

BY: Finance Committee

AMENDMENTS TO HOUSE BILL NO. 182

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “prohibiting” in line 5 down through “circumstances;” in line 8; in line 12, after “treatments” insert “or certain prescription drugs or devices”; in line 16, after “circumstances;” insert “requiring certain health insurance carriers to include certain information in their enrollment sales materials;”; and in line 20, after “regulations;” insert “requiring certain health insurance carriers to provide a certain minimum length of inpatient hospitalization coverage after a mastectomy, removal of a testicle, lymph node dissection, or lumpectomy that is performed for the treatment of breast or testicular cancer; requiring the Secretary of Health and Mental Hygiene to conduct a certain review and submit a certain report; providing for the termination of certain provisions of this Act;”.

AMENDMENT NO. 2

On page 2, in line 22, strike “and 15-830” and substitute “15-830, 15-831, and 15-832”; in line 34, strike “15-829”; and in the same line, strike “AND 15-830” and substitute “15-829, 15-830, 15-831, AND 15-832”.

AMENDMENT NO. 3

On page 6, in line 16, after the semicolon, insert “OR”; strike line 17 in its entirety; in line 18, strike “(V)” and substitute “(IV)”; and strike in their entirety lines 27 through 32, inclusive, and substitute:

“(5) “SPECIALIST” MEANS A PHYSICIAN WHO IS CERTIFIED OR TRAINED TO PRACTICE IN A SPECIFIED FIELD OF MEDICINE AND WHO IS NOT DESIGNATED AS A PRIMARY CARE PROVIDER BY THE CARRIER.”.

AMENDMENT NO. 4

On page 7, in lines 7, 21, and 29, in each instance, strike “PHYSICIAN” and substitute

(Over)

“PROVIDER”; and strike in their entirety lines 31 through 34, inclusive.

AMENDMENT NO. 5

On page 8, strike in their entirety lines 1 through 35, inclusive.

AMENDMENT NO. 6

On page 9, in lines 1, 21, and 26, strike “(D)”, “(E)”, and “(F)”, respectively, and substitute “(C)”, “(D)”, and “(E)”, respectively; and in lines 34 and 37, in each instance, strike “AN ENTITY” and substitute “A CARRIER”.

AMENDMENT NO. 7

On page 10, after line 9, insert:

“(2) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES THROUGH A PHARMACY BENEFIT MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.”;

in line 10, strike “(2)” and substitute “(3)”; in line 12, strike “ENTITY” and substitute “CARRIER”; in lines 15, 23, and 26, in each instance, after “THE” insert “CARRIER’S”; and after line 21, insert:

“(I) THE PRESCRIPTION DRUG OR DEVICE THAT IS NOT IN THE CARRIER’S FORMULARY IS MEDICALLY NECESSARY; AND

(II)”.

AMENDMENT NO. 8

On page 11, after line 2, insert:

“(E) A DECISION BY A CARRIER NOT TO PROVIDE ACCESS TO OR COVERAGE OF A PRESCRIPTION DRUG OR DEVICE IN ACCORDANCE WITH THIS SECTION CONSTITUTES AN ADVERSE DECISION AS DEFINED UNDER SUBTITLE 10A OF THIS TITLE IF THE DECISION IS BASED ON A FINDING THAT THE PROPOSED DRUG OR DEVICE IS NOT MEDICALLY NECESSARY, APPROPRIATE, OR EFFICIENT.

15-831.

(A) (1) THIS SECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(2) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES THROUGH A PHARMACY BENEFIT MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.

(3) THIS SECTION DOES NOT APPLY TO A MANAGED CARE ORGANIZATION AS DEFINED IN § 15-101 OF THE HEALTH - GENERAL ARTICLE.

(B) EACH CARRIER SHALL POSE AND RESPOND TO THE FOLLOWING QUESTIONS IN ITS ENROLLMENT SALES MATERIALS:

“DOES THIS PLAN LIMIT OR EXCLUDE CERTAIN DRUGS MY HEALTH CARE PROVIDER MAY PRESCRIBE OR ENCOURAGE SUBSTITUTIONS FOR SOME DRUGS?

WHEN CAN MY PLAN CHANGE THE APPROVED DRUG LIST (FORMULARY)? IF A CHANGE OCCURS, WILL I HAVE TO PAY MORE TO USE A DRUG I HAD BEEN USING?

WHAT SHOULD I DO IF I WANT A CHANGE FROM LIMITATIONS, EXCLUSIONS, SUBSTITUTIONS, OR COST INCREASES FOR DRUGS SPECIFIED IN THIS PLAN?

HOW MUCH DO I HAVE TO PAY TO GET A PRESCRIPTION FILLED FOR A

(Over)

DRUG WITHIN THE FORMULARY AND FOR A DRUG NOT IN THE FORMULARY?

DO I HAVE TO USE CERTAIN PHARMACIES TO PAY THE LEAST OUT OF MY OWN POCKET UNDER THIS HEALTH PLAN?

HOW MANY DAYS' SUPPLY OF MOST MEDICATIONS CAN I GET WITHOUT PAYING ANOTHER CO-PAY OR OTHER REPEATING CHARGE?

WHAT OTHER PHARMACY SERVICES DOES MY HEALTH PLAN COVER?"

AMENDMENT NO. 9

On page 11, after line 11, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article - Insurance

15-832.

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

(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.

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

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

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

(D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE THE PROVISION OF INPATIENT HOSPITALIZATION SERVICES IN ACCORDANCE WITH SUBSECTION (C) OF THIS SECTION IF A PATIENT DETERMINES, IN CONSULTATION WITH THE PATIENT'S ATTENDING PHYSICIAN, THAT:

(1) A SHORTER PERIOD OF INPATIENT HOSPITALIZATION IS APPROPRIATE FOR RECOVERY; OR

(2) THE MASTECTOMY, REMOVAL OF A TESTICLE, LYMPH NODE DISSECTION, OR LUMPECTOMY CAN BE PERFORMED ON AN OUTPATIENT BASIS.

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

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

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

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

AMENDMENT NO. 10

On page 12, in line 19, strike “2.” and substitute “3.”; in lines 24, 25, and 26, in each instance, strike “July 1,” and substitute “October 1,”; after line 26, insert:

“SECTION 4. AND BE IT FURTHER ENACTED, That the Secretary of Health and Mental Hygiene shall review the extent to which managed care organizations in the Medical Assistance Program are required to meet the same or similar requirements imposed on carriers under this Act, and, subject to § 2-1246 of the State Government Article, shall report the findings of the review by November 1, 1999 to the Senate Finance Committee and the House Environmental Matters Committee. If the Secretary finds that managed care organizations are not required to meet the same or similar requirements, the Secretary shall also report the cost of imposing those requirements on the managed care organizations.”;

and in line 27, strike “3.” and substitute “5.”; in line 28, strike “July 1, 1999.” and substitute “October 1, 1999. Section 2 of this Act shall remain effective for a period of 4 years and, at the end of September 30, 2003, with no further action required by the General Assembly, Section 2 of this Act shall be abrogated and of no further force and effect.”.