

SB0931/497676/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 931
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 6, after “Program;” insert “altering the definition of “specialty drug” for the purpose of”; strike beginning with the first “the” in line 7 down through “limiting” in line 8; strike beginning with “impose” in line 9 down through “requirements” in line 10 and substitute “require a covered specialty drug to be obtained through a certain pharmacy or other sources and to provide coverage for specialty drugs through a managed care system”; and after line 26, insert:

“BY adding to

Article – Insurance

Section 15–847.1

Annotated Code of Maryland

(2017 Replacement Volume and 2019 Supplement)”.

AMENDMENT NO. 2

On page 5, after line 9, insert:

“15–847.1.

(A) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(Over)

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL GROUP CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT OR COINSURANCE REQUIREMENT ON A PRESCRIPTION DRUG PRESCRIBED TO TREAT DIABETES, HIV, OR AIDS THAT EXCEEDS \$150 FOR UP TO A 30-DAY SUPPLY OF THE DRUG.

(2) ON JULY 1 EACH YEAR, THE LIMIT ON THE COPAYMENT OR COINSURANCE REQUIREMENT ON A PRESCRIPTION DRUG PRESCRIBED TO TREAT DIABETES, HIV, OR AIDS SHALL INCREASE BY A PERCENTAGE EQUAL TO THE PERCENTAGE CHANGE FROM THE PRECEDING YEAR IN THE MEDICAL CARE COMPONENT OF THE MARCH CONSUMER PRICE INDEX FOR ALL URBAN CONSUMERS, WASHINGTON METROPOLITAN AREA, FROM THE U.S. DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS.”