

SENATE BILL 221

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C3

1998 Regular Session  
8r1061  
CF 8r1718

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By: **Senators Dorman, Trotter, Derr, Roesser, and Teitelbaum**  
Introduced and read first time: January 29, 1998  
Assigned to: Finance

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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 obtaining a referral from a primary care provider; requiring  
8 certain health insurers, nonprofit health service plans, and health maintenance  
9 organizations to allow certain enrollees and insureds an annual visit to a  
10 dermatologist to receive a skin cancer evaluation under certain circumstances;  
11 defining certain terms; and generally relating to requiring certain health  
12 insurers, nonprofit health service plans, and health maintenance organizations  
13 to allow enrollees and insureds to receive dermatological care without first  
14 obtaining a referral from a primary care 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:

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**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) FOR AN ENROLLEE OR INSURED WITHOUT A PREVIOUSLY DIAGNOSED  
19 DERMATOLOGICAL CONDITION, AN ENTITY SUBJECT TO THIS SECTION SHALL  
20 ALLOW THE ENROLLEE OR INSURED AN ANNUAL VISIT TO AN IN-NETWORK  
21 DERMATOLOGIST FOR A SKIN CANCER EVALUATION WITHOUT REQUIRING THE  
22 ENROLLEE OR INSURED TO OBTAIN A REFERRAL FROM THE ENROLLEE'S OR  
23 INSURED'S PRIMARY CARE PROVIDER FIRST.

24 (D) AN ENTITY SUBJECT TO THIS SECTION SHALL ALLOW AN ENROLLEE OR  
25 INSURED TO RECEIVE DERMATOLOGICAL CARE FROM AN IN-NETWORK  
26 DERMATOLOGIST WITHOUT REQUIRING THE ENROLLEE OR INSURED TO OBTAIN A  
27 REFERRAL FROM THE ENROLLEE'S OR INSURED'S PRIMARY CARE PROVIDER FIRST,  
28 IF:

29 (1) THE ENROLLEE OR INSURED HAS A PREVIOUSLY DIAGNOSED  
30 DERMATOLOGICAL CONDITION THAT REQUIRES FOLLOW-UP DERMATOLOGICAL  
31 CARE AND MONITORING ON A REGULARLY SCHEDULED PERIODIC BASIS BY A  
32 DERMATOLOGIST;

33 (2) AFTER EACH VISIT FOR DERMATOLOGICAL CARE, THE  
34 DERMATOLOGIST COMMUNICATES WITH THE ENROLLEE'S OR INSURED'S PRIMARY  
35 CARE PROVIDER ABOUT ANY SUBSEQUENT DIAGNOSIS OR ANY TREATMENT  
36 RENDERED; AND

1           (3)     THE DERMATOLOGIST CONFERS WITH THE PRIMARY CARE  
2 PROVIDER BEFORE PERFORMING ANY DIAGNOSTIC PROCEDURE THAT IS NOT AN  
3 IN-OFFICE PROCEDURE.

4   **Article - Health - General**

5 19-706.

6     (Y)     THE PROVISIONS OF § 15-826 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, 1998.