

# MAINE STATE LEGISLATURE

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5/15/17  
R. 179

Date: 5/15/17 Majority

(Filing No. H-179)

**INSURANCE AND FINANCIAL SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
128TH LEGISLATURE  
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 860, L.D. 1237, Bill, "An Act To Require Insurance Coverage for Contraceptive Supplies"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

**'Sec. 1. 24-A MRSA §2756, sub-§3** is enacted to read:

**3. Coverage of contraceptive supplies.** Coverage required under this section must include coverage for contraceptive supplies in accordance with the following requirements. For purposes of this section, "contraceptive supplies" means all contraceptive drugs, devices and products approved by the federal Food and Drug Administration to prevent an unwanted pregnancy.

A. Coverage must be provided without any deductible, coinsurance, copayment or other cost-sharing requirement for at least one contraceptive supply within each method of contraception that is identified by the federal Food and Drug Administration to prevent an unwanted pregnancy and prescribed by a health care provider.

B. If there is a therapeutic equivalent of a contraceptive supply within a contraceptive method approved by the federal Food and Drug Administration, an insurer may provide coverage for more than one contraceptive supply and may impose cost-sharing requirements as long as at least one contraceptive supply within that method is available without cost sharing.

C. If an individual's health care provider recommends a particular contraceptive supply approved by the federal Food and Drug Administration for the individual based on a determination of medical necessity, the insurer shall defer to the provider's determination and judgment and shall provide coverage without cost sharing for the prescribed contraceptive supply.

D. Coverage must be provided for the furnishing or dispensing of prescribed contraceptive supplies intended to last for a 12-month period, which may be

**COMMITTEE AMENDMENT**

1 furnished or dispensed all at once or over the course of the 12 months at the  
2 discretion of the health care provider.

3 **Sec. 2. 24-A MRSA §2847-G, sub-§4** is enacted to read:

4 **4. Coverage of contraceptive supplies.** Coverage required under this section must  
5 include coverage for contraceptive supplies in accordance with the following  
6 requirements. For purposes of this section, "contraceptive supplies" means all  
7 contraceptive drugs, devices and products approved by the federal Food and Drug  
8 Administration to prevent an unwanted pregnancy.

9 A. Coverage must be provided without any deductible, coinsurance, copayment or  
10 other cost-sharing requirement for at least one contraceptive supply within each  
11 method of contraception that is identified by the federal Food and Drug  
12 Administration to prevent an unwanted pregnancy and prescribed by a health care  
13 provider.

14 B. If there is a therapeutic equivalent of a contraceptive supply within a  
15 contraceptive method approved by the federal Food and Drug Administration, an  
16 insurer may provide coverage for more than one contraceptive supply and may  
17 impose cost-sharing requirements as long as at least one contraceptive supply within  
18 that method is available without cost sharing.

19 C. If an individual's health care provider recommends a particular contraceptive  
20 supply approved by the federal Food and Drug Administration for the individual  
21 based on a determination of medical necessity, the insurer shall defer to the provider's  
22 determination and judgment and shall provide coverage without cost sharing for the  
23 prescribed contraceptive supply.

24 D. Coverage must be provided for the furnishing or dispensing of prescribed  
25 contraceptive supplies intended to last for a 12-month period, which may be  
26 furnished or dispensed all at once or over the course of the 12 months at the  
27 discretion of the health care provider.

28 **Sec. 3. 24-A MRSA §4247, sub-§4** is enacted to read:

29 **4. Coverage of contraceptive supplies.** Coverage required under this section must  
30 include coverage for contraceptive supplies in accordance with the following  
31 requirements. For purposes of this section, "contraceptive supplies" means all  
32 contraceptive drugs, devices and products approved by the federal Food and Drug  
33 Administration to prevent an unwanted pregnancy.

34 A. Coverage must be provided without any deductible, coinsurance, copayment or  
35 other cost-sharing requirement for at least one contraceptive supply within each  
36 method of contraception that is identified by the federal Food and Drug  
37 Administration to prevent an unwanted pregnancy and prescribed by a health care  
38 provider.

39 B. If there is a therapeutic equivalent of a contraceptive supply within a  
40 contraceptive method approved by the federal Food and Drug Administration, a  
41 health maintenance organization may provide coverage for more than one  
42 contraceptive supply and may impose cost-sharing requirements as long as at least  
43 one contraceptive supply within that method is available without cost sharing.

1 C. If an individual's health care provider recommends a particular contraceptive  
2 supply approved by the federal Food and Drug Administration for the individual  
3 based on a determination of medical necessity, the health maintenance organization  
4 shall defer to the provider's determination and judgment and shall provide coverage  
5 without cost sharing for the prescribed contraceptive supply.

6 D. Coverage must be provided for the furnishing or dispensing of prescribed  
7 contraceptive supplies intended to last for a 12-month period, which may be  
8 furnished or dispensed all at once or over the course of the 12 months at the  
9 discretion of the health care provider.

10 **Sec. 4. Application.** The requirements of this Act apply to all policies, contracts  
11 and certificates executed, delivered, issued for delivery, continued or renewed in this  
12 State on or after January 1, 2019. For purposes of this Act, all contracts are deemed to be  
13 renewed no later than the next yearly anniversary of the contract date.

14 **Sec. 5. Exemption from review.** Notwithstanding the Maine Revised Statutes,  
15 Title 24-A, section 2752, this Act is enacted without review and evaluation by the Bureau  
16 of Insurance within the Department of Professional and Financial Regulation.'

17 **SUMMARY**

18 This amendment is the majority report of the committee and replaces the bill. It  
19 amends the requirements in current law relating to coverage of contraceptives to include  
20 coverage for contraceptive supplies without cost sharing for at least one drug, device or  
21 other product for each contraceptive method. If a health care provider recommends a  
22 particular contraceptive supply on the basis of medical necessity, coverage must be  
23 provided for that particular supply without cost sharing. The amendment also clarifies  
24 that coverage must be provided for contraceptives dispensed for a 12-month period at the  
25 discretion of the health care provider.

26 The requirements apply to all individual and group policies and contracts issued or  
27 renewed on or after January 1, 2019. The amendment also adds language exempting the  
28 bill from the provisions of the Maine Revised Statutes, Title 24-A, section 2752.

29 **FISCAL NOTE REQUIRED**

30 **(See attached)**



Approved: 05/03/17 *MAC*

# 128th MAINE LEGISLATURE

LD 1237

LR 1832(02)

## An Act To Require Insurance Coverage for Contraceptive Supplies

Fiscal Note for Bill as Amended by Committee Amendment

Committee: Insurance and Financial Services

Fiscal Note Required: Yes

*ACH-179*

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### Fiscal Note

Minor cost increase - General Fund

Minor cost increase - Highway Fund

#### Fiscal Detail and Notes

Any additional costs to the Department of Administrative and Financial Services, Division of Employee Health & Benefits, to implement the provisions of this bill are expected to be minor and can be absorbed within existing budgeted resources.