

Chapter 438

(Senate Bill 33)

AN ACT concerning

Health Insurance – Coverage for Fertility Awareness–Based Methods

FOR the purpose of requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide certain coverage for certain instruction on certain fertility awareness–based methods; prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from applying a copayment, coinsurance requirement, or deductible to coverage for certain instruction on certain fertility awareness–based methods, except with respect to a certain health benefit plan; defining a certain term; providing for the application of this Act; providing for a delayed effective date; and generally relating to coverage for services relating to fertility awareness–based methods under health insurance.

BY adding to

Article – Insurance

Section 15–826.3

Annotated Code of Maryland

(2017 Replacement Volume)

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

Article – Insurance**15–826.3.**

(A) IN THIS SECTION, “FERTILITY AWARENESS–BASED METHODS” MEANS METHODS OF IDENTIFYING TIMES OF FERTILITY AND INFERTILITY BY AN INDIVIDUAL TO AVOID OR ACHIEVE PREGNANCY, INCLUDING:

- (1) CERVICAL MUCUS METHODS;**
- (2) SYMPTO–THERMAL OR SYMPTO–HORMONAL METHODS;**
- (3) THE STANDARD DAYS METHOD; AND**
- (4) THE LACTATIONAL AMENORRHEA METHOD.**

(B) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR INSTRUCTION BY A LICENSED HEALTH CARE PROVIDER ON FERTILITY AWARENESS-BASED METHODS.

(D) EXCEPT WITH RESPECT TO A HEALTH BENEFIT PLAN THAT IS A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT, AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A COPAYMENT, COINSURANCE REQUIREMENT, OR DEDUCTIBLE TO THE COVERAGE REQUIRED UNDER THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans subject to this Act that are issued, delivered, or renewed in the State on or after January 1, 2019.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2019.

Approved by the Governor, May 8, 2018.