

HB0155/007547/1

BY: Finance Committee

AMENDMENTS TO HOUSE BILL NO. 155
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike line 2 in its entirety and substitute “Treatments for Osteoporosis and Breast and Testicular Cancer”; in line 7, after “purposes;” insert “requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide a certain minimum length of inpatient hospitalization coverage after a mastectomy, removal of a testicle, lymph node dissection, or lumpectomy that is performed for the treatment of breast or testicular cancer; requiring that insurers, nonprofit health service plans, and health maintenance organizations provide coverage for home visits under certain circumstances; requiring that certain information be provided to a patient prior to the performance of certain procedures; providing for the termination of certain provisions of this Act; providing for the effective dates of this Act; providing for the construction of this Act; requiring certain persons to provide a certain notice;”; and in line 12, after “osteoporosis” insert “and to provide a certain minimum length of inpatient hospitalization coverage after a mastectomy, removal of a testicle, lymph node dissection, or lumpectomy under certain circumstances”.

AMENDMENT NO. 2

On page 1, in line 15, after “19-706(n)” insert “and 20-116”; in line 20, after “15-822” insert “and 15-823”.

AMENDMENT NO. 3

On page 3, in line 3, strike “§ 15-822” and substitute “§§15-822 and 15-823”; after line 4 insert:

“20-116.”

(Over)

(A) IN THIS SECTION, "HEALTH CARE PRACTITIONER" MEANS AN INDIVIDUAL WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION.

(B) BEFORE A PATIENT UNDERGOES A MASTECTOMY, REMOVAL OF A TESTICLE, LYMPH NODE DISSECTION, OR LUMPECTOMY, WITH THE ASSISTANCE OF THE PATIENT'S ATTENDING PHYSICIAN, THE PATIENT SHALL RECEIVE APPROPRIATE TRAINING, EDUCATIONAL MATERIALS, AND INFORMATION FROM AN APPROPRIATE HEALTH CARE PRACTITIONER EXPLAINING THE PROCEDURE THAT THE PATIENT IS ABOUT TO UNDERGO AND NECESSARY POSTPROCEDURE CARE."

AMENDMENT NO. 4

On page 4, after line 21 insert:

"SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article - Insurance

15-823.

(A) IN THIS SECTION, "MASTECTOMY" MEANS THE SURGICAL REMOVAL OF ALL OR PART OF A BREAST AS A RESULT OF BREAST CANCER.

(B) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE INPATIENT 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 INPATIENT HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR

THE COST OF INPATIENT HOSPITALIZATION SERVICES FOR A MINIMUM OF:

(1) 48 HOURS OF INPATIENT HOSPITALIZATION CARE AFTER A MASTECTOMY OR AFTER THE REMOVAL OF A TESTICLE DUE TO TESTICULAR CANCER; AND

(2) 24 HOURS OF INPATIENT HOSPITALIZATION CARE AFTER A LYMPH NODE DISSECTION OR LUMPECTOMY FOR THE TREATMENT OF BREAST CANCER.

(D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE THE PROVISION OF INPATIENT HOSPITALIZATION SERVICES IN ACCORDANCE WITH SUBSECTION (C) OF THIS SECTION WHENEVER THE PATIENT DETERMINES, IN CONSULTATION WITH THE PATIENT'S ATTENDING PHYSICIAN, THAT A SHORTER PERIOD OF INPATIENT HOSPITALIZATION IS APPROPRIATE FOR RECOVERY OR THAT THE MASTECTOMY, REMOVAL OF A TESTICLE, LYMPH NODE DISSECTION, OR LUMPECTOMY CAN BE PERFORMED ON AN OUTPATIENT BASIS.

(E) FOR A PATIENT WHO HAS A SHORTER LENGTH OF HOSPITAL STAY THAN THAT PROVIDED UNDER SUBSECTION (C) OF THIS SECTION OR DECIDES THAT THE MASTECTOMY, REMOVAL OF A TESTICLE, LYMPH NODE DISSECTION, OR LUMPECTOMY CAN BE PERFORMED ON AN OUTPATIENT BASIS, AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR:

(1) ONE HOME VISIT SCHEDULED TO OCCUR WITHIN 24 HOURS AFTER DISCHARGE FROM THE HOSPITAL OR OUTPATIENT HEALTH CARE FACILITY; AND

(2) AN ADDITIONAL HOME VISIT IF PRESCRIBED BY THE PATIENT'S ATTENDING PHYSICIAN.

(F) EACH ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE ANNUALLY TO ITS ENROLLEES AND INSURED ABOUT THE COVERAGE REQUIRED BY THIS SECTION.”.

AMENDMENT NO. 5

On page 4, in lines 22 and 25, strike “2.” and “3.”, respectively, and substitute “3.” and “5.”, respectively; after line 24, insert:

“SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect October 1, 1997. Section 2 of this Act shall remain effective for a period of 4 years and, at the end of September 30, 2001, with no further action required by the General Assembly, Section 2 of this Act shall be abrogated and of no further force and effect.”;

and in line 25, after “That” insert “, subject to Section 4 of this Act.”.