By: Senators Hollinger, Munson, Hafer, Madden, Blount, Ruben, Teitelbaum, Conway, Derr, Lawlah, Dorman, Kelley, Green, Jimeno, Collins, Bromwell, Middleton, Trotter, Dyson, Roesser, and Van Hollen

Introduced and read first time: February 6, 1998 Assigned to: Finance

Committee Report: Favorable Senate action: Adopted Read second time: March 10, 1998

CHAPTER____

1 AN ACT concerning

2 3

Health Benefit Plans - Minimum Inpatient Hospitalization Coverage -Treatments for Breast and Testicular Cancer

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and

- 5 health maintenance organizations to provide a certain minimum length of
- 6 inpatient hospitalization coverage after a mastectomy, removal of a testicle,
- 7 lymph node dissection, or lumpectomy that is performed for the treatment of
- 8 breast or testicular cancer; requiring that insurers, nonprofit health service
- 9 plans, and health maintenance organizations provide coverage for home visits
- 10 under certain circumstances; requiring that certain information be provided to a
- 11 patient prior to the performance of certain procedures; providing for the
- 12 termination of this Act; providing for the construction of this Act; requiring
- 13 certain persons to provide a certain notice; providing for the application of this
- 14 Act; defining a certain term; and generally relating to requiring certain
- 15 insurers, nonprofit health service plans, and health maintenance organizations
- 16 to provide a certain minimum length of inpatient hospitalization coverage after
- 17 a mastectomy, removal of a testicle, lymph node dissection, or lumpectomy
- 18 under certain circumstances.

19 BY adding to

- 20 Article Health General
- 21 Section 19-706(y) and 20-116
- 22 Annotated Code of Maryland
- 23 (1996 Replacement Volume and 1997 Supplement)

24 BY adding to

- 1 Article Insurance
- 2 Section 15-826
- 3 Annotated Code of Maryland
- 4 (1997 Volume)

5 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF6 MARYLAND, That the Laws of Maryland read as follows:

7

Article - Health - General

8 19-706.

9 (Y) THE PROVISIONS OF § 15-826 OF THE INSURANCE ARTICLE SHALL APPLY 10 TO HEALTH MAINTENANCE ORGANIZATIONS.

11 20-116.

12 (A) IN THIS SECTION, "HEALTH CARE PRACTITIONER" MEANS AN INDIVIDUAL
13 WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH
14 OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE ORDINARY
15 COURSE OF BUSINESS OR PRACTICE OF A PROFESSION.

16 (B) BEFORE A PATIENT UNDERGOES A MASTECTOMY, REMOVAL OF A
17 TESTICLE, LYMPH NODE DISSECTION, OR LUMPECTOMY, WITH THE ASSISTANCE OF
18 THE PATIENT'S ATTENDING PHYSICIAN, THE PATIENT SHALL RECEIVE APPROPRIATE
19 TRAINING, EDUCATIONAL MATERIALS, AND INFORMATION FROM AN APPROPRIATE
20 HEALTH CARE PRACTITIONER EXPLAINING THE PROCEDURE THAT THE PATIENT IS
21 ABOUT TO UNDERGO AND NECESSARY POSTPROCEDURE CARE.

22 Article - Insurance

23 15-826.

24 (A) IN THIS SECTION, "MASTECTOMY" MEANS THE SURGICAL REMOVAL OF 25 ALL OR PART OF A BREAST AS A RESULT OF BREAST CANCER.

26 (B) THIS SECTION APPLIES TO:

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

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

34 (C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR
 35 THE COST OF INPATIENT HOSPITALIZATION SERVICES FOR A MINIMUM OF:

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1 (1) 48 HOURS OF INPATIENT HOSPITALIZATION CARE AFTER A 2 MASTECTOMY OR AFTER THE REMOVAL OF A TESTICLE DUE TO TESTICULAR 3 CANCER; AND

4 (2) 24 HOURS OF INPATIENT HOSPITALIZATION CARE AFTER A LYMPH 5 NODE DISSECTION OR LUMPECTOMY FOR THE TREATMENT OF BREAST CANCER.

6 (D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE THE PROVISION OF
7 INPATIENT HOSPITALIZATION SERVICES IN ACCORDANCE WITH SUBSECTION (C) OF
8 THIS SECTION WHENEVER THE PATIENT DETERMINES, IN CONSULTATION WITH THE
9 PATIENT'S ATTENDING PHYSICIAN, THAT A SHORTER PERIOD OF INPATIENT
10 HOSPITALIZATION IS APPROPRIATE FOR RECOVERY OR THAT THE MASTECTOMY,
11 REMOVAL OF A TESTICLE, LYMPH NODE DISSECTION, OR LUMPECTOMY CAN BE
12 PERFORMED ON AN OUTPATIENT BASIS.

13 (E) FOR A PATIENT WHO HAS A SHORTER LENGTH OF HOSPITAL STAY THAN
14 THAT PROVIDED UNDER SUBSECTION (C) OF THIS SECTION OR DECIDES THAT THE
15 MASTECTOMY, REMOVAL OF A TESTICLE, LYMPH NODE DISSECTION, OR
16 LUMPECTOMY CAN BE PERFORMED ON AN OUTPATIENT BASIS, AN ENTITY SUBJECT
17 TO THIS SECTION SHALL PROVIDE COVERAGE FOR:

18 (1) ONE HOME VISIT SCHEDULED TO OCCUR WITHIN 24 HOURS AFTER
19 DISCHARGE FROM THE HOSPITAL OR OUTPATIENT HEALTH CARE FACILITY; AND

20 (2) AN ADDITIONAL HOME VISIT IF PRESCRIBED BY THE PATIENT'S 21 ATTENDING PHYSICIAN.

(F) EACH ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE
23 ANNUALLY TO ITS ENROLLEES AND INSUREDS ABOUT THE COVERAGE REQUIRED BY
24 THIS SECTION.

25 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all

26 new policies or health benefit plans issued or delivered in the State on or after July 1,

27 1998 and to the renewal of all policies in effect before July 1, 1998, except that any

28 policy or health benefit plan in effect before July 1, 1998 shall comply with the

29 provisions of this Act no later than July 1, 1999.

30 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect

31 July 1, 1998. It shall remain effective until September 30, 2002 and, at the end of

32 September 30, 2002, with no further action required by the General Assembly, this

33 Act shall be abrogated and of no further force and effect.

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