SENATE BILL 989

J5, J4 4lr2478
CF HB 939

By: **Senators Lam, Muse, Brooks, and M. Washington**
Introduced and read first time: February 2, 2024
Assigned to: Finance

A BILL ENTITLED

AN ACT concerning

Health Insurance – Epinephrine Injectors – Limits on Cost Sharing
(Epinephrine Cost Reduction Act of 2024)

FOR the purpose of requiring certain insurers, nonprofit health service plans, and health maintenance organizations to limit the amount a covered individual is required to pay in copayments, coinsurance, and deductibles for a covered prescription epinephrine injector; and generally relating to health insurance coverage for prescription epinephrine injectors.

BY adding to
Article – Insurance
Section 15–861
Annotated Code of Maryland
(2017 Replacement Volume and 2023 Supplement)

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

Article – Insurance

15–861.

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

(2) (I) "EPINEPHRINE INJECTOR" MEANS A PORTABLE, DISPOSABLE DRUG DELIVERY DEVICE THAT CONTAINS A PREMEASURED SINGLE DOSE OF EPINEPHRINE THAT IS USED TO TREAT ANAPHYLAXIS IN AN EMERGENCY SITUATION.

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

(II) "EPINEPHRINE INJECTOR" INCLUDES:

1. AN AUTO–INJECTOR APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION FOR THE ADMINISTRATION OF EPINEPHRINE; AND

2. A PRE–FILLED SYRINGE APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION FOR THE ADMINISTRATION OF EPINEPHRINE THAT CONTAINS A PRE–MEASURED DOSE OF EPINEPHRINE THAT IS EQUIVALENT TO THE DOSAGES USED IN AN AUTO–INJECTOR.

(B) (1) THIS SECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES UNDER INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE DELIVERED IN THE STATE; AND

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

(2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.

(C) AN ENTITY SUBJECT TO THIS SECTION SHALL LIMIT THE TOTAL AMOUNT A COVERED INDIVIDUAL IS REQUIRED TO PAY IN COPAYMENTS, COINSURANCE, AND DEDUCTIBLES FOR A TWIN–PACK OF MEDICALLY NECESSARY PRESCRIPTION EPINEPHRINE INJECTORS TO NOT MORE THAN $60, REGARDLESS OF THE TYPE OF EPINEPHRINE INJECTOR NEEDED TO FILL THE COVERED INDIVIDUAL'S PRESCRIPTION.

(D) AN ENTITY SUBJECT TO THIS SECTION MAY SET THE AMOUNT A COVERED INDIVIDUAL IS REQUIRED TO PAY AT AN AMOUNT THAT IS LESS THAN THE PAYMENT AMOUNT LIMIT UNDER SUBSECTION (C) OF THIS SECTION.

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 January 1, 2025.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2025.