HOUSE BILL 468

C3 9lr2657
CF 9lr1629

By: **Delegates Bronrott, Carr, Gutierrez, Waldstreicher, Ali, Barve, Dumais, Feldman, Frick, Heller, Hixson, Hucker, Kramer, Lee, Manno, Mizeur, Montgomery, Reznik, Rice, and Taylor**
Introduced and read first time: February 4, 2009
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Health Insurance – Habilitative Services – Required Coverage

FOR the purpose of requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage of habilitative services for individuals under a certain age; altering a certain definition; and generally relating to health insurance coverage of habilitative services.

BY repealing and reenacting, with amendments,
Article – Insurance
Section 15–835
Annotated Code of Maryland
(2006 Replacement Volume and 2008 Supplement)

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

Article – Insurance

15–835.

(a) (1) In this section the following words have the meanings indicated.

(2) (i) "Congenital or genetic birth defect" means a defect existing at or from birth, including a hereditary defect.

(ii) "Congenital or genetic birth defect" includes, but is not limited to:

1. autism or an autism spectrum disorder; and

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW**.
[Brackets**]** indicate matter deleted from existing law.

2. cerebral palsy.

(3) "Habilitative services" means services, including occupational therapy, physical therapy, and speech therapy, for the treatment of **[**a child**]** **AN INDIVIDUAL** with a congenital or genetic birth defect to enhance the **[**child's**]** **INDIVIDUAL'S** ability to function.

(4) "Managed care system" means a method that an insurer, a nonprofit health service plan, or a health maintenance organization uses to review and preauthorize a treatment plan that a health care practitioner develops for a covered person using a variety of cost containment methods to control utilization, quality, and claims.

(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) (1) An entity subject to this section shall provide coverage of habilitative services for **[**children**]** **INDIVIDUALS** under the age of **[**19**]** **25** years and may do so through a managed care system.

(2) An entity subject to this section is not required to provide reimbursement for habilitative services delivered through early intervention or school services.

(d) An entity subject to this section shall provide notice annually to its insureds and enrollees about the coverage required under this section.

(e) A determination by an entity subject to this section denying a request for habilitative services or denying payment for habilitative services on the grounds that a condition or disease is not a congenital or genetic birth defect is considered an "adverse decision" under § 15–10A–01 of this title.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2009.