C3 9lr3016

By: Delegates Hill, Carr, D.E. Davis, Holmes, Kipke, Krebs, Qi, and Szeliga Introduced and read first time: February 8, 2019
Assigned to: Health and Government Operations

A BILL ENTITLED

4	A 7 T		•
1	AN	ACT	concerning

2

Health Insurance - Prior Authorizations - Medical Devices or Oxygen

- FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from requiring a second or subsequent prior authorization for the continued use of a medical device or oxygen that is prescribed for a chronic condition except under certain circumstances; defining a certain term; providing for the application of this Act; providing for a delayed effective date; and generally relating to health insurance coverage of medical devices and oxygen.
- 9 BY adding to
- 10 Article Insurance
- 11 Section 15–854
- 12 Annotated Code of Maryland
- 13 (2017 Replacement Volume and 2018 Supplement)
- 14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 15 That the Laws of Maryland read as follows:
- 16 Article Insurance
- 17 **15–854.**
- 18 (A) IN THIS SECTION, "CHRONIC CONDITION" MEANS A MEDICAL
- 19 CONDITION DUE TO A DISEASE, AN ILLNESS, OR ANY OTHER MEDICAL PROBLEM
- 20 **THAT:**
- 21 (1) PERSISTS WITHOUT FULL CURE OR WORSENS OVER AN EXTENDED
- 22 PERIOD OF TIME; AND

- 1 (2) IS ACTIVELY MANAGED OR SUPERVISED BY A HEALTH CARE 2 PROVIDER TO MAINTAIN REMISSION OR PREVENT DETERIORATION.
- 3 (B) (1) THIS SECTION APPLIES TO:
- 4 (I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
- 5 PROVIDE COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL, GROUP, OR
- 6 BLANKET HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR
- 7 DELIVERED IN THE STATE; AND
- 8 (II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
- 9 COVERAGE FOR PRESCRIPTION DRUGS UNDER INDIVIDUAL OR GROUP CONTRACTS
- 10 THAT ARE ISSUED OR DELIVERED IN THE STATE.
- 11 (2) AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH
- 12 MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION
- 13 DRUGS THROUGH A PHARMACY BENEFITS MANAGER IS SUBJECT TO THE
- 14 REQUIREMENTS OF THIS SECTION.
- 15 (C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,
- 16 AN ENTITY SUBJECT TO THIS SECTION THAT APPLIES A PRIOR AUTHORIZATION
- 17 REQUIREMENT FOR THE USE OF A MEDICAL DEVICE OR OXYGEN THAT IS
- 18 PRESCRIBED FOR A CHRONIC CONDITION MAY NOT REQUIRE A SECOND OR
- 19 SUBSEQUENT PRIOR AUTHORIZATION FOR THE CONTINUED USE OF THE MEDICAL
- 20 **DEVICE OR OXYGEN.**
- 21 (2) AN ENTITY SUBJECT TO THIS SECTION MAY REQUIRE A SECOND
- 22 OR SUBSEQUENT PRIOR AUTHORIZATION FOR THE CONTINUED USE OF A MEDICAL
- 23 DEVICE OR OXYGEN IF THERE HAS BEEN:
- 24 (I) A CHANGE IN FEDERAL COVERAGE CRITERIA FOR MEDICAL
- 25 DEVICES OR OXYGEN COVERED BY FEDERAL HEALTH INSURANCE;
- 26 (II) A CHANGE IN THE ENTITY'S COVERAGE POLICY CRITERIA;
- 27 (III) A CHANGE IN THE PATIENT'S CHRONIC CONDITION FOR
- 28 WHICH AN INCREASE, A DECREASE, OR A CHANGE IN THE MANNER OF USE OF THE
- 29 MEDICAL DEVICE OR OXYGEN IS REQUESTED; OR
- 30 (IV) AN IMPACTFUL CHANGE IN THE PATIENT'S CHRONIC
- 31 CONDITION FROM THE TIME OF THE INITIAL PRIOR AUTHORIZATION REQUEST AND
- 32 APPROVAL HAS OCCURRED.

- 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 January 1, 2020.
- SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect 5 January 1, 2020.