

**By: Delegate Bonsack**

Requested: October 23, 1995

Introduced and read first time: January 10, 1996

Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Small Group Market - Comprehensive Standard Health**  
3 **Benefit Plan - Outpatient Rehabilitative Benefits**

4 FOR the purpose of requiring the Maryland Health Care Access and Cost Commission to  
5 establish, with reference to the comprehensive standard health benefit plan under  
6 the Maryland Health Insurance Reform Act, outpatient rehabilitative benefits for  
7 occupational, speech, and physical therapies with a certain minimum number of  
8 visits and certain deductibles and cost sharing; providing for a delayed effective  
9 date; and generally relating to outpatient rehabilitative benefits in the  
10 comprehensive standard health benefit plan under the Maryland Health Insurance  
11 Reform Act.

12 BY repealing and reenacting, with amendments,  
13 Article 48A - Insurance Code  
14 Section 700(a)  
15 Annotated Code of Maryland  
16 (1994 Replacement Volume and 1995 Supplement)

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

19 **Article 48A - Insurance Code**

20 700.

21 (a) (1) The Commission shall adopt regulations specifying the comprehensive  
22 standard health benefit plan to apply under this subtitle, in accordance with the  
23 provisions of Title 19, Subtitle 15 of the Health - General Article.

24 (2) The Commission shall require that the minimum benefits permitted to  
25 be offered in the comprehensive standard health benefit plan:

26 (i) By a health maintenance organization, shall include atleast the  
27 actuarial equivalent of the minimum benefits required to be offered by a federally  
28 qualified health maintenance organization; and

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1 (ii) On an expense-incurred basis by an insurer or nonprofit health  
2 service plan, shall be actuarially equivalent to at least the minimum benefits required to  
3 be offered under item (i) of this paragraph.

4 (3) The Commission shall exclude or limit benefits or adjust cost-sharing  
5 arrangements in the comprehensive standard health benefit plan if the average rate for  
6 the comprehensive standard health benefit plan, as determined annually by the  
7 Commission based on the average rate submitted by each carrier offering the  
8 comprehensive standard health benefit plan, exceeds 12 percent of this State's average  
9 annual wage.

10 (4) In establishing benefits, the Commission shall judge preventive services,  
11 medical treatments, procedures, and related health services based on:

12 (i) Their effectiveness in improving the health status of individuals;

13 (ii) Their impact on maintaining and improving health and on  
14 reducing the unnecessary consumption of health care services; and

15 (iii) Their impact on the affordability of health care coverage.

16 (5) THE COMMISSION SHALL ESTABLISH OUTPATIENT REHABILITATIVE  
17 BENEFITS FOR OCCUPATIONAL, SPEECH, AND PHYSICAL THERAPIES, WHICH SHALL  
18 PROVIDE A MINIMUM OF 40 VISITS PER THERAPY, PER CONDITION, PER YEAR, AND  
19 WHICH SHALL IMPOSE THE SAME DEDUCTIBLES AND COST SHARING FOR EACH OF  
20 THE VISITS.

21 [(5)] (6) [The] EXCEPT AS PROVIDED IN PARAGRAPH (5) OF THIS  
22 SUBSECTION, THE Commission may exclude any mandated benefit.

23 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
24 January 1, 1997.