

**CITY OF BALTIMORE  
COUNCIL BILL 20-0613  
(First Reader)**

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Introduced by: Councilmembers Burnett, Bullock, Cohen, Clarke, Sneed, Dorsey, President  
Scott, Councilmember Middleton

Introduced and read first time: September 21, 2020

Assigned to: Health Committee

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REFERRED TO THE FOLLOWING AGENCIES: City Solicitor, Department of Human Resources,  
Department of Finance

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A BILL ENTITLED

1 AN ORDINANCE concerning

2 **Employee Health Care Services Providers – Contraceptive Coverage**

3 FOR the purpose of requiring that certain carriers wishing to do business with the City of  
4 Baltimore in order to provide health insurance to City employee certify, in advance of any bid  
5 submissions, that they will provide certain contraceptive coverage; requiring certain  
6 standards from carriers providing health services to City employees; defining certain terms;  
7 and conforming and correcting related provisions.

8 BY renumbering current

9 Article 5 - Finance, Property, and Procurement  
10 Section 30-3 to 30-4  
11 Baltimore City Code  
12 (Edition 2000)

13 BY repealing and re-ordaining

14 Article 5 - Finance, Property, and Procurement  
15 Section(s) 30-1, 30-2, 30-4  
16 Baltimore City Code  
17 (Edition 2000)

18 BY adding

19 Article 5 - Finance, Property, and Procurement  
20 Section(s) 30-3  
21 Baltimore City Code  
22 (Edition 2000)

23 **SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE,** That the  
24 Laws of Baltimore City read as follows:

25 **Baltimore City Code**

26 **Article 5. Finance, Property, and Procurement**

EXPLANATION: CAPITALS indicate matter added to existing law.  
[Brackets] indicate matter deleted from existing law.

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**Subtitle 30. Health Care Services Providers**

**§ 30-1. Definitions.**

(a) *In general.*

[For the purpose of] IN this subtitle, the following [words] terms HAVE the meanings indicated [unless their context clearly indicates otherwise].

(b) *Carrier.*

“Carrier” means:

- (1) an insurer;
- (2) a network delivery system;
- (3) a nonprofit health service plan;
- (4) a health maintenance organization;
- (5) a preferred provider organization;
- (6) a dental plan organization; or
- (7) any person acting as a third party administrator.

(C) *COVERED INDIVIDUAL.*

“COVERED INDIVIDUAL” MEANS AN INDIVIDUAL RECEIVING HEALTH BENEFITS FROM A CARRIER THAT HAS CONTRACTED WITH THE MAYOR AND CITY COUNCIL TO PROVIDE THOSE BENEFITS TO CITY EMPLOYEES.

(D) [(c)] *Network delivery system.*

“Network delivery system” means a person or entity that provides health care services to covered individuals through a provider panel.

(E) [(d)] *Person.*

“Person” means an individual, receiver, trustee, guardian, personal representative, fiduciary, or representative of any kind and any partnership, firm, association, corporation, or other entity.

(F) [(e)] *Provider.*

(1) “Provider” means a person licensed, certified, or otherwise authorized under the Health Occupations Article of the Annotated Code of Maryland to provide health care services in the ordinary course of business or practice of a profession.

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1 (2) “Provider” includes a health care facility, professional service corporation,  
2 partnership, limited liability company, professional office, or any other entity licensed  
3 or authorized by law to render professional services for or on behalf of a provider.

4 (G) [(f)] *Provider panel.*

5 “Provider panel” means a group of providers who have entered into a provider service  
6 contract with a carrier to provide services under the carrier’s health benefit plan.

7 **§ 30-2. Prequalification requirements.**

8 (a) *Prequalification criteria.*

9 (1) Any person who submits to the City a bid or who contracts with the City to be a  
10 health care carrier or to provide health care services to Baltimore City employees or  
11 persons receiving health care through any entity funded by the City must prequalify  
12 pursuant to City Charter Article VI, §11(g), and the rules, regulations, and standards  
13 adopted by the Board of Estimates.

14 (2) The criteria for the prequalification of health care carriers shall include, but not be  
15 limited to:

16 (i) experience levels;

17 (ii) financial history; [and]

18 (iii) ethnic diversity of their respective provider panels; and

19 (IV) THE CERTIFICATION OF COVERAGE REQUIRED BY SUBSECTION (B) OF THIS  
20 SECTION.

21 (B) *CERTIFICATION OF CONTRACEPTION COVERAGE.*

22 IN ORDER TO BE PREQUALIFIED UNDER THIS SECTION, A PERSON MUST CERTIFY THAT IT  
23 SHALL PROVIDE COVERAGE FOR:

24 (1) ANY DRUG, DEVICE, OR PRODUCT APPROVED BY THE FOOD AND DRUG  
25 ADMINISTRATION (FDA) AS A CONTRACEPTIVE METHOD AND USED BY THE  
26 COVERED INDIVIDUAL FOR THE PURPOSE OF CONTRACEPTION OR PREVENTION OF  
27 THE TRANSMISSION OF SEXUALLY TRANSMITTED INFECTIONS, INCLUDING METHODS  
28 APPROVED FOR PRESCRIBING, OVER-THE-COUNTER USE, OR DISPENSING AS  
29 AUTHORIZED UNDER STATE OR FEDERAL LAW:

30 (I) WITHOUT COST-SHARING, EXCEPT:

31 (A) UNDER A QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN WITH  
32 HEALTH SAVINGS ACCOUNTS AS REQUIRED BY 26 U.S.C. § 223; OR:

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1 (B) IF:

2 1. THERE IS MORE THAN ONE OPTION WITHIN AN FDA  
3 THERAPEUTICALLY-EQUIVALENT CATEGORY AND AT LEAST  
4 1 THERAPEUTICALLY-EQUIVALENT IS PROVIDED WITHOUT  
5 COST-SHARING; AND

6 2. NO COST-SHARING IS PROVIDED FOR A SPECIFIC PRODUCT  
7 UPON THE DETERMINATION OF THE COVERED INDIVIDUAL'S  
8 PROVIDER THAT THE SPECIFIC PRODUCT IS MEDICALLY  
9 ADVISABLE UNDER THE PROCEDURE DESCRIBED IN § 30-  
10 3(A)(1) OF THIS SUBTITLE;

11 (II) WITH DISPENSING OF 12-MONTHS AT A TIME OR AS OTHERWISE INDICATED  
12 BY A PRESCRIBER IF IT IS A PRESCRIBED METHOD;

13 (III) IN BOTH THE PROVIDER-ADMINISTERED AND SELF-ADMINISTERED FORMS,  
14 IF APPROVED BY THE FDA; AND

15 (IV) WITHOUT PREAUTHORIZATION, STEP THERAPY, OR OTHER ADMINISTRATIVE  
16 REQUIREMENTS WHICH DELAY AUTHORIZATION OF COVERAGE; AND

17 (2) CONTRACEPTIVE COUNSELING AND FOLLOW-UP SERVICES, INCLUDING DEVICE  
18 INSERTION AND REMOVAL OF A DEVICE, WITH NO COST-SHARING.

19 (c) *Same.*

20 Each health care carrier interested in doing business with, or continuing to do business  
21 with the City of Baltimore in this regard shall apply for prequalification and be so  
22 prequalified.

23 **§ 30-3. STANDARDS.**

24 (A) *IN GENERAL.*

25 ANY CARRIER CONTRACTING WITH THE CITY TO PROVIDE HEALTH CARE SERVICES TO  
26 BALTIMORE CITY EMPLOYEES OR PERSONS RECEIVING HEALTH CARE THROUGH ANY  
27 ENTITY FUNDED BY THE CITY SHALL:

28 (1) FOLLOW A UNIFORM PROCEDURE ESTABLISHED BY THE DEPARTMENT OF HUMAN  
29 RESOURCES TO PERMIT A COVERED INDIVIDUAL OR A PROVIDER OF A COVERED  
30 INDIVIDUAL TO REQUEST CONTRACEPTION COVERAGE WITHOUT COST-SHARING OF  
31 ANY OPTION IF THE PROVIDER DETERMINES THAT IT IS IN THE BEST INTEREST OF  
32 THE COVERED INDIVIDUAL;

33 (2) PROVIDE CONSUMER-FRIENDLY COMPREHENSIVE COVERAGE INFORMATION, WHICH  
34 SHALL INCLUDE A COMPLETE LISTING OF ALL COVERED OPTIONS AND COST-  
35 SHARING INFORMATION, TO COVERED INDIVIDUALS ON A WEBSITE; AND

36 (3) PROVIDE REGULAR AND ON-GOING NOTIFICATIONS TO:

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1 (I) IN-NETWORK PHARMACIES ABOUT PROCEDURES TO SUBMIT CLAIMS FOR  
2 OVER-THE-COUNTER AND EXTENDED DISPENSING COVERAGE; AND

3 (II) COVERED INDIVIDUALS REGARDING HOW TO SUBMIT CLAIMS FOR COVERED  
4 CONTRACEPTIVE PRODUCTS NOT PURCHASED FROM AN IN-NETWORK  
5 PHARMACY.

6 (B) *PROCESSING OF NO-COST-SHARING REQUESTS.*

7 ANY REQUEST MADE UNDER SUBSECTION (A)(1) OF THIS SECTION SHALL BE PROCESSED  
8 WITHIN 24 HOURS OF RECEIPT.

9 **§ 30-4. [§ 30-3.] Board of Estimates' authority.**

10 Nothing in this subtitle shall be deemed to abrogate the authority of the Board of Estimates to  
11 award contracts [pursuant to the authority provided by] UNDER Article VI, §11 of the City  
12 Charter.

13 **SECTION 2. AND BE IT FURTHER ORDAINED,** That the catchlines contained in this Ordinance  
14 are not law and may not be considered to have been enacted as a part of this or any prior  
15 Ordinance.

16 **SECTION 3. AND BE IT FURTHER ORDAINED,** That this Ordinance takes effect on the 30<sup>th</sup> day  
17 after the date it is enacted.