Unofficial Copy C3 1997 Regular Session 7lr1068

By: Senator Hollinger

Introduced and read first time: January 17, 1997

Assigned to: Finance

## A BILL ENTITLED

1 AN ACT concerning

## 2 Health Insurers and Health Maintenance Organizations - Inpatient Hospitalization

- 3 Coverage Treatments for Breast or Testicular Cancer
- 4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and health
- 5 maintenance organizations to provide a certain minimum length of inpatient
- 6 hospitalization coverage after a mastectomy or removal of a testicle or a lymph node
- 7 dissection that is performed for the treatment of breast or testicular cancer;
- 8 requiring that insurers, nonprofit health service plans, and health maintenance
- 9 organizations provide coverage for home visits under certain circumstances;
- providing for the construction of this Act; requiring certain persons to provide a
- certain notice; providing for the application of this Act; defining a certain term; and
- generally relating to 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, or a lymph node
- dissection under certain circumstances.
- 16 BY adding to
- 17 Article Insurance
- 18 Section 15-822
- 19 Annotated Code of Maryland
- 20 (1995 Volume and 1996 Supplement)
- 21 (As enacted by Chapter \_\_\_\_ (H.B. 11) of the Acts of the General Assembly of
- 22 1997)
- 23 BY adding to
- 24 Article Health General
- 25 Section 19-706(n)
- 26 Annotated Code of Maryland
- 27 (1996 Replacement Volume and 1996 Supplement)
- 28 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 29 MARYLAND, That the Laws of Maryland read as follows:

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## 1 Article - Insurance

- 2 15-822.
- 3 (A) IN THIS SECTION, "MASTECTOMY" MEANS THE SURGICAL REMOVAL OF 4 ALL OR PART OF A BREAST AS A RESULT OF BREAST CANCER.
- 5 (B) THIS SECTION APPLIES TO:
- 6 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE
- 7 INPATIENT HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR
- 8 GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES
- 9 OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND
- 10 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
- 11 INPATIENT HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR
- 12 GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.
- 13 (C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR 14 THE COST OF INPATIENT HOSPITALIZATION SERVICES FOR A MINIMUM OF:
- 15 (1) 48 HOURS OF INPATIENT HOSPITALIZATION CARE AFTER A
- 16 MASTECTOMY OR AFTER THE REMOVAL OF A TESTICLE DUE TO TESTICULAR
- 17 CANCER: AND
- 18 (2) 24 HOURS OF INPATIENT HOSPITALIZATION CARE AFTER A LYMPH
- 19 NODE DISSECTION FOR THE TREATMENT OF BREAST CANCER.
- 20 (D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE THE PROVISION OF
- 21 INPATIENT HOSPITALIZATION SERVICES IN ACCORDANCE WITH SUBSECTION (C) OF
- 22 THIS SECTION WHENEVER THE PATIENT DETERMINES, IN CONSULTATION WITH THE
- 23 PATIENT'S ATTENDING PHYSICIAN, THAT A SHORTER PERIOD OF INPATIENT
- 24 HOSPITALIZATION IS APPROPRIATE FOR RECOVERY OR THAT THE MASTECTOMY,
- 25 REMOVAL OF A TESTICLE, OR LYMPH NODE DISSECTION CAN BE PERFORMED ON AN
- 26 OUTPATIENT BASIS.
- 27 (E) IN IMPLEMENTING THIS SECTION, AN ENTITY THAT IS SUBJECT TO THIS
- 28 SECTION MAY NOT MODIFY THE TERMS OR CONDITIONS OF COVERAGE BASED ON A
- 29 DETERMINATION OF AN ENROLLEE OR INSURED OF THE ENTITY TO REQUEST LESS
- 30 THAN THE MINIMUM COVERAGE REQUIRED UNDER SUBSECTION (C) OF THIS
- 31 SECTION.
- 32 (F) FOR A PATIENT WHO HAS A SHORTER HOSPITAL STAY THAN THAT
- 33 PROVIDED UNDER SUBSECTION (C) OF THIS SECTION OR DECIDES THAT THE
- 34 MASTECTOMY, REMOVAL OF A TESTICLE, OR LYMPH NODE DISSECTION CAN BE
- 35 PERFORMED ON AN OUTPATIENT BASIS. AN ENTITY SUBJECT TO THIS SECTION
- 36 SHALL PROVIDE COVERAGE FOR:
- 37 (1) ONE HOME VISIT SCHEDULED TO OCCUR WITHIN 24 HOURS AFTER
- 38 DISCHARGE FROM THE HOSPITAL OR OUTPATIENT HEALTH CARE FACILITY; AND
- 39 (2) AN ADDITIONAL HOME VISIT IF PRESCRIBED BY THE PATIENT'S 40 ATTENDING PHYSICIAN.

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- 1 (G) EACH ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE
- 2 ANNUALLY TO ITS ENROLLEES AND INSUREDS ABOUT THE COVERAGE REQUIRED
- 3 BY THIS SECTION.
- 4 Article Health General
- 5 19-706.
- 6 (N) THE PROVISIONS OF § 15-822 OF THE INSURANCE ARTICLE SHALL APPLY 7 TO HEALTH MAINTENANCE ORGANIZATIONS.
- 8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 9 October 1, 1997.