Chapter 371

(Senate Bill 297)

AN ACT concerning

Health Insurance – Habilitative Services – Period of Time for Coverage

FOR the purpose of extending until the end of a certain month the period of time during which certain health insurers, nonprofit health service plans, and health maintenance organizations are required to provide coverage of certain habilitative services for insureds and enrollees who are children; repealing a provision of law stating that a certain determination by a certain entity is considered an adverse decision for certain purposes; altering a certain definition; repealing a certain definition; providing for the application of this Act; and generally relating to health insurance coverage for habilitative services.

BY repealing and reenacting, with amendments,

Article – Insurance
Section 15–835
Annotated Code of Maryland
(2011 Replacement Volume and 2015 Supplement)

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

Article – Insurance

15–835.

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

[(2) (i) “Congenital or genetic birth defect” means a defect existing at or from birth, including a hereditary defect.

(ii) “Congenital or genetic birth defect” includes, but is not limited to:

1. autism or an autism spectrum disorder;
2. cerebral palsy;
3. intellectual disability;
4. Down syndrome;
5. spina bifida;]
6. hydroencephalocele; and

7. congenital or genetic developmental disabilities.

(3) “Habilitative services” means services AND DEVICES, including occupational therapy, physical therapy, and speech therapy, [for the treatment of a child with a congenital or genetic birth defect to enhance the child’s ability to function] THAT HELP A CHILD KEEP, LEARN, OR IMPROVE SKILLS AND FUNCTIONING FOR DAILY LIVING.

(4) “Managed care system” means a method that an insurer, a nonprofit health service plan, or a health maintenance organization uses to review and preauthorize a treatment plan that a health care practitioner develops for a covered person using a variety of cost containment methods to control utilization, quality, and claims.

(b) This section applies to:

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

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

(c) (1) An entity subject to this section:

(I) shall provide coverage of habilitative services for INSUREDS AND ENROLLEES WHO ARE children [under the age of 19 years] UNTIL AT LEAST THE END OF THE MONTH IN WHICH THE INSURED OR ENROLLEE TURNS 19 YEARS OLD; and

(II) may do so through a managed care system.

(2) An entity subject to this section is not required to provide reimbursement for habilitative services delivered through early intervention or school services.

(d) An entity subject to this section shall provide notice annually to its insureds and enrollees about the coverage required under this section:

(1) in print; and

(2) on its Web site.
(e) A determination by an entity subject to this section denying a request for habilitative services or denying payment for habilitative services on the grounds that a condition or disease is not a congenital or genetic birth defect is considered an “adverse decision” under § 15–10A–01 of this title.

(f) Beginning November 1, 2013, a determination by an entity subject to this section of whether habilitative services covered under this section are medically necessary and appropriate to treat autism and autism spectrum disorders shall be made in accordance with regulations adopted by the Commissioner.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2016 January 1, 2017.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2016.

Approved by the Governor, May 10, 2016.