## By: Senators Kelley, Benson, Brinkley, Forehand, Klausmeier, Madaleno, Middleton, Montgomery, Pinsky, and Pugh Pugh, Astle, Garagiola, Glassman, Kittleman, Mathias, and Ramirez

Introduced and read first time: February 1, 2013 Assigned to: Finance

Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 20, 2013

# CHAPTER \_\_\_\_\_

## 1 AN ACT concerning

# Health Insurance - Federal Mental Health Parity and Addiction Equity Act Consumer Bill of Rights Notice and Authorization Forms

4 FOR the purpose of requiring certain carriers that offer a certain health insurance  $\mathbf{5}$ policy or contract to provide, in the mental health and substance use disorder 6 benefits sections of the health insurance policy or contract documents, certain 7 notices and other information relating to the federal Mental Health Parity and Addiction Equity Act; requiring a carrier to provide certain policy or contract 8 9 information or documents to a member within a certain period of time; requiring a carrier to post on its Web site and provide by certain means within a 10 certain period of time a release of information authorization form; defining 11 certain terms; making the provisions of this Act applicable to health 12 maintenance organizations; and generally relating to information in health 13 insurance documents relating to compliance with the federal Mental Health 14Parity and Addiction Equity Act. 15

16FOR the purpose of requiring health maintenance organizations and entities that17issue or deliver certain health insurance policies or contracts to provide, on their18Web sites and in print, notice about certain benefits for mental illness,19emotional disorders, drug abuse, or alcohol abuse required under State law and20under the federal Mental Health Parity and Addiction Equity Act and notice21that members and insureds may contact the Maryland Insurance22Administration for further information; requiring the health maintenance

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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



#### C3

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$     \begin{array}{c}       1 \\       2 \\       3 \\       4 \\       5 \\       6 \\       7 \\       8     \end{array} $	organizations and entities to post a release of information authorization on the their Web sites and to provide by standard mail to a member or insured a release of information authorization form within a certain period of time; requiring the Administration to provide on its Web site certain notice relating to filing complaints, obtaining copies of insurance policies and contracts, and requesting referrals; and generally relating to notice about certain benefits for mental illness, emotional disorders, drug abuse, or alcohol abuse and release of information authorization forms under health insurance.
9	BY adding to
10	Article – Health – General
11	Section <del>19–706(0000)</del> <u>19–703.1(f) and (g)</u>
$\frac{12}{13}$	Annotated Code of Maryland (2000 Bonlosoment Volume and 2012 Supplement)
15	(2009 Replacement Volume and 2012 Supplement)
14	BY adding to
15	Article – Insurance
16	Section <u>15–128</u> <u>15–802(h) and (i)</u>
17	Annotated Code of Maryland
18	(2011 Replacement Volume and 2012 Supplement)
$\begin{array}{c} 19\\ 20 \end{array}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
21	Article – Health – General
21 $22$	Article – Health – General <del>19–706.</del>
22 23	19-706. (OOOO) THE PROVISIONS OF § 15-128 OF THE INSURANCE ARTICLE
22 23 24 25	19–706. (OOOO) THE PROVISIONS OF § 15–128 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS. 19–703.1.
22 23 24	19-706.         (OOOO)       The provisions of § 15-128 of the Insurance Article         APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.         19-703.1.         (F)       A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS
22 23 24 25 26	19–706. (OOOO) THE PROVISIONS OF § 15–128 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS. 19–703.1.
22 23 24 25 26	19-706.         (OOOO)       The provisions of § 15-128 of the Insurance Article         APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.         19-703.1.         (F)       A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS
<ol> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> <li>29</li> </ol>	19-706. (OOOO) THE PROVISIONS OF § 15-128 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS. 19-703.1. (F) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN PRINT TO ITS MEMBERS: (1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS SECTION AND, IF APPLICABLE TO THE CONTRACT OF THE MEMBER, THE
<ul> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> </ul>	19-706. (OOOO) THE PROVISIONS OF § 15-128 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS. 19-703.1. (F) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN PRINT TO ITS MEMBERS: (1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS
<ol> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> <li>29</li> <li>30</li> </ol>	19–706. (0000) The provisions of § 15–128 of the Insurance Article Apply to Health Maintenance organizations. 19–703.1. (F) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS Web site and annually in Print to its Members: (1) Notice About the Benefits Required under this section and, if Applicable to the contract of the Member, the federal Mental Health Parity and Addiction Equity Act; and
22 23 24 25 26 27 28 29 30 31	19-706. (OGOO) THE PROVISIONS OF § 15-128 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS. 19-703.1. (F) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN PRINT TO ITS MEMBERS: (1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS SECTION AND, IF APPLICABLE TO THE CONTRACT OF THE MEMBER, THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT; AND (2) NOTICE THAT THE MEMBER MAY CONTACT THE MARYLAND
<ol> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> <li>29</li> <li>30</li> </ol>	19–706. (0000) The provisions of § 15–128 of the Insurance Article Apply to Health Maintenance organizations. 19–703.1. (F) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS Web site and annually in Print to its Members: (1) Notice About the Benefits Required under this section and, if Applicable to the contract of the Member, the federal Mental Health Parity and Addiction Equity Act; and
<ol> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> <li>27</li> <li>28</li> <li>29</li> <li>30</li> <li>31</li> <li>32</li> </ol>	19-706. (OOOO) THE PROVISIONS OF § 15-128 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS. 19-703.1. (F) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN PRINT TO ITS MEMBERS: (1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS SECTION AND, IF APPLICABLE TO THE CONTRACT OF THE MEMBER, THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT; AND (2) NOTICE THAT THE MEMBER MAY CONTACT THE MARYLAND INSURANCE ADMINISTRATION FOR FURTHER INFORMATION ABOUT THE

$\frac{1}{2}$	(1) POST A RELEASE OF INFORMATION AUTHORIZATION FORM ON
Z	ITS WEB SITE; AND
$3 \\ 4 \\ 5$	(2) PROVIDE A RELEASE OF INFORMATION AUTHORIZATION FORM BY STANDARD MAIL WITHIN 10 BUSINESS DAYS AFTER A REQUEST FOR THE FORM IS RECEIVED.
6	Article – Insurance
7	$\frac{15-128}{10}$
$\frac{8}{9}$	(A) (1) IN THIS SECTION THE FOLLOWING TERMS HAVE THE MEANINGS INDICATED.
10 11	(2) "Act" means the federal Mental Health Parity and Addiction Equity Act.
12	(3) "CARRIER" MEANS:
13	(I) AN INSURER;
14	(II) A NONPROFIT HEALTH SERVICE PLAN; OR
15	(III) A HEALTH MAINTENANCE ORGANIZATION.
$\begin{array}{c} 16 \\ 17 \end{array}$	(B) THIS SECTION APPLIES TO EACH HEALTH INSURANCE POLICY OR CONTRACT THAT:
18 19	(1) IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE TO AN EMPLOYER OR INDIVIDUAL ON A GROUP OR AN INDIVIDUAL BASIS;
20	(2) PROVIDES COVERAGE ON AN EXPENSE-INCURRED BASIS; AND
21	(3) IS SUBJECT TO THE ACT.
22	(C) A CARRIER THAT OFFERS A HEALTH INSURANCE POLICY OR
23	CONTRACT SUBJECT TO THIS SECTION SHALL PROVIDE, IN THE MENTAL
24	HEALTH AND SUBSTANCE USE DISORDER BENEFITS SECTIONS OF THE HEALTH
25	INSURANCE POLICY OR CONTRACT DOCUMENTS, INCLUDING CERTIFICATES OF
26	COVERAGE, MEMBER CONTRACTS, AND MEMBER BOOKLETS, AND ON THE
27	CARRIER'S WEB SITE:
28	(1) NOTICE THAT THE POLICY OR CONTRACT IS SUBJECT TO THE
29	ACT, WHICH REQUIRES THAT THE FINANCIAL REQUIREMENTS AND
30	QUANTITATIVE AND NONQUANTITATIVE TREATMENT LIMITATIONS APPLIED TO

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**MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BE COMPARABLE** 1  $\mathbf{2}$ TO AND NO MORE RESTRICTIVE THAN THE FINANCIAL REQUIREMENTS AND 3 **QUANTITATIVE AND NONQUANTITATIVE TREATMENT LIMITATIONS APPLIED TO** 4 **MEDICAL AND SURGICAL SERVICES:**  $\mathbf{5}$ <del>(2)</del> A TELEPHONE NUMBER A MEMBER MAY CALL WITH 6 **QUESTIONS ABOUT COMPLIANCE OF THE MEMBER'S POLICY OR CONTRACT WITH** THE ACT: 7 8 (3) NOTICE THAT: 9 (∰) **COMPLAINTS REGARDING FINANCIAL REQUIREMENTS** 10 AND TREATMENT LIMITATIONS THAT MAY BE NONCOMPLIANT WITH THE ACT 11 **CAN BE FILED WITH THE COMMISSIONER: AND** 12<del>(III)</del> HELP IN FILING A COMPLAINT MAY BE OBTAINED FROM 13 THE HEALTH EDUCATION AND ADVOCACY UNIT OF THE ATTORNEY GENERAL'S 14 **OFFICE:** <del>(4)</del> <del>(1)</del> NOTICE THAT A MEMBER, WITHIN 10 BUSINESS DAYS 1516 AFTER A REQUEST IS RECEIVED BY THE CARRIER, IS ENTITLED TO ALL POLICY 17 OR CONTRACT DOCUMENTS NECESSARY TO DETERMINE WHETHER THE POLICY **OR CONTRACT IS IMPLEMENTING COMPLIANT FINANCIAL REQUIREMENTS AND** 18 19 TREATMENT LIMITATIONS, INCLUDING MEDICAL NECESSITY CRITERIA AND 20 OTHER POLICIES AND PROCEDURES. FOR BOTH MENTAL HEALTH AND 21SUBSTANCE USE DISORDER BENEFITS AND MEDICAL AND SURGICAL BENEFITS; 22AND INSTRUCTIONS ON HOW TO OBTAIN THE DOCUMENTS: 23<del>(III)</del> 24AND 25<del>(5)</del> NOTICE OF THE PROPER PROCEDURES, INCLUDING THE PROCEDURES FOR FILING A COMPLAINT WITH THE COMMISSIONER. TO BE 26 27FOLLOWED IF A MEMBER IS UNABLE TO SECURE AN APPOINTMENT WITH AN 28IN-NETWORK MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICE 29PROVIDER WITHOUT UNREASONABLE DELAY. 30 (D) A CARRIER SHALL PROVIDE ANY REQUESTED POLICY OR CONTRACT 31 **INFORMATION OR DOCUMENTS TO WHICH A MEMBER IS ENTITLED UNDER** 32 SUBSECTION (C) OF THIS SECTION TO A MEMBER WITHIN 10 BUSINESS DAYS 33 AFTER THE REQUEST IS RECEIVED.

34 (E) A CARRIER SHALL:

1 <del>(1)</del> POST A RELEASE OF INFORMATION AUTHORIZATION FORM ON  $\mathbf{2}$ ITS WEB SITE; AND 3 <del>(2)</del> PROVIDE A RELEASE OF INFORMATION AUTHORIZATION FORM 4 BY STANDARD MAIL WITHIN 10 BUSINESS DAYS AFTER A REQUEST FOR THE 5 FORM IS RECEIVED. 6 15 - 802.7 **(H)** AN ENTITY THAT ISSUES OR DELIVERS A POLICY OR CONTRACT 8 SUBJECT TO THIS SECTION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN 9 **PRINT TO ITS INSUREDS:** 10 (1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS 11 SECTION AND, IF APPLICABLE TO THE POLICY OR CONTRACT OF THE INSURED, THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT; AND 12NOTICE THAT THE INSURED MAY CONTACT THE 13(2) 14ADMINISTRATION FOR FURTHER INFORMATION ABOUT THE BENEFITS. 15**(I)** AN ENTITY THAT ISSUES OR DELIVERS A POLICY OR CONTRACT 16 SUBJECT TO THIS SECTION SHALL: 17(1) POST A RELEASE OF INFORMATION AUTHORIZATION FORM ON 18 **ITS WEB SITE: AND** 19 (2) PROVIDE A RELEASE OF INFORMATION AUTHORIZATION FORM 20BY STANDARD MAIL WITHIN 10 BUSINESS DAYS AFTER A REQUEST FOR THE 21FORM IS RECEIVED. 22SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Insurance 23Administration shall provide on its Web site notice that: 24complaints regarding noncompliance with the federal Mental (1)Health Parity and Addiction Equity Act may be filed with the Commissioner; 2526(2)an insured may obtain assistance in filing a complaint with a carrier or the Administration from the Health Education and Advocacy Unit in the 2728Office of the Attorney General; 29an insured may obtain a copy of the health insurance policy or (3)30 contract of the insured and should contact the carrier for the copy; and 31an insured may request a referral to a specialist or nonphysician (4) 32specialist who is not part of the carrier's provider panel if:

 1
 (i)
 the insured requires specialized health care services or

 2
 medical care; and

 3
 (ii)
 1.

 4
 specialist with the professional training and expertise to treat or provide health care

5 <u>services for the condition or disease of the insured; or</u>

6 <u>2.</u> the carrier cannot provide reasonable access to a 7 specialist or nonphysician specialist to treat or provide health care services for the 8 condition or disease of the insured without unreasonable delay or travel.

9 SECTION <del>2.</del> <u>3.</u> AND BE IT FURTHER ENACTED, That this Act shall take 10 effect October 1, 2013.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.