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By: Delegates Elliott, Bozman, Sophocleus, Bobo, Snodgrass, Brinkley, and Owings Owings, Barve, Brown, Busch, Donoghue, Eckardt, Fulton, Goldwater, Gordon, Harrison, Hill, Hurson, J. Kelly, Krysiak, La Vay, Love, McClenahan, McHale, Minnick, Moe, Pendergrass, and Walkup

Introduced and read first time: February 9, 2001

Assigned to: Economic Matters

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 6, 2001

CHAPTER____

1 AN ACT concerning

- 2 Health Insurance Benefit Cards, Prescription Benefit Cards, or Other Proof 3 of Insurance Technology
- 4 FOR the purpose of requiring certain insurers, nonprofit health service plans, health
- 5 maintenance organizations, and managed care organizations to provide to
- 6 insureds, subscribers, and enrollees a health insurance benefit card,
- 7 prescription benefit card, or other proof of insurance <u>technology</u> that complies
- with certain standards or contains certain data elements; requiring certain 8
- benefit administrators to comply with this Act; requiring the issuance of new 9
- cards or corrective information under certain circumstances; providing for the 10
- 11 application of this Act; and generally relating to health insurance benefit cards,
- 12 prescription benefit cards, or other proof of insurance technology under health
- 13 insurance.
- 14 BY adding to
- Article Insurance 15
- Section 15-130 16
- 17 Annotated Code of Maryland
- (1997 Volume and 2000 Supplement) 18
- 19 BY adding to
- Article Health General 20
- Section 19-706 (rr) 21
- Annotated Code of Maryland 22

- 1 (2000 Replacement Volume) 2 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 3 MARYLAND, That the Laws of Maryland read as follows: **Article - Insurance** 4 5 15-130. 6 (A) (1) THIS SECTION APPLIES TO: 7 INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT (I) 8 PROVIDE COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES ON AN OUTPATIENT 9 BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR 10 DELIVERED IN THE STATE; 11 (II)HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE 12 COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES ON AN OUTPATIENT BASIS 13 UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; 14 MANAGED CARE ORGANIZATIONS, AS DEFINED IN § 15-101 OF (III) 15 THE HEALTH - GENERAL ARTICLE. THAT PROVIDE COVERAGE FOR PRESCRIPTION 16 DRUGS AND DEVICES ON AN OUTPATIENT BASIS UNDER CONTRACTS THAT ARE 17 ISSUED OR DELIVERED IN THE STATE; AND (IV) INSURERS, NONPROFIT HEALTH SERVICE PLANS, HEALTH 18 19 MAINTENANCE ORGANIZATIONS, AND MANAGED CARE ORGANIZATIONS THAT 20 PROVIDE COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES THROUGH A 21 PHARMACY BENEFIT MANAGER; AND 22 (V) (IV) TO THE EXTENT CONSISTENT WITH STATE AND FEDERAL 23 LAW, THIRD PARTY ADMINISTRATORS. THIS SECTION DOES NOT APPLY TO: 24 (2) SHORT-TERM TRAVEL OR ACCIDENT-ONLY POLICIES: 25 (I) (II)SHORT-TERM NONRENEWABLE POLICIES OF NOT MORE THAN 6 27 MONTHS DURATION; OR (III)28 HEALTH CARE ENTITIES THAT DO NOT PROVIDE PRESCRIPTION 29 BENEFITS. 30 (III)ANY HEALTH MAINTENANCE ORGANIZATION THAT OPERATES 31 OR MAINTAINS ITS OWN PHARMACIES AND DISPENSES, ON AN ANNUAL BASIS, OVER 32 95% OF PRESCRIPTION DRUGS ON AN OUTPATIENT BASIS TO ITS ENROLLEES AT ITS 33 OWN PHARMACIES. EACH ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE TO ITS
- 35 INSUREDS, SUBSCRIBERS, OR ENROLLEES A HEALTH INSURANCE BENEFIT CARD,

HOUSE BILL 807

- 1 PRESCRIPTION BENEFIT CARD, OR OTHER PROOF OF INSURANCE TECHNOLOGY 2 THAT: COMPLIES WITH THE STANDARDS SET FORTH IN THE NATIONAL 4 COUNCIL FOR PRESCRIPTION DRUG PROGRAMS PHARMACY ID CARD 5 IMPLEMENTATION GUIDE IN EFFECT AT THE TIME OF ISSUANCE OF THE CARD OR 6 OTHER PROOF OF INSURANCE TECHNOLOGY; OR 7 INCLUDES, AT A MINIMUM, THE FOLLOWING DATA ELEMENTS: (2) 8 THE NAME OR IDENTIFYING TRADEMARK OF THE ENTITY (I) 9 SUBJECT TO THIS SECTION OR, IF ANOTHER ENTITY ADMINISTERS THE 10 PRESCRIPTION BENEFIT, THE NAME OR IDENTIFYING TRADEMARK OF THE BENEFIT 11 ADMINISTRATOR; (II)THE NAME AND IDENTIFICATION NUMBER OF THE INSURED. 13 SUBSCRIBER, OR ENROLLEE; THE TELEPHONE NUMBER THAT PROVIDERS MAY CALL FOR 14 (III)15 PHARMACY BENEFIT ASSISTANCE; AND ALL ELECTRONIC TRANSACTION ROUTING INFORMATION AND 16 (IV) 17 OTHER NUMBERS REQUIRED BY THE ENTITY SUBJECT TO THIS SECTION OR BENEFIT 18 ADMINISTRATOR TO PROCESS A PRESCRIPTION CLAIM ELECTRONICALLY. 19 (C) IF AN ENTITY SUBJECT TO THIS SECTION CONTRACTS WITH OR 20 OTHERWISE ARRANGES FOR THE PRESCRIPTION BENEFIT TO BE ADMINISTERED BY 21 ANOTHER SUBSIDIARY OR ENTITY, INCLUDING A PHARMACY BENEFIT MANAGER, 22 THE ENTITY SUBJECT TO THIS SECTION SHALL REQUIRE THE BENEFIT 23 ADMINISTRATOR TO COMPLY WITH THIS SECTION. 24 THE HEALTH INSURANCE BENEFIT CARD, PRESCRIPTION BENEFIT (D) 25 CARD, OR OTHER PROOF OF INSURANCE TECHNOLOGY SHALL BE ISSUED TO EACH 26 INSURED, SUBSCRIBER, OR ENROLLEE AND REISSUED AFTER CHANGES IN 27 COVERAGE THAT AFFECT THE DATA ELEMENTS ON THE CARD OR OTHER PROOF OF 28 INSURANCE. BY AN ENTITY SUBJECT TO THIS SECTION. IF A CHANGE OCCURS IN ANY OF THE DATA ELEMENTS REQUIRED 30 UNDER SUBSECTION (B)(2) OF THIS SECTION, AN ENTITY SUBJECT TO THIS SECTION 31 SHALL: REISSUE A HEALTH INSURANCE BENEFIT CARD, PRESCRIPTION 32 (I) 33 DRUG BENEFIT CARD, OR OTHER TECHNOLOGY; OR 34 PROVIDE THE INSURED, SUBSCRIBER, OR ENROLLEE WITH THE (II)
- 35 CORRECTIVE INFORMATION NECESSARY TO ELECTRONICALLY PROCESS A
- 36 PRESCRIPTION CLAIM.
- AN ENTITY SUBJECT TO THIS SECTION MAY COMPLY WITH THIS SECTION 38 BY ISSUING TO EACH INSURED, SUBSCRIBER, OR ENROLLEE A HEALTH INSURANCE

HOUSE BILL 807

- 1 BENEFIT CARD THAT CONTAINS DATA ELEMENTS RELATED TO BOTH PRESCRIPTION
- 2 AND NONPRESCRIPTION HEALTH INSURANCE BENEFITS.
- 3 Article Health General
- 4 19-706.
- 5 (RR) THE PROVISIONS OF § 15-130 OF THE INSURANCE ARTICLE APPLY TO
- 6 HEALTH MAINTENANCE ORGANIZATIONS.
- 7 SECTION 2. AND BE IT FURTHER ENACTED, That this Act applies to all
- 8 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
- 9 on or after July 1, 2002.
- 10 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 11 October 1, 2001.