HOUSE BILL 134

0lr1283

By: **Delegates Reznik and Valderrama** Introduced and read first time: January 15, 2020 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

Health Insurance - Prescription Insulin Drugs - Limits on Copayment and Coinsurance

- FOR the purpose of requiring certain insurers, nonprofit health service plans, and health
 maintenance organizations to limit the cumulative amount a covered individual is
 required to pay in copayments or coinsurance for a covered prescription insulin drug
 to a certain amount; providing for the application of this Act; providing for a delayed
 effective date; and generally relating to coverage for prescription insulin drugs under
 health insurance.
- 10 BY adding to
- 11 Article Insurance
- 12 Section 15–822.1
- 13 Annotated Code of Maryland
- 14 (2017 Replacement Volume and 2019 Supplement)
- 15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 16 That the Laws of Maryland read as follows:
 - Article Insurance

18 **15–822.1**.

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- 19 (A) (1) THIS SECTION APPLIES TO:
- 20 (I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT 21 PROVIDE COVERAGE FOR PRESCRIPTION DRUGS TO INDIVIDUALS OR GROUPS
- 22 UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE DELIVERED IN THE
- 23 STATE; AND



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1(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE2COVERAGE FOR PRESCRIPTION DRUGS TO INDIVIDUALS OR GROUPS UNDER3CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

4 (2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH 5 MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION 6 DRUGS AND DEVICES THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO 7 THE REQUIREMENTS OF THIS SECTION.

8 (B) AN ENTITY SUBJECT TO THIS SECTION SHALL LIMIT THE CUMULATIVE 9 AMOUNT A COVERED INDIVIDUAL IS REQUIRED TO PAY IN COPAYMENTS OR 10 COINSURANCE FOR A COVERED PRESCRIPTION INSULIN DRUG TO NOT MORE THAN 11 \$100, REGARDLESS OF THE AMOUNT OR TYPE OF INSULIN NEEDED TO FILL THE 12 COVERED INDIVIDUAL'S PRESCRIPTIONS.

13 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all 14 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or 15 after January 1, 2021.

16 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect 17 January 1, 2021.