

SENATE BILL 96

C3

7lr1274

By: **Senator Reilly**

Introduced and read first time: January 12, 2017

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Coverage for Fertility Awareness–Based Methods**

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, and health
4 maintenance organizations to provide certain coverage for certain instruction on
5 certain fertility awareness–based methods; prohibiting certain insurers, nonprofit
6 health service plans, and health maintenance organizations from applying a
7 copayment, coinsurance requirement, or deductible to coverage for certain
8 instruction on certain fertility awareness–based methods, except with respect to a
9 certain health benefit plan; defining certain terms; providing for the application of
10 this Act; and generally relating to coverage for services relating to fertility
11 awareness–based methods under health insurance.

12 BY adding to
13 Article – Insurance
14 Section 15–826.3
15 Annotated Code of Maryland
16 (2011 Replacement Volume and 2016 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
18 That the Laws of Maryland read as follows:

19 **Article – Insurance**

20 **15–826.3.**

21 **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS**
22 **INDICATED.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(2) “FERTILITY AWARENESS–BASED METHODS” MEANS METHODS OF IDENTIFYING TIMES OF FERTILITY AND INFERTILITY BY AN INDIVIDUAL TO AVOID OR ACHIEVE PREGNANCY, INCLUDING:

(I) CERVICAL MUCUS METHODS;

(II) SYMPTO–THERMAL OR SYMPTO–HORMONAL METHODS;

(III) THE STANDARD DAYS METHOD; AND

(IV) THE LACTATIONAL AMENORRHEA METHOD.

(3) “HEALTH CARE PRACTITIONER” HAS THE MEANING STATED IN § 1–301 OF THE HEALTH OCCUPATIONS ARTICLE.

(B) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE–INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR INSTRUCTION BY A HEALTH CARE PRACTITIONER ON FERTILITY AWARENESS–BASED METHODS.

(D) EXCEPT WITH RESPECT TO A HEALTH BENEFIT PLAN THAT IS A GRANDFATHERED HEALTH PLAN, AS DEFINED IN § 1251 OF THE AFFORDABLE CARE ACT, AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A COPAYMENT, COINSURANCE REQUIREMENT, OR DEDUCTIBLE TO THE COVERAGE REQUIRED UNDER THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans subject to this Act that are issued, delivered, or renewed in the State on or after October 1, 2017.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2017.