SENATE BILL 1156

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 $\begin{array}{c} 7 \mathrm{lr} 3734 \\ \mathrm{CF} \ \mathrm{HB} \ 1557 \end{array}$

By: **Senator Reilly** Introduced and read first time: February 27, 2017 Assigned to: Rules

A BILL ENTITLED

1 AN ACT concerning

Health Insurance - Coverage for Male Sterilization - High-Deductible Health Plans

FOR the purpose of exempting a high-deductible health plan from the prohibition on application of a deductible to coverage for male sterilization; providing for the application of this Act; providing for the effective date of this Act; and generally relating to coverage for male sterilization under health insurance.

- 8 BY repealing and reenacting, with amendments,
- 9 Article Insurance
- 10 Section 15–826.2
- 11 Annotated Code of Maryland
- 12 (2011 Replacement Volume and 2016 Supplement)
- 13 (As enacted by Chapters 436 and 437 of the Acts of the General Assembly of 2016)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

- 16 Article Insurance
- 17 15-826.2.

18 (a) (1) In this subsection, "group" means a group that is not a group covered 19 under a health insurance policy or contract or under a health maintenance organization 20 contract issued or delivered to a small employer, as defined in § 31–101 of this article.

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- (2) This subsection applies to:

(i) insurers and nonprofit health service plans that provide hospital,
 medical, or surgical benefits to groups on an expense-incurred basis under health
 insurance policies or contracts that are issued or delivered in the State; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



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1 (ii) health maintenance organizations that provide hospital, 2 medical, or surgical benefits to groups under contracts that are issued or delivered in the 3 State.

4 (3) This subsection does not apply to an organization that requests and 5 receives an exclusion from coverage under § 15–826(c) of this subtitle.

6 (4) An entity subject to this subsection shall provide coverage for male 7 sterilization.

8 (b) (1) This subsection applies to:

9 (i) insurers and nonprofit health service plans that provide coverage 10 for male sterilization under individual, group, or blanket health insurance policies or 11 contracts that are issued or delivered in the State; and

12 (ii) health maintenance organizations that provide coverage for male 13 sterilization under individual or group contracts that are issued or delivered in the State.

14 (2) (I) Except [with respect to a health benefit plan that is a 15 grandfathered health plan, as defined in § 1251 of the Affordable Care Act,] AS PROVIDED 16 IN SUBPARAGRAPHS (II) AND (III) OF THIS PARAGRAPH, an entity subject to this 17 subsection may not apply a copayment, coinsurance requirement, or deductible to coverage 18 for male sterilization.

19 (II) A HEALTH BENEFIT PLAN THAT IS A GRANDFATHERED 20 HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT, MAY APPLY 21 A COPAYMENT, COINSURANCE REQUIREMENT, OR DEDUCTIBLE TO COVERAGE FOR 22 MALE STERILIZATION.

23 (III) A HIGH–DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 24 U.S.C. § 223, MAY APPLY A DEDUCTIBLE TO COVERAGE FOR MALE STERILIZATION.

25 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all 26 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or 27 after January 1, 2018.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2018, the effective date of Chapters 436 and 437 of the Acts of the General Assembly of 2016. If the effective date of Chapters 436 and 437 is amended, this Act shall take effect on the taking effect of Chapters 436 and 437.

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