

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-FIVE

—
H.P. 96 - L.D. 163

**An Act to Require Health Insurance Coverage for Federally Approved
Nonprescription Oral Hormonal Contraceptives and Nonprescription
Emergency Contraceptives**

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

Sec. 1. 24 MRSA §2332-J, sub-§1, as enacted by PL 1999, c. 341, §1 and affected by §5, is amended to read:

1. Coverage requirements. All individual and group nonprofit hospital and medical services plan policies and contracts and all nonprofit health care plan policies and contracts that provide coverage for prescription drugs or outpatient medical services must provide coverage for all prescription contraceptives, nonprescription oral hormonal contraceptives and nonprescription emergency 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 in accordance with the requirements of this section.~~ 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. This section may not be construed to apply to prescription drugs or devices that are designed to terminate a pregnancy.

Sec. 2. 24 MRSA §2332-J, sub-§4, as enacted by PL 2021, c. 609, §1, is amended to read:

4. 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, including nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives.

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

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

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

D. A prescription is not required to obtain a nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive.

E. A nonprofit hospital or medical service organization or nonprofit health care service organization shall establish mechanisms to ensure that an enrollee who seeks coverage for a nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive at a pharmacy has the option to obtain the nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive at the point of sale without payment of any cost-sharing amount or to make the purchase at the pharmacy counter through an out-of-pocket payment at the point of sale and submit a claim for reimbursement.

F. The superintendent shall monitor compliance with the requirements for coverage of nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives and any rules adopted in accordance with subsection 5, including any complaints or barriers to implementation.

Sec. 3. 24 MRSA §2332-J, sub-§5 is enacted to read:

5. Rules. The superintendent may adopt rules as necessary to implement the requirements of this section, including rules related to mechanisms to ensure coverage for nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives and rules regarding notice to enrollees about how to access coverage for nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives. Rules adopted pursuant to this subsection are routine technical rules as described in Title 5, chapter 375, subchapter 2-A.

Sec. 4. 24-A MRSA §2756, sub-§1, as enacted by PL 1999, c. 341, §2 and affected by §5, is amended to read:

1. Coverage requirements. All individual health policies and contracts, except accidental injury, specified disease, hospital indemnity, Medicare supplement, disability income, long-term care and other limited benefit health insurance policies and contracts, that provide coverage for prescription drugs or outpatient medical services must provide coverage for all prescription contraceptives, nonprescription oral hormonal contraceptives and nonprescription emergency 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 in accordance with the requirements of this section.~~ 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. This section may not be construed to apply to prescription drugs or devices that are designed to terminate a pregnancy.

Sec. 5. 24-A MRSA §2756, sub-§3, as amended by PL 2021, c. 609, §2, is further amended 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, including nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives.

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

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

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

E. A prescription is not required to obtain a nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive.

F. An insurer shall establish mechanisms to ensure that an enrollee who seeks coverage for a nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive at a pharmacy has the option to obtain the nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive at the point of sale without payment of any cost-sharing amount or to make the purchase at the pharmacy counter through an out-of-pocket payment at the point of sale and submit a claim for reimbursement to the insurer.

G. The superintendent shall monitor compliance with the requirements for coverage of nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives and any rules adopted in accordance with subsection 4, including any complaints or barriers to implementation.

Sec. 6. 24-A MRSA §2756, sub-§4 is enacted to read:

4. Rules. The superintendent may adopt rules as necessary to implement the requirements of this section, including rules related to mechanisms to ensure coverage for nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives and rules regarding notice to enrollees about how to access coverage for nonprescription oral hormonal contraceptives and nonprescription emergency

contraceptives. Rules adopted pursuant to this subsection are routine technical rules as described in Title 5, chapter 375, subchapter 2-A.

Sec. 7. 24-A MRSA §2847-G, sub-§1, as enacted by PL 1999, c. 341, §3 and affected by §5, is amended to read:

1. Coverage requirements. All group insurance policies and contracts, except accidental injury, specified disease, hospital indemnity, Medicare supplement, disability income, long-term care and other limited benefit health insurance policies and contracts that provide coverage for prescription drugs or outpatient medical services must provide coverage for all prescription contraceptives, nonprescription oral hormonal contraceptives and nonprescription emergency 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 in accordance with the requirements of this section.~~ 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. This section may not be construed to apply to prescription drugs or devices that are designed to terminate a pregnancy.

Sec. 8. 24-A MRSA §2847-G, sub-§4, as amended by PL 2021, c. 609, §3, is further amended to read:

4. 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, including nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives.

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

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

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

E. A prescription is not required to obtain a nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive.

F. An insurer shall establish mechanisms to ensure that an enrollee who seeks coverage for a nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive at a pharmacy has the option to obtain the nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive at the point of sale without payment of any cost-sharing amount or to make the purchase at the pharmacy counter

through an out-of-pocket payment at the point of sale and submit a claim for reimbursement to the insurer.

G. The superintendent shall monitor compliance with the requirements for coverage of nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives and any rules adopted in accordance with subsection 5, including any complaints or barriers to implementation.

Sec. 9. 24-A MRSA §2847-G, sub-§5 is enacted to read:

5. Rules. The superintendent may adopt rules as necessary to implement the requirements of this section, including rules related to mechanisms to ensure coverage for nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives and rules regarding notice to enrollees about how to access coverage for nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives. Rules adopted pursuant to this subsection are routine technical rules as described in Title 5, chapter 375, subchapter 2-A.

Sec. 10. 24-A MRSA §4247, sub-§1, as reallocated by RR 1999, c. 1, §37, is amended to read:

1. Coverage requirements. All health maintenance organization individual and group health contracts that provide coverage for prescription drugs or outpatient medical services must provide coverage for all prescription contraceptives, nonprescription oral hormonal contraceptives and nonprescription emergency 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 in accordance with the requirements of this section.~~ 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. This section may not be construed to apply to prescription drugs or devices that are designed to terminate a pregnancy.

Sec. 11. 24-A MRSA §4247, sub-§4, as amended by PL 2021, c. 609, §4, is further amended to read:

4. 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, including nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives.

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

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

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

E. A prescription is not required to obtain a nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive.

F. A health maintenance organization shall establish mechanisms to ensure that an enrollee who seeks coverage for a nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive at a pharmacy has the option to obtain the nonprescription oral hormonal contraceptive or nonprescription emergency contraceptive at the point of sale without payment of any cost-sharing amount or to make the purchase at the pharmacy counter through an out-of-pocket payment at the point of sale and submit a claim for reimbursement to the health maintenance organization.

G. The superintendent shall monitor compliance with the requirements for coverage of nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives and any rules adopted in accordance with subsection 5, including any complaints or barriers to implementation.

Sec. 12. 24-A MRSA §4247, sub-§5 is enacted to read:

5. Rules. The superintendent may adopt rules as necessary to implement the requirements of this section, including rules related to mechanisms to ensure coverage for nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives and rules regarding notice to enrollees about how to access coverage for nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives. Rules adopted pursuant to this subsection are routine technical rules as described in Title 5, chapter 375, subchapter 2-A.

Sec. 13. 24-A MRSA §4302, sub-§1, ¶A, as amended by PL 2009, c. 439, Pt. A, §2, is further amended to read:

A. Coverage provisions, benefits and any exclusions by category of service, type of provider and, if applicable, by specific service, including but not limited to the following types of services, exclusions and limitations:

- (1) Health care services excluded from coverage;
- (2) Health care services requiring copayments or deductibles paid by enrollees;
- (3) Restrictions on access to a particular provider type;
- (4) Health care services that are or may be provided only by referral; ~~and~~
- (5) Childhood immunizations as recommended by the United States Department of Health and Human Services, Centers for Disease Control and Prevention and the American Academy of Pediatrics; and
- (6) Coverage requirements for contraceptive supplies, as defined in section 4247, subsection 4, and the procedures an enrollee must follow to access coverage for over-the-counter contraceptive supplies and nonprescription contraceptives at a

pharmacy without an out-of-pocket cost at the point of sale or by submitting a claim for reimbursement;

Sec. 14. Application. This Act applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2026. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 15. Appropriations and allocations. The following appropriations and allocations are made.

**ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF
Departments and Agencies - Statewide 0016**

Initiative: Provides funding for the expansion of the requirements in current law for coverage of contraceptives to include nonprescription oral hormonal contraceptives and nonprescription emergency contraceptives approved by the federal Food and Drug Administration. The expanded requirements apply to health plans issued or renewed on or after January 1, 2026.

GENERAL FUND	2025-26	2026-27
All Other	\$0	\$62,016
GENERAL FUND TOTAL	<hr/> \$0	<hr/> \$62,016
HIGHWAY FUND	2025-26	2026-27
All Other	\$0	\$21,571
HIGHWAY FUND TOTAL	<hr/> \$0	<hr/> \$21,571