

SENATE BILL 521

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2001 Regular Session
11r2047
CF 11r2733

By: **Senator Hoffman**

Introduced and read first time: February 2, 2001

Assigned to: Finance

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.