C37 lr 3555

By: Delegate Kipke

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Introduced and read first time: February 17, 2017 Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1	AN ACT concerning
2 3	Health Insurance – Coverage for Male Sterilization – High–Deductible Health Plans
4 5 6 7	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, 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)
14	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
15	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.
21	(2) This subsection applies to:
22	(i) insurers and nonprofit health service plans that provide hospital,
23	medical, or surgical benefits to groups on an expense-incurred basis under health

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

insurance policies or contracts that are issued or delivered in the State; and

[Brackets] indicate matter deleted from existing law.



- 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 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 grandfathered health plan, as defined in § 1251 of the Affordable Care Act,] AS PROVIDED IN SUBPARAGRAPHS (II) AND (III) OF THIS PARAGRAPH, an entity subject to this subsection may not apply a copayment, coinsurance requirement, or deductible to coverage for male sterilization.
- (II) A HEALTH BENEFIT PLAN THAT IS A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT, MAY APPLY A COPAYMENT, COINSURANCE REQUIREMENT, OR DEDUCTIBLE TO COVERAGE FOR MALE STERILIZATION.
- 23 (III) A HIGH-DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, MAY APPLY A DEDUCTIBLE TO COVERAGE FOR MALE STERILIZATION.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or 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.