

BY: Conference Committee

AMENDMENTS TO HOUSE BILL NO. 182

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “requiring” in line 6 down through “circumstances;” in line 8; in line 11, after “carrier” insert “or a certain entity”; in line 12, after “treatments” insert “or certain prescription drugs or devices”; in line 14 strike “carriers” and substitute “entities”; in line 20, after “regulations;” insert “requiring certain health insurance entities to provide certain home visits to certain individuals who have undergone certain procedures; requiring the Secretary of Health and Mental Hygiene to conduct a certain review and submit a certain report; requiring the Maryland Insurance Administration, in consultation with the Health Care Access and Cost Commission, to perform a certain study and present findings to the House Economic Matters Committee and the Senate Finance Committee by certain dates; providing for the termination of certain provisions of this Act;”.

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

AMENDMENT NO. 2

On page 6, in line 22, strike the first comma and substitute “OR”; in the same line, strike “, OR CERTIFICATE”; and strike in their entirety lines 28 through 32, inclusive, and substitute ““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. 3

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

On page 9, in line 1, strike “(D)” and substitute “(C)”; in line 21, strike “(E)” and substitute “(D)”; and in line 26, strike “(F)” and substitute “(E)”.

(Over)

AMENDMENT NO. 4

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 15, after “THE” insert “ENTITY’S”; in line 23, after “THE” insert “ENTITY’S”; and in line 26, after “THE” insert “ENTITY’S”.

AMENDMENT NO. 5

On page 11, after line 2, insert:

“(E) A DECISION BY AN ENTITY SUBJECT TO THIS SECTION 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.”.

AMENDMENT NO. 6

On page 11, after line 11, insert:

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

Article - Insurance

15-831.

(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) FOR A PATIENT WHO RECEIVES LESS THAN 48 HOURS OF INPATIENT HOSPITALIZATION FOLLOWING A MASTECTOMY OR THE SURGICAL REMOVAL OF A TESTICLE, OR WHO UNDERGOES A MASTECTOMY OR THE SURGICAL REMOVAL OF A TESTICLE 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.

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

AMENDMENT NO. 7

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

(Over)

November 1, 1999 to the Senate Finance Committee and the House Economic 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.

SECTION 5. AND BE IT FURTHER ENACTED, That the Maryland Insurance Administration, in consultation with the Health Care Access and Cost Commission, shall study the usual, customary, and reasonable rates paid by health maintenance organizations for the claims of non-contracting health care providers under the provisions of § 19-710.1 of the Health - General Article. The study shall include a review of methodologies for rates of payment for services provided by non-contracting health care providers in the State. The findings of the study shall be presented in an interim report submitted on or before January 1, 2000 and, subject to § 2-1246 of the State Government Article, a final report submitted on or before September 1, 2000 to the House Economic Matters Committee and the Senate Finance Committee.

SECTION 6. AND BE IT FURTHER ENACTED, That Section 5 of this Act shall take effect June 1, 1999.”;

in line 27, strike “3.” and substitute “7.”; in the same line, after “That” insert “, except as provided in Section 6 of this Act.”; in line 28, strike “July” and substitute “October”; and in the same line, after “1999.” insert “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.”.