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By: **Delegate Goldwater**

Introduced and read first time: February 7, 2001

Assigned to: Economic Matters

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A BILL ENTITLED

1 AN ACT concerning

2                                   **Health Insurance - Covered Health Care Services - Underlying Medical**  
3                                   **Conditions**

4 FOR the purpose of providing that a covered health care service that certain health  
5 insurance carriers are required to provide shall be deemed to include coverage of  
6 a health care service prescribed by a practitioner for treatment of an underlying  
7 medical condition if the practitioner makes a certain determination; prohibiting  
8 the Maryland Health Care Commission from excluding coverage of certain  
9 health care services under certain circumstances; providing for the construction  
10 of this Act; defining certain terms; and generally relating to covered health care  
11 services that health insurance carriers are required to provide and coverage of  
12 health care services for treatment of underlying medical conditions.

13 BY adding to  
14 Article - Insurance  
15 Section 15-837  
16 Annotated Code of Maryland  
17 (1997 Volume and 2000 Supplement)

18 BY repealing and reenacting, with amendments,  
19 Article - Insurance  
20 Section 15-1207(e)  
21 Annotated Code of Maryland  
22 (1997 Replacement Volume and 2000 Supplement)

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

25                                   **Article - Insurance**

26 15-837.

27 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
28 INDICATED.

1 (2) "CARRIER" MEANS:

2 (I) AN INSURER THAT OFFERS HEALTH INSURANCE OTHER THAN  
3 LONG-TERM CARE INSURANCE OR DISABILITY INSURANCE;

4 (II) A NONPROFIT HEALTH SERVICE PLAN;

5 (III) A HEALTH MAINTENANCE ORGANIZATION;

6 (IV) A MANAGED CARE ORGANIZATION AS DEFINED IN TITLE 15,  
7 SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE; AND

8 (V) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS  
9 SUBJECT TO STATE REGULATION.

10 (3) (I) "MEMBER" MEANS AN INDIVIDUAL ENTITLED TO HEALTH CARE  
11 BENEFITS UNDER A POLICY OR PLAN ISSUED OR DELIVERED IN THE STATE BY A  
12 CARRIER.

13 (II) "MEMBER" INCLUDES A SUBSCRIBER.

14 (B) A COVERED HEALTH CARE SERVICE THAT A CARRIER IS REQUIRED TO  
15 PROVIDE TO A MEMBER BY STATUTE OR THE TERMS OF A HEALTH BENEFIT POLICY  
16 OR PLAN SHALL BE DEEMED TO INCLUDE COVERAGE OF A HEALTH CARE SERVICE  
17 PRESCRIBED BY A PRACTITIONER FOR TREATMENT OF AN UNDERLYING MEDICAL  
18 CONDITION IF THE PRACTITIONER DETERMINES THAT THE PRESCRIBED HEALTH  
19 CARE SERVICE IS MEDICALLY NECESSARY FOR THE TREATMENT OF THE COVERED  
20 HEALTH CARE SERVICE.

21 (C) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO CREATE AN  
22 ADDITIONAL COVERED SERVICE THAT A CARRIER IS REQUIRED TO PROVIDE TO A  
23 MEMBER.

24 15-1207.

25 (e) The Commission may exclude:

26 (1) EXCEPT AS PROVIDED IN § 15-837 OF THIS TITLE, a health care  
27 service, benefit, coverage, or reimbursement for covered health care services that is  
28 required under this article or the Health - General Article to be provided or offered in  
29 a health benefit plan that is issued or delivered in the State by a carrier; or

30 (2) reimbursement required by statute, by a health benefit plan for a  
31 service when that service is performed by a health care provider who is licensed under  
32 the Health Occupations Article and whose scope of practice includes that service.

33 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
34 October 1, 2001.