

MAINE STATE LEGISLATURE

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119th MAINE LEGISLATURE

FIRST REGULAR SESSION-1999

Legislative Document

No. 1168

S.P. 389

In Senate, February 9, 1999

An Act to Provide Equity in Prescription Insurance for Contraceptive Coverage.

Reference to the Committee on Banking and Insurance suggested and ordered printed.

A handwritten signature in cursive script that reads "Joy J. O'Brien".

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator PINGREE of Knox.
Cosponsored by Representative SAXL of Bangor and
Senators: AMERO of Cumberland, President LAWRENCE of York, DOUGLASS of
Androscoggin, GOLDTHWAIT of Hancock, MITCHELL of Penobscot, Representatives:
MAYO of Bath, HATCH of Skowhegan, LABRECQUE of Gorham, LINDAHL of Northport,
O'BRIEN of Augusta, SAMSON of Jay.

2 **Be it enacted by the People of the State of Maine as follows:**

4 **Sec. 1. 24 MRSA §2332-J is enacted to read:**

6 **§2332-J. Coverage for contraceptives**

8 **1. Coverage requirements.** All individual and group
10 nonprofit hospital and medical services plan policies and
12 contracts and all nonprofit health care plan policies and
14 contracts that provide coverage for prescription drugs or
16 outpatient medical services must provide coverage for all
18 prescription contraceptives approved by the federal Food and Drug
20 Administration or for outpatient contraceptive services,
 respectively, to the same extent that coverage is provided for
 other prescription drugs or outpatient medical services. For
 purposes of this section, the term "outpatient contraceptive
 services" means consultations, examinations, procedures and
 medical services provided on an outpatient basis and related to
 the use of contraceptive methods to prevent an unintended
 pregnancy.

22 **2. Prohibitions.** An insurance carrier that offers an
24 individual or group nonprofit hospital and medical services plan
26 policy or contract or a nonprofit health care plan policy or
 contract may not:

28 **A. Deny to any individual or covered person eligibility or
30 continued eligibility to enroll or to renew coverage under
32 the terms of the policy or contract because of the
 individual's or covered person's use or potential use of
 items or services that are covered in accordance with the
 requirements of this section;**

34 **B. Provide monetary payments or rebates to a covered person
36 to encourage that person to accept less than the minimum
 protections available under this section;**

38 **C. Penalize or otherwise reduce or limit the reimbursement
40 of a health care professional because that professional
42 prescribed contraceptive drugs or provided contraceptive
 services in accordance with this section; or**

44 **D. Provide incentives, monetary or otherwise, to a health
46 care professional to induce that professional to withhold
 from a covered person contraceptive drugs or contraceptive
 services.**

48 **Sec. 2. 24-A MRSA §2756 is enacted to read:**

50 **§2756. Coverage for contraceptives**

2 1. Coverage requirements. All individual health policies
4 and contracts, except accidental injury, specified disease,
6 hospital indemnity, Medicare supplement, long-term care and other
8 limited benefit health insurance policies and contracts, that
10 provide coverage for prescription drugs or outpatient medical
12 services must provide coverage for all prescription
14 contraceptives approved by the federal Food and Drug
16 Administration or for outpatient contraceptive services,
18 respectively, to the same extent that coverage is provided for
20 other prescription drugs or outpatient medical services. For
22 purposes of this section, the term "outpatient contraceptive
24 services" means consultations, examinations, procedures and
26 medical services provided on an outpatient basis and related to
28 the use of contraceptive methods to prevent an unintended
30 pregnancy.

32 2. Prohibitions. An insurance carrier that offers an
34 individual health policy or contract except an accidental injury,
36 specified disease, hospital indemnity, Medicare supplement,
38 long-term care or other limited benefit health insurance policy
40 or contract may not:

42 A. Deny to any individual or covered person eligibility or
44 continued eligibility to enroll or to renew coverage under
46 the terms of the policy or contract because of the
48 individual's or covered person's use or potential use of
50 items or services that are covered in accordance with the
52 requirements of this section;

54 B. Provide monetary payments or rebates to a covered person
56 to encourage that person to accept less than the minimum
58 protections available under this section;

60 C. Penalize or otherwise reduce or limit the reimbursement
62 of a health care professional because that professional
64 prescribed contraceptive drugs or provided contraceptive
66 services in accordance with this section; or

68 D. Provide incentives, monetary or otherwise, to a health
70 care professional to induce that professional to withhold
72 from a covered person contraceptive drugs or contraceptive
74 services.

76 Sec. 3. 24-A MRSA §2847-G is enacted to read:

78 **§2847-G. Coverage for contraceptives**

80 1. Coverage requirements. All group insurance policies and
82 contracts, except accidental injury, specified disease, hospital
84 indemnity, Medicare supplement, long-term care and other limited

2 benefit health insurance policies and contracts that provide
3 coverage for prescription drugs or outpatient medical services
4 must provide coverage for all prescription contraceptives
5 approved by the federal Food and Drug Administration or for
6 outpatient contraceptive services, respectively, to the same
7 extent that coverage is provided for other prescription drugs or
8 outpatient medical services. For purposes of this section, the
9 term "outpatient contraceptive services" means consultations,
10 examinations, procedures and medical services provided on an
11 outpatient basis and related to the use of contraceptive methods
12 to prevent an unintended pregnancy.

13
14 2. Prohibitions. An insurance carrier that offers an group
15 insurance policy or contract, except an accidental injury,
16 specified disease, hospital indemnity, Medicare supplement,
17 long-term care or other limited benefit health insurance policy
18 or contract may not:

19
20 A. Deny to any individual or covered person eligibility or
21 continued eligibility to enroll or to renew coverage under
22 the terms of the policy or contract because of the
23 individual's or covered person's use or potential use of
24 items or services that are covered in accordance with the
25 requirements of this section;

26 B. Provide monetary payments or rebates to a covered person
27 to encourage that person to accept less than the minimum
28 protections available under this section;

29
30 C. Penalize or otherwise reduce or limit the reimbursement
31 of a health care professional because that professional
32 prescribed contraceptive drugs or provided contraceptive
33 services in accordance with this section; or

34
35 D. Provide incentives, monetary or otherwise, to a health
36 care professional to induce that professional to withhold
37 from a covered person contraceptive drugs or contraceptive
38 services.

39
40 Sec. 4. 24-A MRSA §4245 is enacted to read:

41
42 §4245. Coverage for contraceptives

43
44 1. Coverage requirements. All health maintenance
45 organization individual and group health contracts that provide
46 coverage for prescription drugs or outpatient medical services
47 must provide coverage for all prescription contraceptives
48 approved by the federal Food and Drug Administration or for
49 outpatient contraceptive services, respectively, to the same
50 extent that coverage is provided for other prescription drugs or
outpatient medical services. For purposes of this section, the

2 term "outpatient contraceptive services" means consultations,
4 examinations, procedures and medical services provided on an
6 outpatient basis and related to the use of contraceptive methods
8 to prevent an unintended pregnancy.

10 2. Prohibitions. A health maintenance organization that
12 offers an individual or group health contract may not:

14 A. Deny to any individual or covered person eligibility or
16 continued eligibility to enroll or to renew coverage under
18 the terms of the contract because of the individual's or
20 covered person's use or potential use of items or services
22 that are covered in accordance with the requirements of this
24 section;

26 B. Provide monetary payments or rebates to a covered person
28 to encourage that person to accept less than the minimum
30 protections available under this section;

32 C. Penalize or otherwise reduce or limit the reimbursement
34 of a health care professional because that professional
36 prescribed contraceptive drugs or provided contraceptive
38 services in accordance with this section; or

40 D. Provide incentives, monetary or otherwise, to a health
42 care professional to induce that professional to withhold
44 from a covered person contraceptive drugs or contraceptive
46 services.

Sec. 5. Applicability. This Act applies to all policies and contracts executed, delivered, issued for delivery, continued or renewed on or after the effective date of this Act. All policies and contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

SUMMARY

This bill requires insurance policies and contracts that provide coverage for prescription drugs or outpatient medical services to provide coverage for prescription contraceptives approved by the federal Food and Drug Administration or for outpatient contraceptive services, respectively, to the same extent that coverage is provided for other prescription drugs or outpatient medical services. This requirement may be enforced through the appeals process required for insurance policies and contracts by current law or through appropriate action by the

2 Department of Administrative and Financial Services, Bureau of Insurance.