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AMENDMENTS TO LB92

Introduced by Banking, Commerce and Insurance.

- 1 1. Strike the original sections and insert the following new
- 2 sections:
- 3 Section 1. Section 44-785, Reissue Revised Statutes of Nebraska, is
- 4 amended to read:
- 5 44-785 (1) Notwithstanding section 44-3,131, (a) any individual or
- 6 group sickness and accident insurance policy or subscriber contract
- 7 delivered, issued for delivery, or renewed in this state and any
- 8 hospital, medical, or surgical expense-incurred policy, except for
- 9 policies that provide coverage for a specified disease or other limited-
- 10 benefit coverage, and (b) any self-funded employee benefit plan to the
- 11 extent not preempted by federal law shall include coverage for screening
- 12 mammography<u>, digital breast tomosynthesis</u>, <u>bilateral whole breast</u>
- 13 <u>ultrasound</u>, and <u>diagnostic magnetic resonance imaging</u> as follows:
- 14 (i) For <u>a woman</u> women who <u>is</u> are thirty-five years of age and older
- 15 but younger than forty years of age, one base-line mammogram between
- 16 thirty-five and forty years of age;
- 17 (ii) For a woman women who is under are forty years of age and who,
- 18 based on the National Comprehensive Cancer Network Guidelines for Breast
- 19 Cancer Screening and Diagnosis version 1.2022 and the recommendation of
- 20 <u>the woman's health care provider, has an increased risk of breast cancer</u>
- 21 <u>due to (A) a family or personal history of breast cancer or prior</u>
- 22 <u>atypical breast biopsy, (B) positive genetic testing, or (C)</u>
- 23 <u>heterogeneous or dense breast tissue based on a breast imaging, at least</u>
- one mammogram each year and additional mammograms if necessary; older but
- 25 younger than fifty years of age, one mammogram every two years or more
- 26 frequently based on the patient's physician's recommendation; and
- 27 (iii) For a woman women who is forty are fifty years of age or

- 1 older, one mammogram every year; -
- 2 <u>(iv) For a woman who, based on the National Comprehensive Cancer</u>
- 3 Network Guidelines for Breast Cancer Screening and Diagnosis version
- 4 <u>1.2022</u> and the recommendation of the woman's health care provider, has an
- 5 <u>increased risk for breast cancer due to (A) a family or personal history</u>
- 6 of breast cancer or prior atypical breast biopsy, (B) positive genetic
- 7 <u>testing</u>, or (C) heterogeneous or dense breast tissue based on a breast
- 8 <u>imaging</u>, one digital breast tomosynthesis each year;
- 9 <u>(v) For a woman who, based on the National Comprehensive Cancer</u>
- 10 <u>Network Guidelines for Breast Cancer Screening and Diagnosis version</u>
- 11 1.2022 and the recommendation of the woman's health care provider, has an
- 12 <u>increased risk for breast cancer due to (A) a family or personal history</u>
- 13 of breast cancer or prior atypical breast biopsy, (B) positive genetic
- 14 <u>testing</u>, or (C) <u>heterogeneous or dense breast tissue based on a breast</u>
- 15 <u>imaging</u>, one bilateral whole breast ultrasound each year;
- 16 (vi) For a woman who, based on the National Comprehensive Cancer
- 17 Network Guidelines for Breast Cancer Screening and Diagnosis version
- 18 1.2022 and the recommendation of the woman's health care provider, has an
- 19 <u>increased risk for breast cancer due to (A) a family or personal history</u>
- 20 <u>of breast cancer or prior atypical breast biopsy, (B) positive genetic</u>
- 21 <u>testing</u>, or (C) a history of chest radiation, one diagnostic magnetic
- 22 <u>resonance imaging each year; and</u>
- 23 <u>(vii) For a woman who, based on national standard risk models or the</u>
- 24 <u>National Comprehensive Cancer Network Guidelines for Breast Cancer</u>
- 25 Screening and Diagnosis, has an increased risk of breast cancer and
- 26 <u>heterogeneous or dense breast tissue, one diagnostic magnetic resonance</u>
- 27 <u>imaging each year.</u>
- 28 (2)(a) Except as provided in subdivision (b) of this subsection,
- 29 this section prohibits the application of deductible, coinsurance,
- 30 <u>copayment</u>, or other cost-sharing requirements contained in the policy or
- 31 <u>health benefit plan for such services.</u>

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1 $\underline{\text{(b)}}$ (2) This section does not prevent application of deductible or

- 2 copayment provisions contained in the policy or health benefit plan for
- 3 diagnostic magnetic resonance imaging for a woman based on heterogeneous
- 4 or dense breast tissue.
- 5 <u>(c) This section does not or</u> require that coverage under an
- 6 individual or group policy or health benefit plan be extended to any
- 7 other procedures. The coverage provided by this section shall not be less
- 8 favorable than for other radiological examinations. This section does not
- 9 apply if the covered individuals are provided an ongoing screening
- 10 mammography program which at a minimum meets the requirements of this
- 11 section as a separate benefit.
- 12 (3) For purposes of this section, screening mammography shall mean
- 13 radiological examination of the breast of asymptomatic women for the
- 14 early detection of breast cancer, which examination shall include (a) a
- 15 cranio-caudal and a medial lateral oblique view of each breast and (b) a
- 16 licensed radiologist's interpretation of the results of the procedure.
- 17 Screening mammography shall not include diagnostic mammography,
- 18 additional projections required for lesion definition, breast ultrasound,
- 19 or any breast interventional procedure. Screening mammography shall be
- 20 performed by a mammogram supplier who meets the standards of the federal
- 21 Mammography Quality Standards Act of 1992.
- Sec. 2. Section 44-7,102, Revised Statutes Cumulative Supplement,
- 23 2022, is amended to read:
- 24 44-7,102 (1) Notwithstanding section 44-3,131, (a) any individual or
- 25 group sickness and accident insurance policy, certificate, or subscriber
- 26 contract delivered, issued for delivery, or renewed in this state and any
- 27 hospital, medical, or surgical expense-incurred policy, except for short-
- 28 term major medical policies of six months or less duration and policies
- 29 that provide coverage for a specified disease or other limited-benefit
- 30 coverage, and (b) any self-funded employee benefit plan to the extent not
- 31 preempted by federal law shall include screening coverage for a

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colorectal cancer examination and laboratory tests for cancer for any 1

- nonsymptomatic person forty-five years of age or older covered under such 2
- 3 policy, certificate, contract, or plan. Such screening coverage shall
- include a maximum of one stool-based preventive screening test as 4
- 5 approved by the United States Preventive Services Task Force screening
- 6 fecal occult blood test annually and a flexible sigmoidoscopy every five
- 7 years, a colonoscopy every ten years, or a barium enema every five to ten
- 8 years, or any combination, or the most reliable, medically recognized
- 9 screening test available. The screenings selected shall be as deemed
- appropriate by a health care provider and the patient. 10
- 11 (2) On or after December 31, 2023, no policy, certificate, or
- 12 contract, delivered, issued for delivery, or renewed in this state, or
- any self-funded employee benefit plan, to the extent not preempted by 13
- 14 federal law, shall impose a deductible, coinsurance, or any other cost
- 15 sharing requirements for screening colonoscopies as recommended by the
- United States Preventive Services Task Force, including those performed 16
- as a result of a positive noncolonoscopy stool-based preventive screening 17
- test This section does not prevent application of deductible or copayment 18
- 19 provisions contained in the policy, certificate, contract, or employee
- 20 benefit plan or require that such coverage be extended to any other
- 21 procedures.
- 22 Sec. 3. Section 44-1993, Reissue Revised Statutes of Nebraska, is
- 23 amended to read:
- 24 44-1993 (1) A title insurer shall not accept title insurance
- business from a title insurance agent unless there is in force a written 25
- 26 contract between the parties which sets forth the responsibilities of
- 27 each party and, when both parties share responsibility for a particular
- function, specifies the division of responsibilities. 28
- 29 (2) For each title insurance agent under contract with a title
- 30 insurer, the title insurer shall have on file a statement of financial
- condition of each title insurance agent as of the end of the previous 31

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calendar year setting forth an income statement of title insurance 1

- 2 business done during the preceding year and a balance sheet showing the
- 3 condition of its affairs as of the prior December 31 certified by the
- title insurance agent as being a true and accurate representation of the 4
- 5 title insurance agent's financial condition. Attorneys actively engaged
- 6 in the practice of law, other than that related to title insurance
- 7 business, are exempt from the requirements of this subsection.
- 8 (3) A title insurer shall, at least annually, conduct a an onsite
- 9 review of the underwriting, claims, and escrow practices of the title
- insurance agent which shall include a review of the title insurance 10
- 11 agent's title insurance policy form inventory and processing operations.
- 12 If the title insurance agent does not maintain separate financial
- institution or trust accounts for each title insurer it represents, the 13
- 14 title insurer shall verify that the funds held on its behalf are
- 15 reasonably ascertainable from the books of account and records of the
- title insurance agent. 16
- 17 (4) Within thirty days after executing or terminating a contract
- with a title insurance agent, a title insurer shall provide written 18
- notification of the appointment or termination and the reason for 19
- 20 termination to the director. Notices of appointment of a title insurance
- 21 agent shall be made on a form prescribed or approved by the director.
- 22 (5) A title insurer shall maintain an inventory of all title
- 23 insurance policy forms or title insurance policy numbers allocated to
- 24 each title insurance agent.
- (6) A title insurer shall have on file proof that each title 25
- 26 insurance agent is licensed by this state.
- 27 (7) A title insurer shall establish the underwriting guidelines and,
- when applicable, limitations on title claims settlement authority to be 28
- 29 incorporated into contracts with its title insurance agents.
- 30 (8)(a) A title insurer is liable for the defalcation, conversion, or
- misappropriation by a title insurance agent appointed by or under written 31

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contract with such title insurer of escrow, settlement, closing, 1 2 security deposit funds handled by such title insurance agent 3 contemplation of or in conjunction with the issuance of a title insurance commitment or title insurance policy by such title insurer. However, if 4 5 no such title insurance commitment or title insurance policy was issued, 6 each title insurer which appointed or maintained a written contract with 7 such title insurance agent at the time of the discovery of the 8 defalcation, conversion, or misappropriation shares in the liability for 9 the defalcation, conversion, or misappropriation in the same proportion that the premium remitted to the title insurer by such title insurance 10 11 agent during the twelve-month period immediately preceding the date of the discovery of the defalcation, conversion, or misappropriation bears 12 to the total premium remitted to all title insurers by such title 13 14 insurance agent during the twelve-month period immediately preceding the 15 date of the discovery of the defalcation, conversion, or 16 misappropriation.

- (b) For purposes of this subsection, title insurance agent includes 17 (i) a person with whom a title insurer maintains a title insurance agency 18 agreement and (ii) an employer or employee of a title insurance agent or 19 of a person with whom a title insurer maintains a title insurance agency 20 21 agreement.
- 22 Sec. 4. Section 44-4054, Reissue Revised Statutes of Nebraska, is 23 amended to read:
- 24 44-4054 (1) Unless denied licensure pursuant to section 44-4059, a person who has met the requirements of sections 44-4052 and 44-4053 shall 25 26 be issued an insurance producer license. An insurance producer may 27 receive qualification for a license in one or more of the following lines of authority: 28
- 29 (a) Life insurance coverage on human lives, including benefits of 30 endowment and annuities, and may include benefits in the event of death or dismemberment by accident and benefits for disability income; 31

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- (b) Accident and health or sickness, insurance coverage for 1
- 2 sickness, bodily injury, or accidental death and may include benefits for
- 3 disability income;
- (c) Property insurance coverage for the direct or consequential loss 4
- or damage to property of every kind; 5
- 6 (d) Casualty insurance coverage against legal liability, including
- 7 that for death, injury, or disability or damage to real or personal
- 8 property;
- 9 (e) Variable life and variable annuity products, insurance coverage
- provided under variable life insurance contracts, and variable annuities; 10
- 11 (f) Limited line credit insurance;
- 12 (g) Limited line pre-need funeral insurance;
- (h) Personal lines property and casualty insurance coverage sold to 13
- 14 individuals and families for primarily noncommercial purposes; and
- 15 (i) Any other line of insurance permitted under Nebraska laws,
- rules, or regulations. 16
- 17 (2) An insurance producer license shall remain in effect unless
- revoked or suspended if the fee set forth in section 44-4064 is paid and 18
- education requirements for resident individual producers are met by the 19
- 20 due date.
- 21 (3) All business entity licenses issued under the Insurance
- 22 Producers Licensing Act shall expire on April 30 of each even-numbered
- 23 year, and all producers licenses shall expire on the last day of the
- 24 month of the producer's birthday in the first year after issuance in
- which his or her age is divisible by two. Such producer licenses may be 25
- 26 renewed within the ninety-day period before their expiration dates.
- 27 Business entity and producer licenses also may be renewed within the
- thirty-day period after their expiration dates upon payment of a late 28
- renewal fee as established by the director pursuant to section 44-4064 in 29
- 30 addition to the applicable fee otherwise required for renewal of business
- entity and producer licenses as established by the director pursuant to 31

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- such section. All business entity and producer licenses renewed within 1
- the thirty-day period after their expiration dates pursuant to this 2
- 3 subsection shall be deemed to have been renewed before their expiration
- 4 dates.
- 5 (4) The director may establish procedures for renewal of licenses by
- 6 rule and regulation adopted and promulgated pursuant the
- 7 Administrative Procedure Act.
- (5) An individual insurance producer who allows his or her license 8
- 9 to lapse may, within twelve months from the due date of the renewal fee,
- reinstate the same license without the necessity of passing a written 10
- 11 examination. Producer licenses reinstated pursuant to this subsection
- 12 shall be issued only after payment of a reinstatement fee as established
- by the director pursuant to section 44-4064 in addition to the applicable 13
- 14 fee otherwise required for renewal of producer licenses as established by
- 15 the director pursuant to such section.
- (6) The director may grant a licensed insurance producer who is 16
- unable to comply with license renewal procedures due to military service 17
- or some other extenuating circumstance, including, but not limited to, a 18
- long-term medical disability, a waiver of those procedures. The director 19
- may grant a producer a waiver of any examination requirement or any other 20
- 21 fine, fee, or sanction imposed for failure to comply with renewal
- 22 procedures.
- 23 (7) The license shall contain the licensee's name, address, and
- 24 personal identification number, the date of issuance, the lines of
- authority, the expiration date, and any other information the director 25
- 26 deems necessary.
- 27 (8) Licensees shall inform the director by any means acceptable to
- the director of a change of legal name or address within thirty days 28
- 29 after the change. Any person failing to provide such notification shall
- 30 be subject to a fine by the director of not more than five hundred
- dollars per violation, suspension of the person's license until the 31

- 1 change of address is reported to the director, or both.
- 2 (9) The director may contract with nongovernmental entities,
- 3 including the National Association of Insurance Commissioners or any
- 4 affiliates or subsidiaries that the National Association of Insurance
- 5 Commissioners oversees, to perform any ministerial functions, including
- 6 the collection of fees, related to producer licensing that the director
- 7 may deem appropriate.
- 8 Sec. 5. (1) Except as provided in subsection (3) of this section,
- 9 beginning January 1, 2024, and notwithstanding section 44-3,131, (a) any
- 10 <u>individual or group sickness and accident insurance policy or subscriber</u>
- 11 <u>contract delivered, issued for delivery, or renewed in this state and any</u>
- 12 <u>hospital, medical, or surgical expense-incurred policy, except for</u>
- 13 policies that provide coverage for a specified disease or other limited-
- 14 <u>benefit coverage</u>, and (b) any self-funded employee benefit plan to the
- 15 <u>extent not preempted by federal law, which provides reimbursement for</u>
- 16 prescription insulin drugs shall limit the total amount that a covered
- 17 individual is required to pay for each covered prescription insulin drug
- 18 on the policy's, contract's, or plan's lowest brand or generic tier to a
- 19 maximum of thirty-five dollars per thirty-day supply of insulin,
- 20 <u>regardless of the amount needed.</u>
- 21 (2) Nothing in this section prevents a policy, contract, or plan
- 22 from reducing the total amount that a covered individual is required to
- 23 pay for each covered prescription insulin drug to an amount less than the
- 24 <u>maximum specified in subsection (1) of this section.</u>
- 25 (3) If, due to a national shortage of an insulin drug, a covered
- 26 individual cannot access a covered prescription insulin drug on the
- 27 lowest brand or generic tier of the policy, contract, or plan, the
- 28 policy, contract, or plan shall ensure access to an insulin drug at a
- 29 <u>maximum of thirty-five dollars per thirty-day supply, until such time</u>
- 30 <u>that the national shortage ends to prevent disruptions in patient access</u>
- 31 to insulin.

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1 (4) For purposes of this section, prescription insulin drug means a

- 2 prescription drug that contains insulin and is used to treat diabetes.
- 3 Sec. 6. (1) For purposes of this section:
- 4 (a) Health benefit plan means a policy, a contract, a certificate,
- 5 or an agreement entered into, offered by, or issued by an insurer to
- 6 provide, deliver, arrange for, pay for, or reimburse any of the costs of
- 7 healthcare services, including a vision or dental benefit plan, except
- 8 that health benefit plan shall not include any coverage pursuant to a
- 9 <u>liability insurance policy, including medical payments insurance issued</u>
- 10 <u>as a supplement to a liability insurance policy, or a workers'</u>
- 11 compensation insurance policy; and
- 12 <u>(b) Plan sponsor means:</u>
- (i) In the case of a health benefit plan established or maintained
- 14 by a single employer, the employer;
- 15 (ii) In the case of a health benefit plan established or maintained
- 16 by an employee organization, the employee organization; or
- 17 <u>(iii) In the case of a health benefit plan established or maintained</u>
- 18 by two or more employers or jointly by one or more employers and one or
- 19 more employee organizations, the association, committee, joint board of
- 20 <u>trustees</u>, or other <u>similar group of representatives of the parties who</u>
- 21 <u>establish or maintain the benefit plan.</u>
- 22 <u>(2) The plan sponsor of a health benefit plan may, on behalf of</u>
- 23 <u>covered persons in the plan, provide the consent to the delivery of all</u>
- 24 communications related to the plan by electronic means and to the
- 25 electronic delivery of any health insurance identification card if,
- 26 <u>before consenting on behalf of a covered person, a plan sponsor:</u>
- 27 (a) Confirms that the covered person routinely uses electronic
- 28 communications during the normal course of employment;
- 29 (b) Provides the covered person an opportunity to opt out of
- 30 <u>delivery by electronic means; and</u>
- 31 (c) Follows all federal and state laws relating to the electronic

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- 1 <u>delivery of such information or documents.</u>
- Sec. 7. Sections 1 and 9 of this act become operative on January 1,
- 3 2024. Sections 4 and 10 of this act become operative on April 30, 2024.
- 4 The other sections of this act become operative on their effective date.
- 5 Sec. 8. Original section 44-1993, Reissue Revised Statutes of
- 6 Nebraska, and section 44-7,102, Revised Statutes Cumulative Supplement,
- 7 2022, are repealed.
- 8 Sec. 9. Original section 44-785, Reissue Revised Statutes of
- 9 Nebraska, is repealed.
- 10 Sec. 10. Original section 44-4054, Reissue Revised Statutes of
- 11 Nebraska, is repealed.