

Chapter 535

(Senate Bill 313)

AN ACT concerning

Health Insurance – Annual Preventive Care

FOR the purpose of ~~prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations that provide covered benefits for annual preventive care from denying coverage solely because a certain number of days has not elapsed since the previous annual preventive care occurred;~~ requiring the certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for the certain types of annual preventive care if certain conditions are met; prohibiting certain provisions from being construed to require coverage for a certain service; making certain requirements applicable to health maintenance organizations; defining a certain term; providing for the application of this Act; and generally relating to health insurance coverage for annual preventive care.

BY adding to

Article – Insurance

Section 15–134

Annotated Code of Maryland

(2006 Replacement Volume and 2009 Supplement)

BY adding to

Article – Health – General

Section 19–706(cccc)

Annotated Code of Maryland

(2009 Replacement Volume)

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

Article – Insurance

15–134.

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

(2) “ANNUAL PREVENTIVE CARE” INCLUDES, IF THE SERVICE IS A COVERED BENEFIT:

(I) AN ANNUAL CHILD WELLNESS VISIT;

(II) A ROUTINE GYNECOLOGICAL VISIT; ~~AND~~

(III) A SCREENING TEST OR EXAMINATION FOR COLORECTAL CANCER, CHLAMYDIA, HUMAN PAPILLOMAVIRUS, PROSTATE CANCER, OR BREAST CANCER; AND

(IV) AN ANNUAL VISION VISIT THAT INCLUDES A VISION EXAMINATION.

(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) AN ENTITY SUBJECT TO THIS SECTION THAT PROVIDES COVERED BENEFITS FOR ANNUAL PREVENTIVE CARE:

~~**(1) MAY NOT DENY COVERAGE FOR THE ANNUAL PREVENTIVE CARE SOLELY BECAUSE 365 DAYS HAVE NOT YET ELAPSED SINCE THE PREVIOUS ANNUAL PREVENTIVE CARE OCCURRED; AND**~~

~~**(2) SHALL PROVIDE COVERAGE FOR THE ANNUAL PREVENTIVE CARE IF:**~~

~~**(1) THE ANNUAL PREVENTIVE CARE IS PROVIDED NO MORE THAN 45 DAYS BEFORE THE ANNIVERSARY DATE FOR THE ANNUAL PREVENTIVE CARE ONCE AT ANY TIME DURING THE PLAN YEAR ESTABLISHED IN THE POLICY OR CONTRACT; AND**~~

~~**(2) ANY OTHER REQUIREMENTS FOR COVERAGE OF THE ANNUAL PREVENTIVE CARE ARE MET.**~~

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

Article – Health – General

19–706.

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

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2010, or, for policies, contracts, and health benefit plans in effect in the State on October 1, 2010, but not subject to renewal before October 1, 2011, no later than October 1, 2011.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2010.

Approved by the Governor, May 20, 2010.