



Legislation Text

File #: 20-0613, Version: 1

Explanation: Capitals indicate matter added to existing law.
[Brackets] indicate matter deleted from existing law.

* **Warning:** This is an unofficial, introductory copy of the bill.
The official copy considered by the City Council is the first reader copy.

Introductory*

City of Baltimore Council Bill

Introduced by: Councilmember Burnett

A Bill Entitled

An Ordinance concerning

Employee Health Care Services Providers - Contraceptive Coverage

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

By renumbering current

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

By repealing and re-ordaining

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

By adding

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

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That the Laws of Baltimore City read as follows:

Baltimore City Code

Article 5. Finance, Property, and Procurement

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

(g) [(f)] *Provider panel.*

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

§ 30-2. Prequalification requirements.

(a) *Prequalification criteria.*

- (1) Any person who submits to the City a bid or who contracts with the City to be a health care carrier or to provide health care services to Baltimore City employees or persons receiving health care through any entity funded by the City must prequalify pursuant to City Charter Article VI, §11(g), and the rules, regulations, and standards adopted by the Board of Estimates.
- (2) The criteria for the prequalification of health care carriers shall include, but not be limited to:
 - (i) experience levels;
 - (ii) financial history; [and]
 - (iii) ethnic diversity of their respective provider panels; and
 - (iv) the certification of coverage required by subsection (b) of this section.

(b) *Certification of contraception coverage.*

In order to be prequalified under this section, a person must certify that it shall provide coverage for:

- (1) any drug, device, or product approved by the Food and Drug Administration (FDA) as a contraceptive method and used by the covered individual for the purpose of contraception or prevention of the transmission of sexually transmitted infections, including methods approved for prescribing, over-the-counter use, or dispensing as authorized under state or federal law:
 - (i) without cost-sharing, except:
 - (A) under a qualified high-deductible health plan with health savings accounts as required by 26 U.S.C. § 223; or
 - (B) if:
 1. there is more than one option within an FDA therapeutically-equivalent category and at least 1 therapeutically-equivalent is provided without cost-sharing; and
 2. no cost-sharing is provided for a specific product upon the determination of the covered individual’s provider that the specific product is medically advisable under the procedure described in _ 30-3(a)(1) of this subtitle;
 - (ii) with dispensing of 12-months at a time or as otherwise indicated by a prescriber if it is a prescribed method;
 - (iii) in both the provider-administered and self-administered forms, if approved by the FDA; and
 - (iv) without preauthorization, step therapy, or other administrative requirements which delay

authorization of coverage; and

- (2) contraceptive counseling and follow-up services, including device insertion and removal of a device, with no cost-sharing.

(c) *Same.*

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

§ 30-3. Standards.

(a) *In general.*

Any carrier contracting with the City to provide health care services to Baltimore City employees or persons receiving health care through any entity funded by the City shall:

- (1) follow a uniform procedure established by the Department of Human Resources to permit a covered individual or a provider of a covered individual to request contraception coverage without cost-sharing of any option if the provider determines that it is in the best interest of the covered individual;
- (2) provide consumer-friendly comprehensive coverage information, which shall include a complete listing of all covered options and cost-sharing information, to covered individuals on a website; and
- (3) provide regular and on-going notifications to:
 - (i) in-network pharmacies about procedures to submit claims for over-the-counter and extended dispensing coverage; and
 - (ii) covered individuals regarding how to submit claims for covered contraceptive products not purchased from an in-network pharmacy.

(b) *Processing of no-cost-sharing requests.*

Any request made under subsection (a)(1) of this section shall be processed within 24 hours of receipt.

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

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

Section 2. And be it further ordained, That the catchlines contained in this Ordinance are not law and may not be considered to have been enacted as a part of this or any prior Ordinance.

Section 3. And be it further ordained, That this Ordinance takes effect on the 30th day after the date it is enacted.