

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 117

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Munson” and substitute “, Madden, Hollinger, Munson, Dorman, Hafer, Teitelbaum, Young, and Roesser”.

AMENDMENT NO. 2

On page 1, in lines 2 and 3, strike “Mastectomies and Lymph Node Dissections” and substitute “Treatments for Breast and Testicular Cancer”; in line 6, strike “or” and substitute “, removal of a testicle,”; in the same line, after “dissection” insert “, or lumpectomy”; in line 7, after “breast” insert “or testicular”; in the same line, after “cancer;” insert “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;”; in line 12, strike “or” and substitute “, removal of a testicle,”; and in the same line, after “dissection” insert “, or lumpectomy”.

AMENDMENT NO. 3

On page 1, after line 12, insert:

“BY adding to

Article 48A - Insurance Code

Section 490KK

Annotated Code of Maryland

(1994 Replacement Volume and 1996 Supplement)

BY adding to

Article - Health - General

Section 19-706(n) and 20-116

(Over)

Annotated Code of Maryland  
(1996 Replacement Volume and 1996 Supplement)”;  
and strike in their entirety lines 19 through 23, inclusive, and substitute:

“BY repealing and reenacting, with amendments,

Article - Health - General

Section 19-706(n)

Annotated Code of Maryland

(1996 Replacement Volume and 1996 Supplement)

(As enacted by Section 2 of this Act)

AMENDMENT NO. 4

On page 1, after line 25, insert:

“Article 48A - Insurance Code

490KK.

(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 THAT IS 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 INSUREDS ABOUT THE COVERAGE REQUIRED BY THIS SECTION.

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

Article - Health - General

(Over)

19-706.

(N) THE PROVISIONS OF ARTICLE 48A, § 490KK OF THE CODE SHALL APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

20-116.

(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 POST-PROCEDURE CARE.

SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:”.

AMENDMENT NO. 5

On page 2, in line 11, after “MASTECTOMY” insert “OR AFTER THE REMOVAL OF A TESTICLE DUE TO TESTICULAR CANCER”; in line 13, after “DISSECTION” insert “OR LUMPECTOMY”; strike in their entirety lines 14 through 17, inclusive, and substitute:

“(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.”;

in line 18, strike “(E)” and substitute “(F)”; and strike in their entirety lines 21 through 24, inclusive, and substitute:

“Article - Health - General

19-706.

(n) The provisions of [Article 48A, § 490KK of the Code] § 15-822 OF THE INSURANCE ARTICLE shall apply to health maintenance organizations.”.

AMENDMENT NO. 6

After line 24, insert:

“SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall apply to all new policies or health benefit plans issued or delivered in the State on or after July 1, 1997 and to the renewal of all policies in effect before July 1, 1997, except that any policy or health benefit plan in effect before July 1, 1997 shall comply with the provisions of this Act no later than July 1, 1998.

SECTION 5. AND BE IT FURTHER ENACTED, That, subject to Sections 6 and 7 of this Act, this Act shall take effect July 1, 1997.

(Over)

SECTION 6. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect July 1, 1997. Section 2 of this Act shall remain effective for a period of 4 years and 3 months 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.”;

in line 25, strike “2.” and substitute “7.”; in the same line, after “That” insert “Section 3 of”; and in line 26, after “1997.” insert “Section 3 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 3 of this Act shall be abrogated and of no further force and effect.”.