

MAINE STATE LEGISLATURE

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130th MAINE LEGISLATURE

SECOND REGULAR SESSION-2022

Legislative Document

No. 1954

S.P. 691

In Senate, February 3, 2022

An Act To Ensure Access to Prescription Contraceptives

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Received by the Secretary of the Senate on February 1, 2022. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT
Secretary of the Senate

Presented by President JACKSON of Aroostook.
Cosponsored by Representative TALBOT ROSS of Portland and
Senators: BRENNER of Cumberland, CARNEY of Cumberland, DAUGHTRY of
Cumberland, VITELLI of Sagadahoc, Representatives: DUNPHY of Old Town, Speaker
FECTEAU of Biddeford, MORIARTY of Cumberland.

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

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

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

8 A. Coverage must be provided without any deductible, coinsurance, copayment or
9 other cost-sharing requirement.

10 B. If the federal Food and Drug Administration has approved one or more therapeutic
11 equivalents of a contraceptive supply, an insurer is not required to cover all those
12 therapeutically equivalent versions in accordance with this subsection, as long as at
13 least one is covered without any deductible, coinsurance, copayment or other cost-
14 sharing requirement in accordance with this subsection.

15 C. Coverage must be provided for the furnishing or dispensing of prescribed
16 contraceptive supplies intended to last for a 12-month period, which may be furnished
17 or dispensed all at once or over the course of the 12 months at the discretion of the
18 health care provider.

19 **Sec. 2. 24-A MRSA §2756, sub-§3**, as enacted by PL 2017, c. 190, §1, is amended
20 to read:

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

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

30 B. If there is a therapeutic equivalent of a contraceptive supply within a contraceptive
31 method approved by the federal Food and Drug Administration, an insurer may provide
32 coverage for more than has approved one or more therapeutic equivalents of a
33 contraceptive supply and may impose, an insurer is not required to cover all those
34 therapeutically equivalent versions in accordance with this subsection, as long as at
35 least one is covered without any deductible, coinsurance, copayment or other cost-
36 sharing requirements as long as at least one contraceptive supply within that method is
37 available without cost sharing requirement in accordance with this subsection.

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

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

5 **Sec. 3. 24-A MRSA §2847-G, sub-§4**, as enacted by PL 2017, c. 190, §2, is
6 amended to read:

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

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

16 B. ~~If there is a therapeutic equivalent of a contraceptive supply within a contraceptive~~
17 ~~method approved by the federal Food and Drug Administration, an insurer may provide~~
18 ~~coverage for more than has approved one or more therapeutic equivalents of a~~
19 ~~contraceptive supply and may impose, an insurer is not required to cover all those~~
20 ~~therapeutically equivalent versions in accordance with this subsection, as long as at~~
21 ~~least one is covered without any deductible, coinsurance, copayment or other cost-~~
22 ~~sharing requirements as long as at least one contraceptive supply within that method is~~
23 ~~available without cost sharing requirement in accordance with this subsection.~~

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

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

33 **Sec. 4. 24-A MRSA §4247, sub-§4**, as enacted by PL 2017, c. 190, §3, is amended
34 to read:

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

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

1 B. ~~If there is a therapeutic equivalent of a contraceptive supply within a contraceptive~~
2 ~~method approved by the federal Food and Drug Administration, a health maintenance~~
3 ~~organization may provide coverage for more than has approved one or more therapeutic~~
4 ~~equivalents of a contraceptive supply and may impose, a health maintenance~~
5 ~~organization is not required to cover all those therapeutically equivalent versions in~~
6 ~~accordance with this subsection, as long as at least one is covered without any~~
7 ~~deductible, coinsurance, copayment or other cost-sharing requirements as long as at~~
8 ~~least one contraceptive supply within that method is available without cost sharing~~
9 ~~requirement in accordance with this subsection.~~

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

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

19 **SUMMARY**

20 This bill requires health insurance policies to cover all contraceptive drugs, devices and
21 products approved by the federal Food and Drug Administration without any deductible,
22 coinsurance, copayment or other cost-sharing requirement. If the federal Food and Drug
23 Administration has approved one or more therapeutic equivalents of a contraceptive
24 supply, an insurer or a health maintenance organization is not required to cover all those
25 therapeutically equivalent versions, as long as at least one is covered without any
26 deductible, coinsurance, copayment or other cost-sharing requirement. It also requires all
27 individual and group nonprofit hospital and medical services plan policies and contracts
28 and all nonprofit health plan policies and contracts that provide coverage for prescription
29 drugs or outpatient services to provide coverage for the furnishing or dispensing of
30 prescribed contraceptive drugs, devices and products intended to last for a 12-month
31 period, as is required of other types of health insurance policies.