

HOUSE BILL 579

C3

9lr1881
CF SB 341

By: **Delegates Mizeur, Aumann, Barkley, Benson, Cane, Carr, Costa, Feldman, Frick, Guzzone, Hecht, Hubbard, Krysiak, Lafferty, Manno, McHale, Montgomery, Ramirez, Reznik, Robinson, Schuler, Tarrant, and Taylor Taylor, and Rice**

Introduced and read first time: February 6, 2009
Assigned to: Health and Government Operations

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 24, 2009

CHAPTER _____

1 AN ACT concerning

2 **Prosthetic Parity Act**

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
4 health maintenance organizations to provide certain coverage for prosthetic
5 devices, components of prosthetic devices, and repairs to prosthetic devices;
6 prohibiting certain benefits from being subject to a certain copayment or
7 coinsurance requirement; prohibiting certain insurers, nonprofit health service
8 plans, and health maintenance organizations from imposing a certain dollar
9 maximum on certain coverage and from establishing certain requirements for
10 medical necessity or appropriateness; repealing a certain requirement for
11 certain health insurance contracts that is rendered inconsistent by this Act;
12 making certain provisions of this Act applicable to health maintenance
13 organizations; defining a certain term; providing for the application of this Act;
14 and generally relating to health insurance coverage for prosthetic devices,
15 components of prosthetic devices, and repairs to prosthetic devices.

16 BY repealing and reenacting, with amendments,
17 Article – Insurance
18 Section 15–820
19 Annotated Code of Maryland
20 (2006 Replacement Volume and 2008 Supplement)

21 BY adding to

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 Article – Insurance
2 Section 15–844
3 Annotated Code of Maryland
4 (2006 Replacement Volume and 2008 Supplement)

5 BY adding to
6 Article – Health – General
7 Section 19–706(ttt)
8 Annotated Code of Maryland
9 (2005 Replacement Volume and 2008 Supplement)

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

12 **Article – Insurance**

13 15–820.

14 (a) [(1)] In this section [the following words have the meanings indicated.

15 (2) “Orthopedic], “**ORTHOPEDIC** brace” means a rigid or semi–rigid
16 device that is used to:

17 [(i)] (1) support a weak or deformed body member; or

18 [(ii)] (2) restrict or eliminate motion in a diseased or injured
19 part of the body.

20 [(3) “Prosthetic device” means an artificial limb.]

21 (b) Each health insurance contract that is delivered or issued for delivery in
22 the State by a nonprofit health service plan and that provides hospital benefits shall
23 provide benefits for [prosthetic devices and] orthopedic braces.

24 **15–844.**

25 (A) **IN THIS SECTION, “PROSTHETIC DEVICE” MEANS AN ARTIFICIAL**
26 **DEVICE TO REPLACE, IN WHOLE OR IN PART, A LEG, AN ARM, OR AN EYE.**

27 (B) **THIS SECTION APPLIES TO:**

28 (1) **INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT**
29 **PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR**
30 **GROUPS ON AN EXPENSE–INCURRED BASIS UNDER HEALTH INSURANCE**
31 **POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND**

1 **(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**
2 **HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS**
3 **UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.**

4 **(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE**
5 **FOR:**

6 **(1) PROSTHETIC DEVICES;**

7 **(2) COMPONENTS OF PROSTHETIC DEVICES; AND**

8 **(3) REPAIRS TO PROSTHETIC DEVICES.**

9 **(D) THE COVERED BENEFITS UNDER THIS SECTION MAY NOT BE**
10 **SUBJECT TO A HIGHER COPAYMENT OR COINSURANCE REQUIREMENT THAN THE**
11 **COPAYMENT OR COINSURANCE FOR PRIMARY CARE BENEFITS COVERED UNDER**
12 **THE POLICY OR CONTRACT OF THE INSURED OR ENROLLEE.**

13 **(E) AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE AN ANNUAL**
14 **OR LIFETIME DOLLAR MAXIMUM ON COVERAGE REQUIRED UNDER THIS**
15 **SECTION SEPARATE FROM ANY ANNUAL OR LIFETIME DOLLAR MAXIMUM THAT**
16 **APPLIES IN THE AGGREGATE TO ALL COVERED BENEFITS UNDER THE POLICY**
17 **OR CONTRACT OF THE INSURED OR ENROLLEE.**

18 **(F) AN ENTITY SUBJECT TO THIS SECTION MAY NOT ESTABLISH**
19 **REQUIREMENTS FOR MEDICAL NECESSITY OR APPROPRIATENESS FOR THE**
20 **COVERAGE REQUIRED UNDER THIS SECTION THAT ARE MORE RESTRICTIVE**
21 **THAN THE INDICATIONS AND LIMITATIONS OF COVERAGE AND MEDICAL**
22 **NECESSITY ESTABLISHED UNDER THE MEDICARE COVERAGE DATABASE.**

23 **Article - Health - General**

24 19-706.

25 **(TTT) THE PROVISIONS OF § 15-844 OF THE INSURANCE ARTICLE APPLY**
26 **TO HEALTH MAINTENANCE ORGANIZATIONS.**

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

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