# HOUSE BILL 878

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By: Delegate Mizeur

Introduced and read first time: February 10, 2010 Assigned to: Health and Government Operations

## A BILL ENTITLED

1 AN ACT concerning

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## Health Insurance – Annual Preventive Care

3 FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations that provide covered benefits for annual 4  $\mathbf{5}$ preventive care from denying coverage solely because a certain number of days 6 has not elapsed since the previous annual preventive care occurred; requiring 7 the insurers, nonprofit health service plans, and health maintenance 8 organizations to provide coverage for the annual preventive care if certain 9 conditions are met; prohibiting certain provisions from being construed to 10 require coverage for a certain service; making certain requirements applicable to health maintenance organizations; defining a certain term; and generally 11 12relating to health insurance coverage for annual preventive care.

- 13 BY adding to
- 14 Article Insurance
- 15 Section 15–134
- 16 Annotated Code of Maryland
- 17 (2006 Replacement Volume and 2009 Supplement)
- 18 BY adding to
- 19 Article Health General
- 20 Section 19–706(cccc)
- 21 Annotated Code of Maryland
- 22 (2009 Replacement Volume)
- 23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 24 MARYLAND, That the Laws of Maryland read as follows:
- 25

#### **Article – Insurance**

26 **15–134.** 

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



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1 (A) (1) IN THIS SECTION, "ANNUAL PREVENTIVE CARE" MEANS AN 2 ANNUAL PREVENTIVE VISIT, SCREENING, OR EXAMINATION THAT IS A COVERED 3 BENEFIT UNDER A POLICY OR CONTRACT ISSUED OR DELIVERED BY AN ENTITY 4 SUBJECT TO THIS SECTION.

 $\mathbf{5}$ (2) "ANNUAL PREVENTIVE CARE" INCLUDES: 6 **(I)** AN ANNUAL CHILD WELLNESS VISIT; 7 (II) A ROUTINE GYNECOLOGICAL VISIT; AND 8 (III) A SCREENING TEST OR EXAMINATION FOR COLORECTAL 9 CANCER, CHLAMYDIA, HUMAN PAPILLOMAVIRUS, PROSTATE CANCER, OR 10 BREAST CANCER. 11 **(B) THIS SECTION APPLIES TO:** 12(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT 13 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE 1415POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND 16 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE 17HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE. 18 19 AN ENTITY SUBJECT TO THIS SECTION THAT PROVIDES COVERED (C) 20**BENEFITS FOR ANNUAL PREVENTIVE CARE:** 21(1) MAY NOT DENY COVERAGE FOR THE ANNUAL PREVENTIVE 22CARE SOLELY BECAUSE 365 DAYS HAVE NOT YET ELAPSED SINCE THE PREVIOUS 23ANNUAL PREVENTIVE CARE OCCURRED; AND 24SHALL PROVIDE COVERAGE FOR THE ANNUAL PREVENTIVE (2) 25CARE IF: 26**(I)** THE ANNUAL PREVENTIVE CARE IS PROVIDED NO MORE 27THAN 45 DAYS BEFORE THE ANNIVERSARY DATE FOR THE ANNUAL PREVENTIVE 28CARE; AND 29**(II)** ANY OTHER REQUIREMENTS FOR COVERAGE OF THE 30 ANNUAL PREVENTIVE CARE ARE MET.

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1 (D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE COVERAGE 2 FOR A SERVICE NOT OTHERWISE REQUIRED BY LAW.

- Article Health General
- 4 19–706.

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# 5 (CCCC) THE REQUIREMENTS OF § 15–134 OF THE INSURANCE 6 ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
October 1, 2010.