

(II) "RECONSTRUCTIVE BREAST SURGERY" INCLUDES AUGMENTATION MAMMOPLASTY, REDUCTION MAMMOPLASTY, AND MASTOPEXY.

(B) SCOPE OF SECTION.

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 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) COVERAGE REQUIRED.

AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR RECONSTRUCTIVE BREAST SURGERY, INCLUDING COVERAGE FOR ALL STAGES OF RECONSTRUCTIVE BREAST SURGERY PERFORMED ON A NONDISEASED BREAST TO ESTABLISH SYMMETRY WITH THE DISEASED BREAST WHEN RECONSTRUCTIVE BREAST SURGERY IS PERFORMED ON THE DISEASED BREAST.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490GG.

In subsection (b)(1) of this section, the reference to hospital, medical, or surgical benefits provided "under health insurance policies" issued or delivered in the State is added for clarity.

In subsection (b)(2) of this section, the reference to health maintenance organizations "that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State" is added to clarify the applicability of this section. Consequently, the former reference to insurers and nonprofit health service plans that provide benefits on an expense-incurred basis as "including" health maintenance organizations is deleted for accuracy since a health maintenance organization is not considered to be either an insurer or a nonprofit health service plan and does not provide benefits on an expense-incurred basis.

In subsection (c) of this section, the former phrase "resulting from a mastectomy" is deleted as unnecessary in light of the definition of "reconstructive breast surgery" in subsection (a)(3)(i) of this section.

Defined terms: "Health insurance" § 1-101

"Insurer" § 1-101

"Policy" § 1-101

15-816. BENEFITS FOR ROUTINE GYNECOLOGICAL CARE.

(A) SCOPE OF SECTION.