

SENATE BILL 173

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9lr1746
CF HB 41

By: **Senators Kelley, Conway, Currie, Della, Exum, Forehand, Frosh, Klausmeier, Kramer, Madaleno, Munson, Peters, Pugh, Raskin, and Robey**

Introduced and read first time: January 21, 2009

Assigned to: Finance

A BILL ENTITLED

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; providing for
21 the application of this Act; and generally relating to health insurance coverage
22 for hospitalization and home visits following a mastectomy.

23 BY adding to

24 Article – Health – General
25 Section 19–706(ttt)
26 Annotated Code of Maryland
27 (2005 Replacement Volume and 2008 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,
2 Article – Insurance
3 Section 15–832
4 Annotated Code of Maryland
5 (2006 Replacement Volume and 2008 Supplement)

6 BY adding to
7 Article – Insurance
8 Section 15–832.1
9 Annotated Code of Maryland
10 (2006 Replacement Volume and 2008 Supplement)

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

13 **Article – Health – General**

14 19–706.

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

17 **Article – Insurance**

18 15–832.

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

21 (b)] This section applies to:

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

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

29 [(c)] **(B)** For a patient who receives less than 48 hours of inpatient
30 hospitalization following [a mastectomy or] the surgical removal of a testicle, or who
31 undergoes [a mastectomy or] the surgical removal of a testicle on an outpatient basis,
32 an entity subject to this section shall provide coverage for:

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

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

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

5 **15-832.1.**

6 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE
7 MEANINGS INDICATED.

8 (2) "HIGH-DEDUCTIBLE HEALTH PLAN" MEANS A HEALTH PLAN
9 THAT MEETS THE FEDERAL REQUIREMENTS ESTABLISHED BY § 1201 OF THE
10 MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT
11 OF 2003.

12 (3) "MASTECTOMY" MEANS THE SURGICAL REMOVAL OF ALL OR
13 PART OF A BREAST AS A RESULT OF BREAST CANCER.

14 (B) THIS SECTION APPLIES TO:

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

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

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

26 (D) A PATIENT MAY REQUEST A SHORTER LENGTH OF STAY THAN THAT
27 PROVIDED IN SUBSECTION (C) OF THIS SECTION IF THE PATIENT DECIDES, IN
28 CONSULTATION WITH THE PATIENT'S ATTENDING PHYSICIAN, THAT LESS TIME
29 IS NEEDED FOR RECOVERY.

30 (E) (1) FOR A PATIENT WHO RECEIVES LESS THAN 48 HOURS OF
31 INPATIENT HOSPITALIZATION FOLLOWING A MASTECTOMY OR WHO UNDERGOES

1 A MASTECTOMY ON AN OUTPATIENT BASIS, AN ENTITY SUBJECT TO THIS
2 SECTION SHALL PROVIDE COVERAGE FOR:

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

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

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

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

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

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

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

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

24 (I) IMPOSE A COPAYMENT OR COINSURANCE
25 REQUIREMENT OR DEDUCTIBLE FOR COVERAGE REQUIRED UNDER SUBSECTION
26 (E)(1) OR (2) OF THIS SECTION; OR

27 (II) REFUSE REIMBURSEMENT UNDER SUBSECTION (E)(1)
28 OF THIS SECTION IF THE SERVICES DO NOT OCCUR WITHIN THE TIME
29 SPECIFIED.

30 (2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A
31 HIGH-DEDUCTIBLE HEALTH PLAN, AN ENTITY SUBJECT TO THIS SECTION MAY
32 REQUIRE THAT THE COVERAGE REQUIRED UNDER SUBSECTION (E)(1) AND (2)

1 **OF THIS SECTION BE SUBJECT TO THE DEDUCTIBLE OF THE HIGH-DEDUCTIBLE**
2 **HEALTH PLAN.**

3 **(H) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE**
4 **ANNUALLY TO INSUREDS AND ENROLLEES ABOUT THE COVERAGE PROVIDED BY**
5 **THIS SECTION.**

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

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