

HOUSE BILL 852

C3

0lr1854
CF SB 661

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~~ Wilson, Bagnall, Bhandari, Chisholm, Cullison, Hill, Johnson, Kelly, R. Lewis, Morgan, Pena-Melnyk, Pendergrass, Reilly, Rosenberg, Sample-Hughes, Szeliga, and K. Young**

Introduced and read first time: February 3, 2020

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 4, 2020

CHAPTER _____

1 AN ACT concerning

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

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

12 BY repealing and reenacting, with amendments,
13 Article – Insurance
14 Section 15–825
15 Annotated Code of Maryland
16 (2017 Replacement Volume and 2019 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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

Article – Insurance

15–825.

(a) This section applies to:

(1) insurers and nonprofit health service plans that provide inpatient 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 inpatient hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.

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

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

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

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

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

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

(C) ~~AN~~ SUBJECT TO FEDERAL GUIDANCE ON THE PREVENTIVE CARE SAFE HARBOR FOR THE ABSENCE OF A PREVENTIVE CARE DEDUCTIBLE PROVIDED FOR UNDER 26 U.S.C. § 223(C)(2)(C), AN ENTITY SUBJECT TO THIS SECTION MAY NOT APPLY A DEDUCTIBLE, A COPAYMENT, OR COINSURANCE TO COVERAGE FOR PREVENTIVE CARE SCREENING SERVICES FOR PROSTATE CANCER SCREENINGS, WHICH SHALL INCLUDE A DIGITAL RECTAL EXAM AND A BLOOD TEST CALLED THE PROSTATE–SPECIFIC ANTIGEN (PSA) TEST IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION.

1 ~~(D) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REDUCE OR ELIMINATE~~
2 ~~COVERAGE UNDER A POLICY OR CONTRACT DUE TO THE REQUIREMENTS OF THIS~~
3 ~~SECTION.~~

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

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

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.