

SENATE BILL 173

C3

9lr1746
CF HB 41

By: **Senators Kelley, Conway, Currie, Della, Exum, Forehand, Frosh, Klausmeier, Kramer, Madaleno, Munson, Peters, Pugh, Raskin, ~~and Robey~~ Robey, Garagiola, Glassman, ~~and Middleton~~ Middleton, and Harris**

Introduced and read first time: January 21, 2009

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted with floor amendments

Read second time: March 19, 2009

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Mandated Benefits – Hospitalization and Home Visits**
3 **Following a Mastectomy**

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
5 health maintenance organizations to provide inpatient hospitalization coverage
6 for a certain minimum length of time following a mastectomy that is performed
7 for the treatment of breast cancer; providing that the inpatient hospitalization
8 services required under this Act need not be provided if a patient, in
9 consultation with the patient's attending physician, decides that a shorter
10 period of inpatient hospitalization is needed for recovery; requiring certain
11 insurers, nonprofit health service plans, and health maintenance organizations
12 to provide coverage for certain home visits under certain circumstances;
13 prohibiting an entity subject to this Act from denying, limiting, or otherwise
14 impairing the participation of an attending physician under contract with the
15 entity under certain circumstances; prohibiting certain insurers, nonprofit
16 health service plans, and health maintenance organizations from ~~imposing~~
17 ~~certain cost-sharing requirements~~ or refusing reimbursement for certain
18 services ~~except under certain circumstances~~; requiring certain insurers,
19 nonprofit health service plans, and health maintenance organizations to provide
20 a certain notice to enrollees and insureds; defining ~~certain terms~~ a certain term;
21 providing for the application of this Act; and generally relating to health
22 insurance coverage for hospitalization and home visits following a mastectomy.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 BY adding to
2 Article – Health – General
3 Section 19–706(ttt)
4 Annotated Code of Maryland
5 (2005 Replacement Volume and 2008 Supplement)

6 BY repealing and reenacting, with amendments,
7 Article – Insurance
8 Section 15–832
9 Annotated Code of Maryland
10 (2006 Replacement Volume and 2008 Supplement)

11 BY adding to
12 Article – Insurance
13 Section 15–832.1
14 Annotated Code of Maryland
15 (2006 Replacement Volume and 2008 Supplement)

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

18 **Article – Health – General**

19 19–706.

20 **(TTT) THE PROVISIONS OF § 15–832.1 OF THE INSURANCE ARTICLE**
21 **APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.**

22 **Article – Insurance**

23 15–832.

24 (a) [In this section, “mastectomy” means the surgical removal of all or part of
25 a breast as a result of breast cancer.

26 (b)] This section applies to:

27 (1) insurers and nonprofit health service plans that provide inpatient
28 hospital, medical, or surgical benefits to individuals or groups on an expense–incurred
29 basis under health insurance policies or contracts that are issued or delivered in the
30 State; and

31 (2) health maintenance organizations that provide inpatient hospital,
32 medical, or surgical benefits to individuals or groups under contracts that are issued
33 or delivered in the State.

1 [(c)] (B) For a patient who receives less than 48 hours of inpatient
2 hospitalization following [a mastectomy or] the surgical removal of a testicle, or who
3 undergoes [a mastectomy or] the surgical removal of a testicle on an outpatient basis,
4 an entity subject to this section shall provide coverage for:

5 (1) one home visit scheduled to occur within 24 hours after discharge
6 from the hospital or outpatient health care facility; and

7 (2) an additional home visit if prescribed by the patient's attending
8 physician.

9 [(d)] (C) Each entity subject to this section shall provide notice annually to
10 its enrollees and insureds about the coverage required under this section.

11 **15-832.1.**

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

14 ~~(2) "HIGH DEDUCTIBLE HEALTH PLAN" MEANS A HEALTH PLAN~~
15 ~~THAT MEETS THE FEDERAL REQUIREMENTS ESTABLISHED BY § 1201 OF THE~~
16 ~~MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT~~
17 ~~OF 2003.~~

18 ~~(3) "MASTECTOMY" MEANS, "MASTECTOMY" MEANS THE~~
19 ~~SURGICAL REMOVAL OF ALL OR PART OF A BREAST AS A RESULT OF BREAST~~
20 ~~CANCER.~~

21 (B) THIS SECTION APPLIES TO:

22 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
23 PROVIDE INPATIENT HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO
24 INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH
25 INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE
26 STATE; AND

27 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
28 INPATIENT HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR
29 GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

30 (C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE
31 FOR THE COST OF INPATIENT HOSPITALIZATION SERVICES FOR A PATIENT FOR
32 A MINIMUM OF 48 HOURS FOLLOWING A MASTECTOMY.

1 (D) A PATIENT MAY REQUEST A SHORTER LENGTH OF STAY THAN THAT
2 PROVIDED IN SUBSECTION (C) OF THIS SECTION IF THE PATIENT DECIDES, IN
3 CONSULTATION WITH THE PATIENT'S ATTENDING PHYSICIAN, THAT LESS TIME
4 IS NEEDED FOR RECOVERY.

5 (E) (1) FOR A PATIENT WHO RECEIVES LESS THAN 48 HOURS OF
6 INPATIENT HOSPITALIZATION FOLLOWING A MASTECTOMY OR WHO UNDERGOES
7 A MASTECTOMY ON AN OUTPATIENT BASIS, AN ENTITY SUBJECT TO THIS
8 SECTION SHALL PROVIDE COVERAGE FOR:

9 (I) ONE HOME VISIT SCHEDULED TO OCCUR WITHIN 24
10 HOURS AFTER DISCHARGE FROM THE HOSPITAL OR OUTPATIENT HEALTH CARE
11 FACILITY; AND

12 (II) AN ADDITIONAL HOME VISIT IF PRESCRIBED BY THE
13 PATIENT'S ATTENDING PHYSICIAN.

14 (2) FOR A PATIENT WHO REMAINS IN THE HOSPITAL FOR AT
15 LEAST THE LENGTH OF TIME PROVIDED UNDER SUBSECTION (C) OF THIS
16 SECTION, AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE
17 FOR A HOME VISIT IF PRESCRIBED BY THE ATTENDING PHYSICIAN.

18 (F) AN ENTITY SUBJECT TO THIS SECTION MAY NOT DENY, LIMIT, OR
19 OTHERWISE IMPAIR THE PARTICIPATION OF AN ATTENDING PHYSICIAN UNDER
20 CONTRACT WITH THE ENTITY IN PROVIDING HEALTH CARE SERVICES TO
21 ENROLLEES OR INSUREDS FOR:

22 (1) ADVOCATING THE INTEREST OF A MASTECTOMY PATIENT
23 THROUGH THE ENTITY'S UTILIZATION REVIEW OR APPEALS SYSTEM;

24 (2) ADVOCATING MORE THAN 48 HOURS OF INPATIENT HOSPITAL
25 CARE FOR A PATIENT WITH COMPLICATIONS RELATED TO A MASTECTOMY; OR

26 (3) PRESCRIBING A HOME VISIT UNDER SUBSECTION (E)(1)(II) OR
27 (2) OF THIS SECTION.

28 (G) ~~(1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS~~
29 ~~SUBSECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT:~~

30 ~~(I) IMPOSE A COPAYMENT OR COINSURANCE~~
31 ~~REQUIREMENT OR DEDUCTIBLE FOR COVERAGE REQUIRED UNDER SUBSECTION~~
32 ~~(E)(1) OR (2) OF THIS SECTION; OR~~

1 ~~(H)~~ AN ENTITY SUBJECT TO THIS SECTION MAY NOT REFUSE
2 REIMBURSEMENT UNDER SUBSECTION (E)(1) OF THIS SECTION IF THE
3 SERVICES DO NOT OCCUR WITHIN THE TIME SPECIFIED.

4 ~~(2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A~~
5 ~~HIGH DEDUCTIBLE HEALTH PLAN, AN ENTITY SUBJECT TO THIS SECTION MAY~~
6 ~~REQUIRE THAT THE COVERAGE REQUIRED UNDER SUBSECTION (E)(1) AND (2)~~
7 ~~OF THIS SECTION BE SUBJECT TO THE DEDUCTIBLE OF THE HIGH DEDUCTIBLE~~
8 ~~HEALTH PLAN.~~

9 (H) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE
10 ANNUALLY TO INSUREDS AND ENROLLEES ABOUT THE COVERAGE PROVIDED BY
11 THIS SECTION.

12 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
13 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
14 on or after October 1, 2009.

15 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
16 October 1, 2009.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.