



# 130th MAINE LEGISLATURE

## SECOND REGULAR SESSION-2022

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Legislative Document

No. 1954

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S.P. 691

In Senate, February 3, 2022

### An Act To Ensure Access to Prescription Contraceptives

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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.