

HOUSE BILL 41

C3

(PRE-FILED)

9lr0868
CF SB 173

By: **Delegates Nathan-Pulliam, V. Turner, Benson, Montgomery, Kullen, and
Pena-Melnyk**

Requested: October 28, 2008

Introduced and read first time: January 14, 2009

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 25, 2009

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Mandated Benefits – Hospitalization and Home Visits**
3 **Following a Mastectomy**

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
5 health maintenance organizations to provide inpatient hospitalization coverage
6 for a certain minimum length of time following a mastectomy that is performed
7 for the treatment of breast cancer; providing that the inpatient hospitalization
8 services required under this Act need not be provided if a patient, in
9 consultation with the patient's attending physician, decides that a shorter
10 period of inpatient hospitalization is needed for recovery; requiring certain
11 insurers, nonprofit health service plans, and health maintenance organizations
12 to provide coverage for certain home visits under certain circumstances;
13 prohibiting an entity subject to this Act from denying, limiting, or otherwise
14 impairing the participation of an attending physician under contract with the
15 entity under certain circumstances; prohibiting certain insurers, nonprofit
16 health service plans, and health maintenance organizations from ~~imposing~~
17 ~~certain cost-sharing requirements or~~ refusing reimbursement for certain
18 services ~~except under certain circumstances~~; requiring certain insurers,
19 nonprofit health service plans, and health maintenance organizations to provide
20 a certain notice to enrollees and insureds; defining ~~certain terms~~ a certain term;
21 providing for the application of this Act; and generally relating to health
22 insurance coverage for hospitalization and home visits following a mastectomy.

23 BY adding to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 Article – Health – General
2 Section 19–706(ttt)
3 Annotated Code of Maryland
4 (2005 Replacement Volume and 2008 Supplement)

5 BY repealing and reenacting, with amendments,
6 Article – Insurance
7 Section 15–832
8 Annotated Code of Maryland
9 (2006 Replacement Volume and 2008 Supplement)

10 BY adding to
11 Article – Insurance
12 Section 15–832.1
13 Annotated Code of Maryland
14 (2006 Replacement Volume and 2008 Supplement)

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

17 **Article – Health – General**

18 19–706.

19 **(TTT) THE PROVISIONS OF § 15–832.1 OF THE INSURANCE ARTICLE**
20 **APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.**

21 **Article – Insurance**

22 15–832.

23 (a) [In this section, “mastectomy” means the surgical removal of all or part of
24 a breast as a result of breast cancer.

25 (b)] This section applies to:

26 (1) insurers and nonprofit health service plans that provide inpatient
27 hospital, medical, or surgical benefits to individuals or groups on an expense–incurred
28 basis under health insurance policies or contracts that are issued or delivered in the
29 State; and

30 (2) health maintenance organizations that provide inpatient hospital,
31 medical, or surgical benefits to individuals or groups under contracts that are issued
32 or delivered in the State.

33 [(c)] (B) For a patient who receives less than 48 hours of inpatient
34 hospitalization following [a mastectomy or] the surgical removal of a testicle, or who

1 undergoes [a mastectomy or] the surgical removal of a testicle on an outpatient basis,
2 an entity subject to this section shall provide coverage for:

3 (1) one home visit scheduled to occur within 24 hours after discharge
4 from the hospital or outpatient health care facility; and

5 (2) an additional home visit if prescribed by the patient's attending
6 physician.

7 [(d)] (C) Each entity subject to this section shall provide notice annually to
8 its enrollees and insureds about the coverage required under this section.

9 **15-832.1.**

10 (A) ~~(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE~~
11 ~~MEANINGS INDICATED.~~

12 ~~(2) "HIGH DEDUCTIBLE HEALTH PLAN" MEANS A HEALTH PLAN~~
13 ~~THAT MEETS THE FEDERAL REQUIREMENTS ESTABLISHED BY § 1201 OF THE~~
14 ~~MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT~~
15 ~~OF 2003.~~

16 ~~(3) "MASTECTOMY" MEANS, "MASTECTOMY" MEANS THE~~
17 ~~SURGICAL REMOVAL OF ALL OR PART OF A BREAST AS A RESULT OF BREAST~~
18 ~~CANCER.~~

19 (B) THIS SECTION APPLIES TO:

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

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

28 (C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE
29 FOR THE COST OF INPATIENT HOSPITALIZATION SERVICES FOR A PATIENT FOR
30 A MINIMUM OF 48 HOURS FOLLOWING A MASTECTOMY.

31 (D) A PATIENT MAY REQUEST A SHORTER LENGTH OF STAY THAN THAT
32 PROVIDED IN SUBSECTION (C) OF THIS SECTION IF THE PATIENT DECIDES, IN

1 CONSULTATION WITH THE PATIENT'S ATTENDING PHYSICIAN, THAT LESS TIME
2 IS NEEDED FOR RECOVERY.

3 (E) (1) FOR A PATIENT WHO RECEIVES LESS THAN 48 HOURS OF
4 INPATIENT HOSPITALIZATION FOLLOWING A MASTECTOMY OR WHO UNDERGOES
5 A MASTECTOMY ON AN OUTPATIENT BASIS, AN ENTITY SUBJECT TO THIS
6 SECTION SHALL PROVIDE COVERAGE FOR:

7 (I) ONE HOME VISIT SCHEDULED TO OCCUR WITHIN 24
8 HOURS AFTER DISCHARGE FROM THE HOSPITAL OR OUTPATIENT HEALTH CARE
9 FACILITY; AND

10 (II) AN ADDITIONAL HOME VISIT IF PRESCRIBED BY THE
11 PATIENT'S ATTENDING PHYSICIAN.

12 (2) FOR A PATIENT WHO REMAINS IN THE HOSPITAL FOR AT
13 LEAST THE LENGTH OF TIME PROVIDED UNDER SUBSECTION (C) OF THIS
14 SECTION, AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE
15 FOR A HOME VISIT IF PRESCRIBED BY THE ATTENDING PHYSICIAN.

16 (F) AN ENTITY SUBJECT TO THIS SECTION MAY NOT DENY, LIMIT, OR
17 OTHERWISE IMPAIR THE PARTICIPATION OF AN ATTENDING PHYSICIAN UNDER
18 CONTRACT WITH THE ENTITY IN PROVIDING HEALTH CARE SERVICES TO
19 ENROLLEES OR INSUREDS FOR:

20 (1) ADVOCATING THE INTEREST OF A MASTECTOMY PATIENT
21 THROUGH THE ENTITY'S UTILIZATION REVIEW OR APPEALS SYSTEM;

22 (2) ADVOCATING MORE THAN 48 HOURS OF INPATIENT HOSPITAL
23 CARE FOR A PATIENT WITH COMPLICATIONS RELATED TO A MASTECTOMY; OR

24 (3) PRESCRIBING A HOME VISIT UNDER SUBSECTION (E)(1)(II) OR
25 (2) OF THIS SECTION.

26 (G) ~~(1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS~~
27 ~~SUBSECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT:~~

28 ~~(I) IMPOSE A COPAYMENT OR COINSURANCE~~
29 ~~REQUIREMENT OR DEDUCTIBLE FOR COVERAGE REQUIRED UNDER SUBSECTION~~
30 ~~(E)(1) OR (2) OF THIS SECTION; OR~~

31 ~~(H) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REFUSE~~
32 ~~REIMBURSEMENT UNDER SUBSECTION (E)(1) OF THIS SECTION IF THE~~
33 ~~SERVICES DO NOT OCCUR WITHIN THE TIME SPECIFIED.~~

1 ~~(2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A~~
 2 ~~HIGH DEDUCTIBLE HEALTH PLAN, AN ENTITY SUBJECT TO THIS SECTION MAY~~
 3 ~~REQUIRE THAT THE COVERAGE REQUIRED UNDER SUBSECTION (E)(1) AND (2)~~
 4 ~~OF THIS SECTION BE SUBJECT TO THE DEDUCTIBLE OF THE HIGH DEDUCTIBLE~~
 5 ~~HEALTH PLAN.~~

6 (H) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE
 7 ANNUALLY TO INSUREDS AND ENROLLEES ABOUT THE COVERAGE PROVIDED BY
 8 THIS SECTION.

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
 10 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
 11 on or after October 1, 2009.

12 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
 13 October 1, 2009.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.