
 CHAPTER 839
 (House Bill 1102)

AN ACT to add new Sections 354C, 470D, and 477D to Article 48A of the Annotated Code of Maryland (1972 Replacement Volume and 1972 Supplement), title "Insurance Code," subtitles "20. Nonprofit Health Service Plans," "Health Insurance," and "Group and Blanket Health Insurance," respectively, to provide that nonprofit health service, individual, and group health insurance policies must include medical benefits for expenses arising from the treatment of ~~[[mental or nervous conditions]]~~, acute mental illnesses and emotional disorders to establish minimum requirements for these benefits, and to include nonprofit health service plans which provide psychiatric care within the nonprofit health service plans which are regulated by subtitle twenty of Article 48A.

WHEREAS, Mental illness is an affliction which impairs the life of a human being just as physical illness; and

WHEREAS, Mental illness is a leading cause of individual and family suffering in Maryland; and

WHEREAS, The costs of care for mental illness, especially for long term care in State hospitals are an overwhelming burden on many families in Maryland as well as on the citizens of Maryland in general; and

WHEREAS, Evidence suggests that short term hospitalization in community hospitals and subsequent outpatient care prevent the development of more serious mental illness; and

WHEREAS, Current health insurance mechanisms frequently exclude coverage for medical treatment to prevent mental illness; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Sections 354C, 470D, and 477D be and they are hereby added to Article 48A of the Annotated Code of Maryland (1972 Replacement Volume and 1972 Supplement), title Insurance Code," subtitles "20. Nonprofit Health Service Plans," "Health Insurance," and "Group and Blanket Health Insurance," respectively, and all to read as follows:

354C.

(A) EVERY HEALTH INSURANCE POLICY DELIVERED OR ISSUED FOR DELIVERANCE UNDER THIS SUBTITLE TO ANY PERSON IN THIS STATE BY A NONPROFIT HEALTH SERVICE ORGANIZATION, INCLUDING BOTH INDIVIDUAL POLICIES AND GROUP POLICIES, MUST INCLUDE BENEFITS FOR EXPENSES ARISING FROM ~~[[MENTAL OR NERVOUS CONDITIONS]]~~ TREATMENT OF ACUTE MENTAL ILLNESSES AND EMOTIONAL DISORDERS WHICH IN THE PROFESSIONAL JUDGMENT OF PRACTITIONERS ARE SUBJECT TO SIGNIFICANT IMPROVEMENT THROUGH SHORT TERM THERAPY. THESE BENEFITS MUST BE AT LEAST EQUAL TO THE FOLLOWING MINIMUM REQUIREMENTS: (1) WITH RESPECT TO BENEFITS FOR CONFINEMENT AS AN IN-PATIENT IN A HOSPITAL, THE PERIOD OF CONFINEMENT FOR WHICH BENEFITS ARE PAYABLE SHALL BE AT LEAST THIRTY (30) DAYS IN ANY CALENDAR YEAR; (2) WITH RESPECT TO MAJOR MEDICAL EXPENSE COVERAGE, BENEFITS,