

SENATE BILL 787

C3

9lr2832
CF 9lr2552

By: **Senator Madaleno**

Introduced and read first time: February 6, 2009

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Health Insurance Plan – Coverage of Mammograms**

3 FOR the purpose of providing that the Maryland Health Insurance Plan is subject to
4 certain provisions of law relating to coverage of mammograms; and generally
5 relating to the Maryland Health Insurance Plan.

6 BY repealing and reenacting, without amendments,
7 Article – Insurance
8 Section 14–509(a), (b), and (d) and 15–814
9 Annotated Code of Maryland
10 (2006 Replacement Volume and 2008 Supplement)

11 BY repealing and reenacting, with amendments,
12 Article – Insurance
13 Section 14–509(c)
14 Annotated Code of Maryland
15 (2006 Replacement Volume and 2008 Supplement)

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

18 **Article – Insurance**

19 14–509.

20 (a) The Commissioner shall regulate the Plan.

21 (b) Except as otherwise provided in this subtitle, the Plan is not subject to
22 the insurance laws of the State.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (c) Except as provided in subsection (d) of this section, the Plan shall be
2 subject to:

3 (1) §§ 2–205, 2–207, 2–208, and 2–209 of this article;

4 (2) §§ 15–112, 15–112.1, 15–113, and 15–130 of this article;

5 (3) §§ 15–401, 15–402, 15–403, and 15–403.1 of this article;

6 (4) §§ **15–814**, 15–830, 15–831, and 15–833 of this article;

7 (5) §§ 15–1001, 15–1003, 15–1004, 15–1005, 15–1006, 15–1007,
8 15–1008, and 15–1009 of this article;

9 (6) Title 15, Subtitles 10A, 10B, and 10D of this article; and

10 (7) §§ 27–303 and 27–304 of this article.

11 (d) (1) The Plan is not subject to § 15–10B–12 of this article.

12 (2) This subsection does not limit the authority of the Commissioner to
13 impose the penalty authorized under § 15–10B–12 of this article on a private review
14 agent conducting utilization review on behalf of the Plan.

15 15–814.

16 (a) In this section, “mammogram” means an x–ray examination of the breast
17 using dedicated equipment, including an x–ray tube, filter, compression device,
18 screens, films, and cassettes, specifically for mammography that delivers an average
19 radiation exposure of less than one rad mid–breast with two views for each breast.

20 (b) This section applies to each individual hospital or major medical
21 insurance policy, group or blanket health insurance policy, and nonprofit health
22 service plan that is delivered or issued for delivery in the State and is written on an
23 expense–incurred basis.

24 (c) A policy or plan subject to this section shall provide coverage for:

25 (1) a baseline mammogram for women who are 35 to 39 years old;

26 (2) a mammogram every 2 years, or more frequently if recommended
27 by a physician, for women who are 40 to 49 years old; and

28 (3) an annual mammogram for women who are at least 50 years old.

29 (d) A policy or plan subject to this section is not required to cover screening
30 mammograms used to identify breast cancer in asymptomatic women that are

1 provided by a facility that is not accredited by the American College of Radiology or
2 certified or licensed under a program established by the State.

3 (e) (1) A policy or plan subject to this section may not impose a deductible
4 on the coverage required under this section.

5 (2) Each health insurance policy and certificate shall contain a notice
6 of the prohibition established by paragraph (1) of this subsection in a form approved
7 by the Commissioner.

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