

Department of Legislative Services
Maryland General Assembly
2003 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 39

(Senator Teitelbaum, *et al.*)

Finance

Health and Government Operations

Health Insurance - Coverage for Home Visits After Mastectomy or Surgical
Removal of a Testicle - Extension of Sunset

This bill extends the termination date on the provision of law that requires mandated benefits for a patient who has a mastectomy or the surgical removal of a testicle from September 30, 2003 to September 30, 2006.

Fiscal Summary

State Effect: State Employee and Retiree Health and Welfare Benefits Program expenditures to cover the mandated benefit would continue beyond September 30, 2003. No effect on Medicaid, which is not subject to this mandated benefit. No effect on revenues.

Local Effect: To the extent local governments cover the mandated benefit, local government expenditures would continue beyond September 30, 2003. No effect on revenues.

Small Business Effect: Potential minimal. Small businesses (50 employees or fewer) purchase the Comprehensive Standard Health Benefit Plan (CSHBP), which is exempt from including mandated benefits in its coverage. To the extent coverage for this benefit is offered, small business expenditures would continue beyond September 30, 2003.

Analysis

Current Law: For a patient who receives fewer than 48 hours of inpatient hospitalization following a mastectomy or the surgical removal of a testicle, or who

undergoes a mastectomy or surgical removal of a testicle on an outpatient basis, a carrier must 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. Each carrier subject to this section must provide notice annually to its enrollees about the required coverage.

Background: The Patients' Bill of Rights Act of 1999 contained various provisions that facilitate health care delivery in the State. The Act requires a single point of entry for consumer health care information and outlines various mandated benefits that a carrier must provide to enrollees. The Act, under certain circumstances, requires a carrier to provide coverage for a patient's direct access to specialists, standing referrals to the specialists, and access to specialists outside the carrier's provider panel. It also requires carriers with prescription drug coverage to cover, in certain circumstances, a prescription drug not on the carrier's formulary. The Act requires carriers who do not provide coverage for a set minimum length of hospitalization for mastectomy and testicle removal procedures to provide home visits. The mastectomy and surgical removal of a testicle provisions are subject to termination September 30, 2003.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene (Maryland Health Care Commission), Maryland Insurance Administration, Department of Legislative Services

Fiscal Note History: First Reader - February 3, 2003
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