

SENATE BILL 542

C3

71r2035

By: **Senators Jones, Britt, Conway, Currie, Della, Forehand, Madaleno, Pugh, and Robey**

Introduced and read first time: February 2, 2007

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Visits After Diagnostic or Surgical Procedure Using**
3 **Anesthesia – Coverage**

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
5 health maintenance organizations to provide coverage for at least one follow-up
6 visit, and any additional follow-up visits that are medically necessary, to
7 certain health care providers after certain diagnostic or surgical procedures;
8 defining a certain term; and generally relating to requiring health insurance
9 coverage for follow-up visits after diagnostic or surgical procedures.

10 BY adding to

11 Article – Health – General
12 Section 19–706(jjj)
13 Annotated Code of Maryland
14 (2005 Replacement Volume and 2006 Supplement)

15 BY adding to

16 Article – Insurance
17 Section 15–842
18 Annotated Code of Maryland
19 (2006 Replacement Volume and 2006 Supplement)

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Article - Health - General**19-706.**

(JJJ) THE PROVISIONS OF § 15-842 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

Article - Insurance**15-842.**

(A) IN THIS SECTION, "PROVIDER" MEANS A PERSON LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES.

(B) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(C) AN ENTITY SUBJECT TO THIS SECTION THAT PROVIDES COVERAGE FOR A DIAGNOSTIC OR SURGICAL PROCEDURE INVOLVING THE ADMINISTRATION OF ANESTHESIA SHALL PROVIDE COVERAGE FOR AT LEAST ONE FOLLOW-UP VISIT, AND ANY ADDITIONAL FOLLOW-UP VISITS THAT ARE MEDICALLY NECESSARY, TO A PROVIDER AFTER THE PROCEDURE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2007.