Chapter 450

(House Bill 1283)

AN ACT concerning

Health Insurance – Prescription Contraceptives – Coverage for Single Dispensing

FOR the purpose of altering the length of the period for which a certain insurer, nonprofit health service plan, and health maintenance organization is required to provide coverage for a single dispensing of a supply of prescription contraceptives; repealing a certain provision of law authorizing a certain insurer, nonprofit health service plan, and health maintenance organization to provide coverage for a supply of prescription contraceptives that is for less than a certain period; providing that a certain provision of this Act may not be construed to require a provider to prescribe, furnish, or dispense contraceptives for a certain number of months at a certain time; making conforming changes; providing for the application of this Act; providing for a delayed effective date; and generally relating to health insurance coverage for prescription contraceptives.

BY repealing and reenacting, without amendments,
Article – Insurance
Section 15–826.1(a) and (b)
Annotated Code of Maryland
(2017 Replacement Volume)

BY repealing and reenacting, with amendments,
Article – Insurance
Section 15–826.1(d)
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

15–826.1.

(a) In this section, “authorized prescriber” has the meaning stated in § 12–101 of the Health Occupations Article.

(b) This section applies to:
(1) insurers and nonprofit health service plans that provide coverage for contraceptive drugs and devices under individual, group, or blanket health insurance policies or contracts that are issued or delivered in the State; and

(2) health maintenance organizations that provide coverage for contraceptive drugs and devices under individual or group contracts that are issued or delivered in the State.

(d) (1) Except as provided in paragraphs (2) and (3) of this subsection, an entity subject to this section shall provide coverage for a single dispensing to an insured or an enrollee of a supply of prescription contraceptives for UP TO a 6–month period.

[(2)] Subject to § 15–824 of this subtitle, an entity subject to this section may provide coverage for a supply of prescription contraceptives that is for less than a 6–month period, if a 6–month supply would extend beyond the plan year.

(3) Paragraph (1) of this subsection does not apply to the first 2–month supply of prescription contraceptives dispensed to an insured or an enrollee under:

(i) the initial prescription for the contraceptives; or

(ii) any subsequent prescription for a contraceptive that is different than the last contraceptive dispensed to the insured or the enrollee.]

[(4)] (2) Whenever an entity subject to this section increases the copayment for a single dispensing of a supply of prescription contraceptives for UP TO a 6–month period, the entity shall also increase proportionately the dispensing fee paid to the pharmacist.

(3) THIS SUBSECTION MAY NOT BE CONSTRUED TO REQUIRE A PROVIDER TO PRESCRIBE, FURNISH, OR DISPENSE 12 MONTHS OF CONTRACEPTIVES AT ONE TIME.

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 2020.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2019 2020.

Approved by the Governor, May 8, 2018.