5lr2851 CF SB 646

By: Delegates Woods, Alston, Bagnall, Bhandari, Chisholm, Davis, Fisher, Ghrist, Guzzone, Harris, Harrison, Kaufman, Kerr, J. Long, Lopez, Martinez, McCaskill, M. Morgan, Patterson, Roberts, Rosenberg, Schmidt, Simmons, Szeliga, Taveras, Taylor, Terrasa, and Wilkins

Introduced and read first time: January 31, 2025 Assigned to: Health and Government Operations

A BILL ENTITLED

1	AN ACT concerning					
2 3						
4 5 6 7	maintenance organizations from imposing a step therapy or fail-first protocol or insulin or certain other similar medications used to treat an insured's or enrollee'					
8 9 10 11 12	BY repealing and reenacting, without amendments, Article – Insurance Section 15–142(a)(1) and (4) and (b) Annotated Code of Maryland (2017 Replacement Volume and 2024 Supplement)					
13 14 15 16 17	BY repealing and reenacting, with amendments, Article – Insurance Section 15–142(e) Annotated Code of Maryland (2017 Replacement Volume and 2024 Supplement)					
18 19	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:					
20	Article – Insurance					
21	15–142.					
22	(a) (1) In this section the following words have the meanings indicated.					



1 2 3 4 5	(4) (i) "Step therapy or fail–first protocol" means a protocol established by an insurer, a nonprofit health service plan, or a health maintenance organization that requires a prescription drug or sequence of prescription drugs to be used by an insured or an enrollee before a prescription drug ordered by a prescriber for the insured or the enrollee is covered.						
6 7 8 9	(ii) "Step therapy or fail-first protocol" includes a protocol that meets the definition under subparagraph (i) of this paragraph regardless of the name, label, or terminology used by the insurer, nonprofit health service plan, or health maintenance organization to identify the protocol.						
10	(b) (1) This section applies to:						
11 12 13	, 6						
14 15 16	medical, or surgical benefits to individuals or groups under contracts that are issued or						
17 18 19	(2) An insurer, a nonprofit health service plan, or a health maintenance organization that provides coverage for prescription drugs through a pharmacy benefits manager is subject to the requirements of this section.						
20 21 22	protocol on an insured or an enrollee for a prescription drug approved by the U.S. Food and						
23 24	(1) (I) the prescription drug is used to treat the insured's or enrollee's stage four advanced metastatic cancer; and						
25	[(2)] (II) use of the prescription drug is:						
26 27 28 29	Administration—approved indication or the National Comprehensive Cancer Network Drugs & Biologics Compendium indication for the treatment of stage four advanced						
30	[(ii)] 2. supported by peer-reviewed medical literature; OR						
31	(2) THE PRESCRIPTION DRUG IS:						

USED TO TREAT THE INSURED'S OR ENROLLEE'S TYPE 1,

(I)

TYPE 2, OR GESTATIONAL DIABETES; AND

32 33

(II)	1.	INSULIN;	OR

- 2. AN INSULIN ANALOG OR OTHER PRESCRIPTION DRUG 3 THAT PERFORMS A SIMILAR FUNCTION TO INSULIN, REGARDLESS OF THE 4 ACTIVATION PERIOD, WHETHER THE SOLUTION IS MIXED BEFORE OR AFTER 5 DISPENSING, OR WHETHER THE DRUG IS ADMINISTERED BY INJECTION OR 6 INHALATION.
- 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, 2026.
- SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2026.