breast.

6 (6) "Supplemental breast screening examination" means a medically
7 necessary and appropriate examination of the breast, including such an
8 examination using breast magnetic resonance imaging or breast
9 ultrasound, that is:

10 (A) Used to screen for breast cancer when there is no abnormality
11 seen or suspected; or

12 (B) based on personal or family medical history or additional factors
13 that may increase the individual's risk of breast cancer.

14 New Sec. 2. (a) The secretary of health and environment shall
15 submit to the United States centers for medicare and medicaid services and
16 the United States department of the treasury any state plan amendment,
17 waiver request or other approval request necessary to implement the
18 provisions of this section. At least 10 calendar days prior to submission of
19 any such approval request to the United States centers for medicare and
20 medicaid services or the United States department of the treasury, the
21 secretary of health and environment shall submit such approval request
22 application to the state finance council.

23 (b) On and after January 1, 2023, for purposes of eligibility
24 determinations under the Kansas program of medical assistance, medical
25 assistance shall be granted to any adult for 12 months following the end of
26 such adult's pregnancy who has a household income of less than or equal
27 to 250% of the federal income poverty guidelines.

28 Sec. 3. K.S.A. 38-2001 is hereby amended to read as follows: 38-
29 2001. (a) The department of health and environment shall develop and
30 submit a plan consistent with federal guidelines established under section
31 4901 of public law 105-33~~4~~, 42 U.S.C. § 1397aa et seq.⁵, title XXI~~1~~.

32 (b) The plan developed under subsection (a) shall be a capitated
33 managed care plan covering Kansas children ~~from zero to~~ under 19 years
34 ~~which~~ of age that:

35 (1) Contains benefit levels at least equal to those for the early and
36 periodic screening, diagnosis and treatment program;

37 (2) provides for presumptive eligibility for children where applicable;

38 (3) provides continuous eligibility for 12 months once a formal
39 determination is made that a child is eligible subject to subsection (e);

40 (4) has performance based contracting with measurable outcomes
41 indicating age appropriate utilization of plan services to include, but not
42 limited to, such measurable services as immunizations, vision, hearing and
43 dental exams, emergency room utilization, annual physical exams and

1 asthma;

2 (5) shall use the same prior authorization standards and requirements
3 as used for health care services under medicaid to further the goal of
4 seamlessness of coverage between the two programs;

5 (6) shall provide targeted low-income children, as defined under
6 section 4901 of public law 105-33 (42 U.S.C. § 1397aa, et seq.), coverage
7 subject to appropriations;

8 (7) shall provide coverage, subject to appropriation of funds and
9 eligibility requirements, for children residing in a household having a
10 gross household income ~~(A) For 2009, at or under 225% of the 2008~~
11 ~~federal poverty income guidelines and (B) for 2010 and subsequent years,~~
12 ~~at or under 250% of the 2008 federal poverty income guidelines; for the~~
13 *most recent year*. The participants receiving coverage shall contribute to
14 the payment for such coverage through a sliding-fee scale based upon
15 ability to pay as established by rules and regulations of the secretary of
16 health and environment; and

17 (8) contains a provision ~~which that~~ requires the newly enrolled
18 participants with a family income over 200% of the federal poverty
19 income guidelines to wait at least 8 months before participating in this
20 program, if such participants previously had comprehensive health benefit
21 coverage through an individual policy or a health benefit plan provided by
22 any health insurer as defined in K.S.A. 40-4602, and amendments thereto.
23 This waiting period provision shall not apply when the prior coverage
24 ended due to loss of employment other than the voluntary termination,
25 change to a new employer that does not provide an option for dependent
26 coverage, discontinuation of health benefits to all employees, expiration of
27 COBRA coverage period or any other situations where the prior coverage
28 ended due to reasons unrelated to the availability of this program.

29 (c) The secretary of health and environment is authorized to contract
30 with entities authorized to transact health insurance business in this state to
31 implement the health insurance coverage plan pursuant to subsection (a)
32 providing for several plan options to enrollees ~~which that~~ are coordinated
33 with federal and state child health care programs, except that when
34 contracting to provide managed mental health care services the secretary
35 of health and environment shall assure that contracted entities demonstrate
36 the ability to provide a full array of mental health services in accordance
37 with the early and periodic screening, diagnosis and treatment plan. The
38 secretary of health and environment shall not develop a request for
39 proposal process ~~which that~~ excludes community mental health centers
40 from the opportunity to bid for managed mental health care services.

41 (d) When developing and implementing the plan in subsection (a), the
42 secretary of health and environment to the extent authorized by law:

43 (1) Shall include provisions that encourage contracting insurers to

1 utilize and coordinate with existing community health care institutions and
2 providers;

3 (2) may work with public health care providers and other community
4 resources to provide educational programs promoting healthy lifestyles
5 and appropriate use of the plan's health services;

6 (3) shall plan for outreach and maximum enrollment of eligible
7 children through cooperation with local health departments, schools, child
8 care facilities and other community institutions and providers;

9 (4) shall provide for a simplified enrollment plan;

10 (5) shall provide cost sharing as allowed by law;

11 (6) shall not count the caring program for children, the Kansas health
12 insurance association plan or any charity health care plan as insurance
13 under subsection (e)(1);

14 (7) may provide for payment of health insurance premiums, including
15 contributions to a health savings account if applicable, and, in conjunction
16 with an employer sponsored insurance premium assistance plan, may
17 provide that supplemental benefits be purchased outside of the capitated
18 managed care plan, if it is determined cost effective, taking into account
19 the number of children to be served and the benefits to be provided;

20 (8) may provide that prescription drugs, transportation services and
21 dental services are purchased outside of the capitated managed care plan to
22 improve the efficiency, accessibility and effectiveness of the program; and

23 (9) shall include a provision that requires any individual to be a
24 citizen or an alien lawfully admitted to the United States for purposes of
25 establishing eligibility for benefits under the plan and to present
26 satisfactory documentary evidence of citizenship or lawful admission of
27 the individual. The criteria for determining whether the documentation is
28 satisfactory shall be no more restrictive than the criteria used by the social
29 security administration to determine citizenship. A document issued by a
30 federally-recognized Indian tribe evidencing membership or enrollment in,
31 or affiliation with, such tribe, such as a tribal enrollment card or certificate
32 of degree of Indian blood shall be satisfactory documentary evidence of
33 citizenship or lawful admission.

34 (e) (1) A child shall not be eligible for coverage and shall lose
35 coverage under the plan developed under subsection (a) of K.S.A. 38-
36 2001, and amendments thereto, if such child's family has not paid the
37 enrollee's applicable share of any premium due.

38 (2) If the family pays all of the delinquent premiums owed during the
39 year, such child will again be eligible for coverage for the remaining
40 months of the continuous eligibility period.

41 (f) The plan developed under section 4901 of public law 105-33-~~4~~, 42
42 U.S.C. § 1397aa et seq., ~~and amendments thereto~~ is not an entitlement
43 program. The availability of the plan benefits shall be subject to funds

1 appropriated. The secretary of health and environment shall not utilize
 2 waiting lists, but shall monitor costs of the program and make necessary
 3 adjustments to stay within the program's appropriations.

4 (g) Eligibility and benefits under the plan prescribed by subsection
 5 (b)(7) are not and shall not be construed to be entitlements, are for legal
 6 residents of the state of Kansas and are subject to availability of state and
 7 federal funds and to any state and federal requirements and the provisions
 8 of appropriation acts. If the secretary of health and environment
 9 determines that the available federal funds and the state funds appropriated
 10 are insufficient to sustain coverage for the income eligibility levels
 11 prescribed by subsection (b)(7), a lower income level shall be adopted and
 12 implemented by the secretary of health and environment, within the limits
 13 of appropriations available therefor, and all such changes shall be
 14 published by the secretary of health and environment in the Kansas
 15 register.

16 Sec. 4. K.S.A. 40-2,103 is hereby amended to read as follows: 40-
 17 2,103. The requirements of K.S.A. 40-2,100, 40-2,101, 40-2,102, 40-
 18 2,104, 40-2,105, ~~40-2,105a, 40-2,105b~~, 40-2,114, 40-2,160, 40-2,165
 19 through 40-2,170, ~~40-2250, K.S.A. 40-2,105a, 40-2,105b~~, 40-2,184, 40-
 20 2,190, 40-2,194 ~~and~~ 40-2,210 through 40-2,216 *and 40-2250*, and
 21 amendments thereto, *and section 1, and amendments thereto*, shall apply
 22 to all insurance policies, subscriber contracts or certificates of insurance
 23 delivered, renewed or issued for delivery within or outside of this state or
 24 used within this state by or for an individual who resides or is employed in
 25 this state.

26 Sec. 5. K.S.A. 40-19c09 is hereby amended to read as follows: 40-
 27 19c09. (a) Corporations organized under the nonprofit medical and
 28 hospital service corporation act shall be subject to the provisions of the
 29 Kansas general corporation code, articles 60 through 74 of chapter 17 of
 30 the Kansas Statutes Annotated, and amendments thereto, applicable to
 31 nonprofit corporations, to the provisions of K.S.A. 40-214, 40-215, 40-
 32 216, 40-218, 40-219, 40-222, 40-223, 40-224, 40-225, 40-229, 40-230, 40-
 33 231, 40-235, 40-236, 40-237, 40-247, 40-248, 40-249, 40-250, 40-251, 40-
 34 252, 40-2,100, 40-2,101, 40-2,102, 40-2,103, 40-2,104, 40-2,105, ~~40-
 35 2,105a, 40-2,105b~~, 40-2,116, 40-2,117, 40-2,125, 40-2,153, 40-2,154, 40-
 36 2,160, 40-2,161, 40-2,163 through 40-2,170, ~~40-2,184, 40-2,190, 40-
 37 2,194, 40-2,210 through 40-2,216~~, 40-2a01 et seq., 40-2111 through 40-
 38 2116, 40-2215 through 40-2220, 40-2221a, 40-2221b, 40-2229, 40-2230,
 39 40-2250, 40-2251, 40-2253, 40-2254, 40-2401 through 40-2421, and 40-
 40 3301 through 40-3313 ~~and K.S.A. 40-2,105a, 40-2,105b, 40-2,184, 40-
 41 2,190, 40-2,194 and 40-2,210 through 40-2,216~~, and amendments thereto,
 42 *and section 1, and amendments thereto*, except as the context otherwise
 43 requires, and shall not be subject to any other provisions of the insurance

1 code except as expressly provided in this act.

2 (b) No policy, agreement, contract or certificate issued by a
3 corporation to which this section applies shall contain a provision~~which~~
4 *that* excludes, limits or otherwise restricts coverage because medicaid
5 benefits as permitted by title XIX of the social security act of 1965 are or
6 may be available for the same accident or illness.

7 (c) Violation of subsection (b) shall be subject to the penalties
8 prescribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.

9 Sec. 6. K.S.A. 38-2001, 40-2,103 and 40-19c09 are hereby repealed.

10 Sec. 7. This act shall take effect and be in force from and after its
11 publication in the statute book.