
By: **Delegate Morhaim**

Introduced and read first time: February 6, 2003

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Payment to Providers for Colorectal Screenings**

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
4 health maintenance organizations to pay claims submitted by licensed providers
5 for certain colorectal cancer screenings at a rate no less than a certain amount;
6 providing for the application of this Act; and generally relating to certain
7 insurers, nonprofit health service plans, and health maintenance organizations
8 and payment for colorectal screenings.

9 BY repealing and reenacting, with amendments,

10 Article - Insurance

11 Section 15-837

12 Annotated Code of Maryland

13 (2002 Replacement Volume and 2002 Supplement)

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

16 **Article - Insurance**

17 15-837.

18 (a) This section applies to:

19 (1) insurers and nonprofit health service plans that provide hospital,
20 medical, or surgical benefits to individuals or groups on an expense-incurred basis
21 under health insurance policies or contracts that are issued or delivered in the State;
22 and

23 (2) health maintenance organizations that provide hospital, medical, or
24 surgical benefits to individuals or groups under contracts that are issued or delivered
25 in the State.

26 (b) An entity subject to this section shall:

1 (1) provide coverage for colorectal cancer screening in accordance with
2 the latest screening guidelines issued by the American Cancer Society; AND

3 (2) PAY A CLAIM SUBMITTED BY A LICENSED PROVIDER FOR COVERED
4 SERVICES UNDER THIS SECTION AT A RATE NO LESS THAN 140% OF THE RATE PAID
5 BY THE MEDICARE PROGRAM, AS PUBLISHED BY THE CENTERS FOR MEDICARE AND
6 MEDICAID SERVICES, FOR THE SAME COVERED SERVICE, TO A SIMILARLY LICENSED
7 PROVIDER.

8 (c) (1) Subject to paragraph (2) of this subsection, the coverage required
9 under this section may be subject to a copayment or coinsurance requirement or
10 deductible that an entity subject to this section imposes for similar coverages under
11 the same policy or contract.

12 (2) The copayment or coinsurance requirement or deductible imposed
13 under paragraph (1) of this subsection may not be greater than the copayment or
14 coinsurance requirement or deductible imposed by the entity for similar coverages.

15 (d) Nothing in this section may be construed to prohibit an entity subject to
16 this section from providing coverages that are greater than or more favorable to an
17 insured or enrollee than the coverage required under this section.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
19 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
20 on or after October 1, 2003.

21 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
22 October 1, 2003.