

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 429

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, after “benefits” insert “, including health insurance benefits provided under a contract or certificate issued to members and subscribers by a health maintenance organization,”; in line 7, strike “other than” and substitute “in addition to”; and after line 10, insert:

“BY repealing and reenacting, without amendments,

Article - Health - General

Section 19-703.1(b)(1)

Annotated Code of Maryland

(1996 Replacement Volume and 1996 Supplement)

BY repealing and reenacting, with amendments,

Article - Health - General

Section 19-703.1(c)

Annotated Code of Maryland

(1996 Replacement Volume and 1996 Supplement)”.

AMENDMENT NO. 2

On page 1, after line 24, insert:

“Article - Health - General

19-703.1.

(b) (1) Subject to the provisions of this section, each contract or certificate issued to a member or subscriber by a health maintenance organization that provides health benefits and services for diseases may not discriminate against any person with a mental illness, emotional disorder or a

(Over)

drug abuse or alcohol abuse disorder by failing to provide benefits for treatment and diagnosis of these illnesses under the same terms and conditions as provided for covered benefits offered under the contract or certificate for the treatment of physical illness.

(c) (1) The benefits under this section shall be required only for expenses arising for treatment of mental illnesses, emotional disorders, drug abuse and alcohol abuse which in the professional judgment of practitioners is medically necessary and treatable.

(2) The benefits required under this section shall be provided as one set of benefits covering mental illnesses, emotional disorders, drug abuse and alcohol abuse.

(3) The benefits required under this section may be delivered under a managed care system.

(4) Except as specifically provided in this section, benefits for illnesses covered by this section and the benefits for physical illnesses covered under a contract or certificate shall have the same terms and conditions.

(5) THE BENEFITS REQUIRED UNDER THIS SECTION MAY NOT BE SUBJECT, FOR PURPOSES OF A COVERED INDIVIDUAL GETTING A REFERRAL FOR CONSULTATION OR SPECIALTY SERVICES, TO A REQUIREMENT THAT THE INDIVIDUAL SEE OR OBTAIN THE APPROVAL OF A PROVIDER IN ADDITION TO THE INDIVIDUAL'S PRIMARY CARE PROVIDER, UNLESS BENEFITS FOR PHYSICAL ILLNESSES COVERED UNDER THE CONTRACT OR CERTIFICATE SUBJECT TO THIS SECTION ARE SUBJECT TO THE SAME REQUIREMENT.

[(5)] (6) Except for the coinsurance provisions in subsection (b)(2)(iii) of this section, a contract or certificate that is subject to this section may not have:

(i) Separate lifetime maximums for physical illnesses and illnesses covered under this section;

(ii) Separate deductibles and coinsurance amounts for physical illnesses and illnesses covered under this section; or

(iii) Separate out-of-pocket limits in a benefit period of not more than 12 months for physical illnesses and illnesses covered under this section.

[(6)] (7) Any copayments required under a contract or certificate for benefits for illnesses covered under this section shall be:

(i) Actuarially equivalent to any coinsurance requirements under this section;

or

(ii) Where there are no coinsurance requirements, not greater than a copayment required for a benefit under the contract or a certificate for a physical illness.”.

On page 2, in line 21, strike “OTHER THAN” and substitute “IN ADDITION TO”.