CHAPTER 1

AN ACT concerning Health Insurance - Mandated Benefits - Smoking Cessation Treatment

FOR the purpose of requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for certain drugs, and nicotine replacement therapy, and office visits to a physician or other health care provider to assist an insured or enrollee to cease the use of tobacco products; prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from imposing certain copayments or coinsurance requirements for certain drugs, and nicotine replacement therapy, and office visits; defining certain terms; providing for the application of this Act; and generally relating to health insurance benefits for smoking cessation treatment.

BY adding to Article - Health - General Section 19-706(ddd)
1 Annotated Code of Maryland
2 (2000 Replacement Volume and 2004 Supplement)
3 BY adding to
4 Article - Insurance
5 Section 15-841
6 Annotated Code of Maryland
7 (2002 Replacement Volume and 2004 Supplement)
8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
9 MARYLAND, That the Laws of Maryland read as follows:

10 Article - Health - General
11
12 Article - Insurance
13 15-841.
14
15 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
16 INDICATED.
17 (2) "AUTHORIZED PRESCRIBER" HAS THE MEANING STATED IN § 12-101
18 OF THE HEALTH OCCUPATIONS ARTICLE.
19 (3) (I) "NICOTINE REPLACEMENT THERAPY" MEANS A PRODUCT THAT:
20 1. IS USED TO DELIVER NICOTINE TO AN INDIVIDUAL
21 ATTEMPTING TO CEASE THE USE OF TOBACCO PRODUCTS; AND
22 2. IS OBTAINED UNDER A PRESCRIPTION WRITTEN BY AN
23 AUTHORIZED PRESCRIBER.
24 (II) "NICOTINE REPLACEMENT THERAPY" INCLUDES GUM,
25 LOZENGES, NASAL SPRAYS, INHALERS, AND TRANSDERMAL PATCHES DOES NOT
26 INCLUDE ANY OVER-THE-COUNTER PRODUCT THAT MAY BE OBTAINED WITHOUT A
27 PRESCRIPTION.
28 (4) "TOBACCO PRODUCT" HAS THE MEANING STATED IN § 10-101 OF THE
29 CRIMINAL LAW ARTICLE.
30 (B) (1) THIS SUBSECTION APPLIES TO:
31 (I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
32 PROVIDE COVERAGE FOR PRESCRIPTION DRUGS TO INDIVIDUALS OR GROUPS UNDER
1 HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN
2 THE STATE; AND

3 (II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
4 COVERAGE FOR PRESCRIPTION DRUGS TO INDIVIDUALS OR GROUPS UNDER
5 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

6 (2) AN ENTITY SUBJECT TO THIS SUBSECTION SHALL PROVIDE
7 COVERAGE FOR:

8 (I) EXCEPT FOR A DRUG THAT MAY BE OBTAINED
9 OVER-THE-COUNTER WITHOUT A PRESCRIPTION, ANY DRUG THAT:

10 1. IS APPROVED BY THE UNITED STATES FOOD AND DRUG
11 ADMINISTRATION AS AN AID FOR THE CESSATION OF THE USE OF TOBACCO
12 PRODUCTS; AND

13 2. IS OBTAINED UNDER A PRESCRIPTION WRITTEN BY AN
14 AUTHORIZED PRESCRIBER; AND

15 (II) TWO 90-DAY COURSES OF NICOTINE REPLACEMENT THERAPY
16 DURING EACH 12-MONTH PERIOD POLICY YEAR.

17 (3) AN ENTITY SUBJECT TO THIS SUBSECTION MAY NOT IMPOSE A
18 DIFFERENT COPAYMENT OR COINSURANCE REQUIREMENT FOR A DRUG OR
19 NICOTINE REPLACEMENT THERAPY PROVIDED UNDER PARAGRAPH (2) OF THIS
20 SUBSECTION THAN IS IMPOSED FOR ANY OTHER COMPARABLE PRESCRIPTION.

21 (C) (1) THIS SUBSECTION APPLIES TO:

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

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

29 (2) AN ENTITY SUBJECT TO THIS SUBSECTION SHALL PROVIDE
30 COVERAGE FOR:

31 (I) TWO OFFICE VISITS TO A PHYSICIAN OR OTHER HEALTH CARE
32 PROVIDER DURING EACH 12-MONTH PERIOD FOR THE EVALUATION AND
33 TREATMENT OF AN INSURED OR ENROLLEE TO ASSIST THE INSURED OR ENROLLEE
34 TO CEASE THE USE OF TOBACCO PRODUCTS; AND

35 (II) TWO OFFICE VISITS TO A PHYSICIAN OR OTHER HEALTH CARE
36 PROVIDER DURING EACH 12-MONTH PERIOD FOR THE EVALUATION AND
(3) AN ENTITY SUBJECT TO THIS SUBSECTION MAY NOT IMPOSE A DIFFERENT COPAYMENT OR COINSURANCE REQUIREMENT FOR AN OFFICE VISIT TO A PHYSICIAN OR OTHER HEALTH CARE PROVIDER FOR A PURPOSE DESCRIBED IN PARAGRAPH (2) OF THIS SUBSECTION THAN IS IMPOSED FOR ANY OTHER OFFICE VISIT TO A PHYSICIAN OR OTHER HEALTH CARE PROVIDER.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2005.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2005.