

Chapter 288

(Senate Bill 581)

AN ACT concerning

Health Insurance – Federal Mental Health Parity and Addiction Equity Act – ~~Consumer Bill of Rights~~ Notice and Authorization Forms

~~FOR the purpose of requiring certain carriers that offer a certain health insurance policy or contract to provide, in the mental health and substance use disorder benefits sections of the health insurance policy or contract documents, certain notices and other information relating to the federal Mental Health Parity and Addiction Equity Act; requiring a carrier to provide certain policy or contract information or documents to a member within a certain period of time; requiring a carrier to post on its Web site and provide by certain means within a certain period of time a release of information authorization form; defining certain terms; making the provisions of this Act applicable to health maintenance organizations; and generally relating to information in health insurance documents relating to compliance with the federal Mental Health Parity and Addiction Equity Act.~~

FOR the purpose of requiring health maintenance organizations and entities that issue or deliver certain health insurance policies or contracts to provide, on their Web sites and in print, notice about certain benefits for mental illness, emotional disorders, drug abuse, or alcohol abuse required under State law and under the federal Mental Health Parity and Addiction Equity Act and notice that members and insureds may contact the Maryland Insurance Administration for further information; requiring the health maintenance organizations and entities to post a release of information authorization on the their Web sites and to provide by standard mail to a member or insured a release of information authorization form within a certain period of time; requiring the Administration to provide on its Web site certain notice relating to filing complaints, obtaining copies of insurance policies and contracts, and requesting referrals; and generally relating to notice about certain benefits for mental illness, emotional disorders, drug abuse, or alcohol abuse and release of information authorization forms under health insurance.

BY adding to

Article – Health – General

Section ~~19-706(ooo)~~ 19-703.1(f) and (g)

Annotated Code of Maryland

(2009 Replacement Volume and 2012 Supplement)

BY adding to

Article – Insurance

Section ~~15-128~~ 15-802(h) and (i)

Annotated Code of Maryland

(2011 Replacement Volume and 2012 Supplement)

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

Article – Health – General

~~19-706.~~

~~(0000) THE PROVISIONS OF § 15-128 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.~~

19-703.1.

(F) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN PRINT TO ITS MEMBERS:

(1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS SECTION AND, IF APPLICABLE TO THE CONTRACT OF THE MEMBER, THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT; AND

(2) NOTICE THAT THE MEMBER MAY CONTACT THE MARYLAND INSURANCE ADMINISTRATION FOR FURTHER INFORMATION ABOUT THE BENEFITS.

(G) A HEALTH MAINTENANCE ORGANIZATION SHALL:

(1) POST A RELEASE OF INFORMATION AUTHORIZATION FORM ON ITS WEB SITE; AND

(2) PROVIDE A RELEASE OF INFORMATION AUTHORIZATION FORM BY STANDARD MAIL WITHIN 10 BUSINESS DAYS AFTER A REQUEST FOR THE FORM IS RECEIVED.

Article – Insurance

~~15-128.~~

~~(A) (1) IN THIS SECTION THE FOLLOWING TERMS HAVE THE MEANINGS INDICATED.~~

~~(2) "ACT" MEANS THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT.~~

~~(3) "CARRIER" MEANS:~~

~~(I) AN INSURER;~~

~~(II) A NONPROFIT HEALTH SERVICE PLAN; OR~~

~~(III) A HEALTH MAINTENANCE ORGANIZATION.~~

~~(B) THIS SECTION APPLIES TO EACH HEALTH INSURANCE POLICY OR CONTRACT THAT:~~

~~(1) IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE TO AN EMPLOYER OR INDIVIDUAL ON A GROUP OR AN INDIVIDUAL BASIS;~~

~~(2) PROVIDES COVERAGE ON AN EXPENSE INCURRED BASIS; AND~~

~~(3) IS SUBJECT TO THE ACT.~~

~~(C) A CARRIER THAT OFFERS A HEALTH INSURANCE POLICY OR CONTRACT SUBJECT TO THIS SECTION SHALL PROVIDE, IN THE MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS SECTIONS OF THE HEALTH INSURANCE POLICY OR CONTRACT DOCUMENTS, INCLUDING CERTIFICATES OF COVERAGE, MEMBER CONTRACTS, AND MEMBER BOOKLETS, AND ON THE CARRIER'S WEB SITE:~~

~~(1) NOTICE THAT THE POLICY OR CONTRACT IS SUBJECT TO THE ACT, WHICH REQUIRES THAT THE FINANCIAL REQUIREMENTS AND QUANTITATIVE AND NONQUANTITATIVE TREATMENT LIMITATIONS APPLIED TO MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BE COMPARABLE TO AND NO MORE RESTRICTIVE THAN THE FINANCIAL REQUIREMENTS AND QUANTITATIVE AND NONQUANTITATIVE TREATMENT LIMITATIONS APPLIED TO MEDICAL AND SURGICAL SERVICES;~~

~~(2) A TELEPHONE NUMBER A MEMBER MAY CALL WITH QUESTIONS ABOUT COMPLIANCE OF THE MEMBER'S POLICY OR CONTRACT WITH THE ACT;~~

~~(3) NOTICE THAT:~~

~~(I) COMPLAINTS REGARDING FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS THAT MAY BE NONCOMPLIANT WITH THE ACT CAN BE FILED WITH THE COMMISSIONER; AND~~

~~(II) HELP IN FILING A COMPLAINT MAY BE OBTAINED FROM THE HEALTH EDUCATION AND ADVOCACY UNIT OF THE ATTORNEY GENERAL'S OFFICE;~~

~~(4) (I) NOTICE THAT A MEMBER, WITHIN 10 BUSINESS DAYS AFTER A REQUEST IS RECEIVED BY THE CARRIER, IS ENTITLED TO ALL POLICY OR CONTRACT DOCUMENTS NECESSARY TO DETERMINE WHETHER THE POLICY OR CONTRACT IS IMPLEMENTING COMPLIANT FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS, INCLUDING MEDICAL NECESSITY CRITERIA AND OTHER POLICIES AND PROCEDURES, FOR BOTH MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS AND MEDICAL AND SURGICAL BENEFITS; AND~~

~~(II) INSTRUCTIONS ON HOW TO OBTAIN THE DOCUMENTS; AND~~

~~(5) NOTICE OF THE PROPER PROCEDURES, INCLUDING THE PROCEDURES FOR FILING A COMPLAINT WITH THE COMMISSIONER, TO BE FOLLOWED IF A MEMBER IS UNABLE TO SECURE AN APPOINTMENT WITH AN IN-NETWORK MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICE PROVIDER WITHOUT UNREASONABLE DELAY.~~

~~(D) A CARRIER SHALL PROVIDE ANY REQUESTED POLICY OR CONTRACT INFORMATION OR DOCUMENTS TO WHICH A MEMBER IS ENTITLED UNDER SUBSECTION (C) OF THIS SECTION TO A MEMBER WITHIN 10 BUSINESS DAYS AFTER THE REQUEST IS RECEIVED.~~

~~(E) A CARRIER SHALL:~~

~~(1) POST A RELEASE OF INFORMATION AUTHORIZATION FORM ON ITS WEB SITE; AND~~

~~(2) PROVIDE A RELEASE OF INFORMATION AUTHORIZATION FORM BY STANDARD MAIL WITHIN 10 BUSINESS DAYS AFTER A REQUEST FOR THE FORM IS RECEIVED.~~

(H) AN ENTITY THAT ISSUES OR DELIVERS A POLICY OR CONTRACT SUBJECT TO THIS SECTION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN PRINT TO ITS INSUREDS:

(1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS SECTION AND, IF APPLICABLE TO THE POLICY OR CONTRACT OF THE INSURED, THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT; AND

(2) NOTICE THAT THE INSURED MAY CONTACT THE ADMINISTRATION FOR FURTHER INFORMATION ABOUT THE BENEFITS.

(I) AN ENTITY THAT ISSUES OR DELIVERS A POLICY OR CONTRACT SUBJECT TO THIS SECTION SHALL:

(1) POST A RELEASE OF INFORMATION AUTHORIZATION FORM ON ITS WEB SITE; AND

(2) PROVIDE A RELEASE OF INFORMATION AUTHORIZATION FORM BY STANDARD MAIL WITHIN 10 BUSINESS DAYS AFTER A REQUEST FOR THE FORM IS RECEIVED.

SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Insurance Administration shall provide on its Web site notice that:

(1) complaints regarding noncompliance with the federal Mental Health Parity and Addiction Equity Act may be filed with the Commissioner;

(2) an insured may obtain assistance in filing a complaint with a carrier or the Administration from the Health Education and Advocacy Unit in the Office of the Attorney General;

(3) an insured may obtain a copy of the health insurance policy or contract of the insured and should contact the carrier for the copy; and

(4) an insured may request a referral to a specialist or nonphysician specialist who is not part of the carrier's provider panel if:

(i) the insured requires specialized health care services or medical care; and

(ii) 1. the carrier does not have a specialist or nonphysician specialist with the professional training and expertise to treat or provide health care services for the condition or disease of the insured; or

2. the carrier cannot provide reasonable access to a specialist or nonphysician specialist to treat or provide health care services for the condition or disease of the insured without unreasonable delay or travel.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013.

Approved by the Governor, May 2, 2013.