

Unofficial Copy  
C3  
HB 192/96 - ECM

1997 Regular Session  
7r0446

---

**By: Delegates Goldwater, Bobo, Frush, Grosfeld, Kopp, Nathan-Pulliam, Petzold, Pitkin, Walkup, Cryor, and Pendergrass**

Introduced and read first time: January 14, 1997

Assigned to: Economic Matters

---

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 20, 1997

---

CHAPTER \_\_\_\_

1 AN ACT concerning

2 **Osteoporosis Prevention and Treatment Education Act**

3 FOR the purpose of requiring certain coverage for certain individuals for reimbursement  
4 for a certain procedure used to identify bone mass or detect bone loss for the  
5 prevention, diagnosis, and treatment of osteoporosis; requiring certain health  
6 maintenance organizations, nonprofit health service plans, and health insurers to  
7 identify and use certain materials for certain purposes; providing for the application  
8 of this Act; defining certain terms; and generally relating to requiring certain health  
9 maintenance organizations, nonprofit health service plans, and health insurers to  
10 provide certain coverage for certain individuals for a certain procedure used to  
11 identify bone mass or detect bone loss for the prevention, diagnosis, and treatment  
12 of osteoporosis.

13 BY adding to

14 Article - Health - General

15 Section 19-706(n)

16 Annotated Code of Maryland

17 (1996 Replacement Volume and 1996 Supplement)

18 BY adding to

19 Article - Insurance

20 Section 15-822

21 Annotated Code of Maryland

22 (1995 Volume and 1996 Supplement)

23 (As enacted by Chapter \_\_\_\_ (H.B. 11) of the Acts of the General Assembly of

24 1997)

2

## 1 Preamble

2 WHEREAS, 25 million Americans are stricken with osteoporosis—a preventable  
3 disorder that occurs most frequently among older people, causing loss of bone mass; and

4 WHEREAS, Experts estimate that, in the United States, one in two women and one  
5 in five men will suffer a bone fracture because of osteoporosis; and

6 WHEREAS, Nationally, osteoporosis results in 1.5 million fractures of the hip,  
7 spine, wrist, and other bones, with a cost of at least \$18 million in health care and  
8 associated expenses; and

9 WHEREAS, Osteoporosis progresses silently and in most cases goes undiagnosed  
10 until a fracture occurs; once a fracture occurs, the disease is already advanced, and the  
11 likelihood is high that another fracture will occur; and

12 WHEREAS, Because osteoporosis progresses silently and currently has no cure,  
13 prevention, early diagnosis, and treatment are key to reducing the prevalence and  
14 devastation of this disease; and

15 WHEREAS, Medical experts agree that osteoporosis is preventable and treatable,  
16 however, once the disease progresses to the point of fracture its associated consequences  
17 often lead to disability and institutionalization, and exact a heavy toll on quality of life;  
18 and

19 WHEREAS, Given the current national focus on health care reform and reducing  
20 unnecessary health care expenditures through the use of health promotion/disease  
21 prevention programs, mandating coverage of services, such as bone mass measurement,  
22 related to prevention, early diagnosis, and timely treatment of osteoporosis is a  
23 cost-effective approach for states to embrace; and

24 WHEREAS, Bone mass measurement is a reliable way to detect the presence of low  
25 bone mass and to ascertain the extent of bone loss to help assess an individual's risk for  
26 fracture, and this aids in selecting appropriate therapies and interventions; and

27 WHEREAS, Ordinary X rays are not sensitive enough to detect osteoporosis until  
28 25% to 40% of bone mass has been lost and the disease is far advanced; and

29 WHEREAS, Currently available technologies for bone mass measurement include:  
30 single and dual photon absorptiometry, single and dual energy X-ray absorptiometry,  
31 quantitative computed tomography, and radiographic absorptiometry; and

32 WHEREAS, Other technologies for measuring bone mass are under investigation  
33 and may become scientifically proven technologies in the future; and

34 WHEREAS, Scientifically proven technologies for bone mass measurement and  
35 other services related to the prevention, diagnosis, and treatment of osteoporosis can be  
36 used effectively to reduce the pain and financial burden that osteoporosis inflicts upon its  
37 victims; now, therefore,

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

3

1 **Article - Health - General**

2 19-706.

3 (N) THE PROVISIONS OF § 15-822 OF THE INSURANCE ARTICLE SHALL APPLY  
4 TO HEALTH MAINTENANCE ORGANIZATIONS.

5 **Article - Insurance**

6 15-822.

7 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
8 INDICATED.

9 (2) "BONE MASS MEASUREMENT" MEANS A RADIOLOGIC OR  
10 RADIOISOTOPIC PROCEDURE OR OTHER SCIENTIFICALLY PROVEN TECHNOLOGY  
11 PERFORMED ON A QUALIFIED INDIVIDUAL FOR THE PURPOSE OF IDENTIFYING  
12 BONE MASS OR DETECTING BONE LOSS.

13 (3) "QUALIFIED INDIVIDUAL" MEANS:

14 (I) AN ESTROGEN DEFICIENT ~~WOMAN~~ INDIVIDUAL AT CLINICAL  
15 RISK FOR OSTEOPOROSIS;

16 (II) AN INDIVIDUAL WITH ~~VERTEBRAL ABNORMALITIES~~ A  
17 SPECIFIC SIGN SUGGESTIVE OF SPINAL OSTEOPOROSIS, INCLUDING  
18 ROENTGENOGRAPHIC OSTEOPENIA OR ROENTGENOGRAPHIC EVIDENCE  
19 SUGGESTIVE OF COLLAPSE, WEDGING, OR BALLOONING OF ONE OR MORE  
20 THORACIC OR LUMBAR VERTEBRAL BODIES, WHO IS A CANDIDATE FOR  
21 THERAPEUTIC INTERVENTION OR FOR AN EXTENSIVE DIAGNOSTIC EVALUATION  
22 FOR METABOLIC BONE DISEASE;

23 (III) AN INDIVIDUAL RECEIVING LONG-TERM GLUCOCORTICOID  
24 (STEROID) THERAPY;

25 (IV) AN INDIVIDUAL WITH PRIMARY HYPERPARATHYROIDISM; OR

26 (V) AN INDIVIDUAL BEING MONITORED TO ASSESS THE RESPONSE  
27 TO OR EFFICACY OF AN APPROVED OSTEOPOROSIS DRUG THERAPY.

28 (B) THIS SECTION APPLIES TO:

29 (1) EACH INDIVIDUAL HOSPITAL OR MAJOR MEDICAL INSURANCE  
30 POLICY OF AN INSURER THAT:

31 ~~(1)~~ IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE;  
32 ~~OR~~

33 ~~2. COVERS INDIVIDUALS WHO RESIDE AND WORK IN THE~~  
34 ~~STATE; AND~~

35 ~~(1)~~ AND IS WRITTEN ON AN EXPENSE-INCURRED BASIS;

36 (2) EACH GROUP OR BLANKET HEALTH INSURANCE POLICY OF AN  
37 INSURER THAT:

4

1                   ~~(1) IS ISSUED OR DELIVERED IN THE STATE; OR~~

2                                   ~~2. COVERS INDIVIDUALS WHO RESIDE AND WORK IN THE~~  
3 ~~STATE; AND~~

4                   ~~(H) AND IS WRITTEN ON AN EXPENSE-INCURRED BASIS; AND~~

5                   (3) EACH INDIVIDUAL OR GROUP MEDICAL OR MAJOR MEDICAL  
6 CONTRACT OR CERTIFICATE OF A NONPROFIT HEALTH SERVICE PLAN THAT:

7                   ~~(1) IS ISSUED OR DELIVERED IN THE STATE; OR~~

8                   ~~(H) COVERS INDIVIDUALS WHO RESIDE AND WORK IN THE STATE~~  
9 ~~AND IS WRITTEN ON AN EXPENSE INCURRED BASIS.~~

10           (C) A POLICY, CONTRACT, OR CERTIFICATE SUBJECT TO THIS SECTION SHALL  
11 INCLUDE COVERAGE FOR QUALIFIED INDIVIDUALS FOR REIMBURSEMENT FOR  
12 BONE MASS MEASUREMENT FOR THE PREVENTION, DIAGNOSIS, AND TREATMENT  
13 OF OSTEOPOROSIS WHEN THE BONE MASS MEASUREMENT IS REQUESTED BY A  
14 HEALTH CARE PROVIDER FOR THE QUALIFIED INDIVIDUAL.

15           ~~(D) EACH ENTITY SUBJECT TO THIS SECTION SHALL IDENTIFY AND USE THE~~  
16 ~~MOST CURRENT AND SCIENTIFICALLY ACCURATE EDUCATIONAL MATERIALS TO:~~

17                   ~~(1) INCREASE AWARENESS AND KNOWLEDGE BY THEIR INSUREDS AND~~  
18 ~~QUALIFIED INDIVIDUALS OF OSTEOPOROSIS AND METHODS OF DIAGNOSING~~  
19 ~~OSTEOPOROSIS, INCLUDING BONE MASS MEASUREMENT; AND~~

20                   ~~(2) ENCOURAGE THE TREATMENT AND PREVENTION OF~~  
21 ~~OSTEOPOROSIS.~~

22           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to  
23 policies, contracts, or certificates issued, delivered, or renewed on or after October 1,  
24 1997.

25           SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
26 October 1, 1997.