

Department of Legislative Services
Maryland General Assembly
2018 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 780 (Delegate Rosenberg, *et al.*)
Health and Government Operations

Insurance - Contraceptive Coverage - Consumer Information

This bill requires insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) that provide coverage for prescription drugs to develop a specified contraceptive coverage information document for each of the carriers' plans and make the documents available in a specified manner.

Fiscal Summary

State Effect: Minimal special fund revenue increase for the Maryland Insurance Administration from the \$125 rate and form filing fee. Review of filings can likely be handled with existing budgeted resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The contraceptive coverage information document must include (1) all brand name and generic contraceptive drugs and devices covered by the plan; (2) all surgical contraceptive methods covered by the plan; (3) all cost-sharing requirements for each contraceptive drug or device and related health care visits covered by the plan; and (4) any medical management or utilization review requirements for each contraceptive drug or device covered by the plan.

The document must be available on the carrier's public website (accessible for both enrollees and prospective consumers) and filed with the Insurance Commissioner as part of any premium rate submission.

Current Law: Under Maryland law, there are 49 mandated health insurance benefits that certain carriers must provide to their enrollees, including coverage for contraceptive drugs and devices. Carriers must provide coverage for any U.S. Food and Drug Administration (FDA)-approved prescription contraceptive drug or device, including coverage for the insertion or removal or any medically necessary examination associated with the use of a contraceptive drug or device.

Under Chapters 436 and 437 of 2016, effective January 1, 2018, carriers may not apply most copayment or coinsurance requirements for an FDA-approved prescription contraceptive drug or device or require prior authorization for certain prescription contraceptive drugs or devices. Carriers must provide coverage for off-formulary prescription contraceptives for adherence purposes, expand access to male sterilization without copayment or coinsurance requirements, and provide coverage for FDA-approved over-the-counter contraceptive drugs.

Under the federal Patient Protection and Affordable Care Act, plans sold through an exchange must cover contraceptive methods, including patient education and counseling for all women, as prescribed by a health care provider. Services must be covered without a copayment or coinsurance when provided by an in-network provider.

Additional Information

Prior Introductions: None.

Cross File: SB 744 (Senator Kelley, *et al.*) - Finance.

Information Source(s): Maryland Insurance Administration; Maryland Health Benefit Exchange; Department of Legislative Services

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md/ljm

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