

HOUSE BILL 852

C3

0lr1854
CF 0lr1925

By: **Delegates Barron, Acevero, Anderson, D. Barnes, T. Branch, Bridges, Brooks, Carr, Charles, Conaway, D.E. Davis, Haynes, Holmes, Ivey, C. Jackson, M. Jackson, Kerr, Kipke, J. Lewis, Mautz, Mosby, Palakovich Carr, Rogers, Solomon, Walker, Washington, R. Watson, Williams, and Wilson**

Introduced and read first time: February 3, 2020

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Prostate Cancer Screening – Prohibiting Cost-Sharing**

3 FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and health
4 maintenance organizations from applying a deductible, a copayment, or coinsurance
5 to coverage for prostate cancer screenings; prohibiting certain insurers, nonprofit
6 health service plans, and health maintenance organizations from reducing or
7 eliminating certain coverage due to certain provisions of law; making a conforming
8 change; providing for the application of this Act; providing for a delayed effective
9 date; and generally relating to health insurance coverage for prostate cancer
10 screenings.

11 BY repealing and reenacting, with amendments,
12 Article – Insurance
13 Section 15–825
14 Annotated Code of Maryland
15 (2017 Replacement Volume and 2019 Supplement)

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

18 **Article – Insurance**

19 15–825.

20 (a) This section applies to:

21 (1) insurers and nonprofit health service plans that provide inpatient
22 hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 under health insurance policies or contracts that are issued or delivered in the State; and

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

5 (b) An entity subject to this section shall provide coverage for the expenses
6 incurred in conducting a medically recognized diagnostic examination which shall include
7 a digital rectal exam and a blood test called the prostate-specific antigen (PSA) test:

8 (1) for men who are between 40 and 75 years of age;

9 (2) when used for the purpose of guiding patient management in
10 monitoring the response to prostate cancer treatment;

11 (3) when used for staging in determining the need for a bone scan in
12 patients with prostate cancer; or

13 (4) when used for male patients who are at high risk for prostate cancer.

14 [(c) An entity subject to this section shall provide the benefits required under this
15 section to the same extent as for any other medical condition under the enrollee's or
16 insured's contract or policy with the entity.]

17 (C) AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A DEDUCTIBLE,
18 A COPAYMENT, OR COINSURANCE TO COVERAGE FOR PROSTATE CANCER
19 SCREENINGS.

20 (D) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REDUCE OR ELIMINATE
21 COVERAGE UNDER A POLICY OR CONTRACT DUE TO THE REQUIREMENTS OF THIS
22 SECTION.

23 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
24 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
25 after January 1, 2021.

26 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
27 January 1, 2021.