

SENATE BILL 99

C3

0lr0045

(PRE-FILED)

By: **Chair, Finance Committee (By Request – Departmental – Maryland Insurance Administration)**

Requested: September 16, 2019

Introduced and read first time: January 8, 2020

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance Benefit Cards, Prescription Benefit Cards, and Other**
3 **Technology – Identification of Regulatory Agency**

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, health
5 maintenance organizations, and managed care organizations to indicate in a certain
6 manner on a health insurance benefit card or prescription benefit card or other
7 technology which State agency regulates the policy or contract offered by the entity;
8 providing for the construction of certain provisions of this Act; providing for a delayed
9 effective date; and generally relating to health insurance benefit cards, prescription
10 benefit cards, and other technology.

11 BY repealing and reenacting, without amendments,
12 Article – Insurance
13 Section 15–130(a)
14 Annotated Code of Maryland
15 (2017 Replacement Volume and 2019 Supplement)

16 BY repealing and reenacting, with amendments,
17 Article – Insurance
18 Section 15–130(b)
19 Annotated Code of Maryland
20 (2017 Replacement Volume and 2019 Supplement)

21 BY adding to
22 Article – Insurance
23 Section 15–130.1
24 Annotated Code of Maryland
25 (2017 Replacement Volume and 2019 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

3 **Article – Insurance**

4 15–130.

5 (a) (1) This section applies to:

6 (i) insurers and nonprofit health service plans that provide coverage
7 for prescription drugs on an outpatient basis under health insurance policies or contracts
8 that are issued or delivered in the State;

9 (ii) health maintenance organizations that provide coverage for
10 prescription drugs on an outpatient basis under contracts that are issued or delivered in
11 the State;

12 (iii) managed care organizations, as defined in § 15–101 of the Health
13 – General Article, that provide coverage for prescription drugs on an outpatient basis under
14 contracts that are issued or delivered in the State; and

15 (iv) to the extent consistent with State and federal law, third party
16 administrators.

17 (2) This section does not apply to:

18 (i) short-term travel or accident-only policies;

19 (ii) short-term nonrenewable policies of not more than 6 months
20 duration; or

21 (iii) any health maintenance organization that operates or maintains
22 its own pharmacies and dispenses, on an annual basis, over 95% of prescription drugs on
23 an outpatient basis to its enrollees at its own pharmacies.

24 (b) Each entity subject to this section shall provide to its insureds, subscribers, or
25 enrollees a health insurance benefit card, prescription benefit card, or other technology
26 that:

27 (1) (I) complies with the standards set forth in the National Council for
28 Prescription Drug Programs Pharmacy ID Card Implementation Guide in effect at the time
29 of issuance of the card or other technology; or

30 [(2)] (II) includes, at a minimum, the following data elements:

31 [(i)] 1. the name or identifying trademark of the entity subject to
32 this section or, if another entity administers the prescription benefit, the name or

1 identifying trademark of the benefit administrator;

2 [(ii)] 2. the name and identification number of the insured,
3 subscriber, or enrollee;

4 [(iii)] 3. the telephone number that providers may call for
5 pharmacy benefit assistance; and

6 [(iv)] 4. all electronic transaction routing information and other
7 numbers required by the entity subject to this section or benefit administrator to process a
8 prescription claim electronically; AND

9 (2) INDICATES WHICH STATE AGENCY REGULATES, IN WHOLE OR IN
10 PART, THE POLICY OR CONTRACT OFFERED BY THE ENTITY BY:

11 (I) FOR AN ENTITY SUBJECT TO THE ADMINISTRATION,
12 DISPLAYING “MARYLAND INSURANCE ADMINISTRATION” PROMINENTLY; OR

13 (II) FOR AN ENTITY SUBJECT TO THE MARYLAND DEPARTMENT
14 OF HEALTH, DISPLAYING “MARYLAND DEPARTMENT OF HEALTH” PROMINENTLY.

15 15-130.1.

16 (A) THIS SECTION APPLIES TO:

17 (1) EACH HEALTH INSURER;

18 (2) EACH NONPROFIT HEALTH SERVICE PLAN;

19 (3) EACH HEALTH MAINTENANCE ORGANIZATION; AND

20 (4) EACH MANAGED CARE ORGANIZATION, AS DEFINED IN § 15-101 OF
21 THE HEALTH – GENERAL ARTICLE.

22 (B) EACH ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE TO EACH
23 INSURED, SUBSCRIBER, OR ENROLLEE OF A POLICY OR CONTRACT THAT MEETS THE
24 DEFINITION OF MINIMUM ESSENTIAL COVERAGE, AS DESCRIBED IN 26 C.F.R. §
25 1.5000A-2, A HEALTH INSURANCE BENEFIT CARD, PRESCRIPTION BENEFIT CARD,
26 OR OTHER TECHNOLOGY THAT INDICATES WHICH STATE AGENCY REGULATES, IN
27 WHOLE OR IN PART, THE POLICY OR CONTRACT OFFERED BY THE ENTITY BY:

28 (1) FOR AN ENTITY SUBJECT TO THE ADMINISTRATION, DISPLAYING
29 “MARYLAND INSURANCE ADMINISTRATION” PROMINENTLY; OR

1 **(2) FOR AN ENTITY SUBJECT TO THE MARYLAND DEPARTMENT OF**
2 **HEALTH, DISPLAYING “MARYLAND DEPARTMENT OF HEALTH” PROMINENTLY.**

3 **(C) THIS SECTION MAY NOT BE CONSTRUED TO PRECLUDE AN ENTITY**
4 **SUBJECT TO THIS SECTION FROM INCLUDING:**

5 **(1) ANY OTHER INFORMATION REQUIRED TO BE INCLUDED UNDER**
6 **THIS ARTICLE; OR**

7 **(2) ANY INFORMATION THAT IS IN ADDITION TO THE INFORMATION**
8 **REQUIRED UNDER THIS SECTION.**

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
10 January 1, 2021.