

HOUSE BILL 107

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1998 Regular Session
8r0597
CF 8r1061

By: **Delegate Donoghue**

Introduced and read first time: January 16, 1998

Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Dermatological Care - Access to Care**

3 FOR the purpose of requiring certain health insurers, nonprofit health service plans,
4 and health maintenance organizations to allow enrollees and insureds, who
5 have a previously diagnosed dermatological condition, under certain
6 circumstances, to receive dermatological care from an in-network dermatologist
7 without first visiting a primary care provider; requiring certain health insurers,
8 nonprofit health service plans, and health maintenance organizations to allow
9 certain enrollees and insureds an annual visit to a dermatologist to receive
10 certain dermatological care under certain circumstances; defining certain terms;
11 and generally relating to requiring certain health insurers, nonprofit health
12 service plans, and health maintenance organizations to allow enrollees and
13 insureds to receive dermatological care without first visiting a primary care
14 provider under certain circumstances.

15 BY adding to

16 Article - Insurance
17 Section 15-826
18 Annotated Code of Maryland
19 (1997 Volume)

20 BY adding to

21 Article - Health - General
22 Section 19-706(y)
23 Annotated Code of Maryland
24 (1996 Replacement Volume and 1997 Supplement)

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

1

Article - Insurance

2 15-826.

3 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
4 INDICATED.

5 (2) "DERMATOLOGICAL CARE" MEANS CARE OF OR AFFECTING THE
6 SKIN.

7 (3) "DERMATOLOGIST" MEANS A PHYSICIAN WHO IS IDENTIFIED BY THE
8 STATE BOARD OF PHYSICIAN QUALITY ASSURANCE AS A SPECIALIST IN
9 DERMATOLOGICAL CARE.

10 (B) THIS SECTION APPLIES TO:

11 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE
12 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN
13 EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES THAT ARE ISSUED
14 OR DELIVERED IN THE STATE; AND

15 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL,
16 MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS
17 THAT ARE ISSUED OR DELIVERED IN THE STATE.

18 (C) AN ENTITY SUBJECT TO THIS SECTION SHALL ALLOW AN ENROLLEE OR
19 INSURED TO RECEIVE DERMATOLOGICAL CARE FROM AN IN-NETWORK
20 DERMATOLOGIST WITHOUT REQUIRING THE ENROLLEE OR INSURED TO VISIT A
21 PRIMARY CARE PROVIDER FIRST IN ORDER TO OBTAIN A REFERRAL TO A
22 DERMATOLOGIST, IF:

23 (1) THE ENROLLEE OR INSURED HAS A PREVIOUSLY DIAGNOSED
24 DERMATOLOGICAL CONDITION; AND

25 (2) THE DERMATOLOGICAL CONDITION REQUIRES FOLLOW-UP
26 DERMATOLOGICAL CARE AND MONITORING ON A REGULARLY SCHEDULED PERIODIC
27 BASIS BY A DERMATOLOGIST.

28 (D) FOR AN ENROLLEE OR INSURED WITHOUT A PREVIOUSLY DIAGNOSED
29 DERMATOLOGICAL CONDITION, AN ENTITY SUBJECT TO THIS SECTION SHALL
30 ALLOW THE ENROLLEE OR INSURED AN ANNUAL VISIT TO AN IN-NETWORK
31 DERMATOLOGIST FOR ROUTINE DERMATOLOGICAL CARE WITHOUT REQUIRING THE
32 ENROLLEE OR INSURED TO VISIT THE ENROLLEE'S OR INSURED'S PRIMARY CARE
33 PROVIDER FIRST, WHETHER OR NOT THE PRIMARY CARE PROVIDER IS QUALIFIED TO
34 AND REGULARLY DOES PROVIDE ROUTINE DERMATOLOGICAL CARE.

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Article - Health - General

2 19-706.

3 (Y) THE PROVISIONS OF § 15-826 OF THE INSURANCE ARTICLE SHALL APPLY
4 TO HEALTH MAINTENANCE ORGANIZATIONS.

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
6 October 1, 1998.