

~~maintenance organizations, and managed care organizations; authorizing an insurer, nonprofit health service plan, health maintenance organization, or managed care organization to require an insured or enrollee to satisfy certain criteria to qualify for coverage for this benefit~~ clarifying the circumstances under which certain insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations must provide coverage for the surgical treatment of morbid obesity; establishing a Task Force to Study Utilization Review of the Surgical Treatment of Morbid Obesity; providing for the membership, chairman, and duties of the Task Force; requiring the Task Force to report its findings and recommendations to certain committees of the General Assembly on or before a certain date; requiring the Maryland Insurance Administration to report to certain committees of the General Assembly certain information relating to complaints filed with the Administration for denials of coverage for the surgical treatment of morbid obesity; providing for the termination of this Act; and generally relating to the treatment of morbid obesity under health insurance.

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–839

Annotated Code of Maryland

(2002 Replacement Volume and 2003 Supplement)

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

Article – Insurance

15–839.

(a) (1) In this section the following words have the meanings indicated.

(2) “Body mass index” means a practical marker that is used to assess the degree of obesity and is calculated by dividing the weight in kilograms by the height in meters squared.

(3) “Morbid obesity” means a body mass index that is:

(i) greater than 40 kilograms per meter squared; or

(ii) equal to or greater than 35 kilograms per meter squared with a comorbid medical condition, including hypertension, a cardiopulmonary condition, sleep apnea, or diabetes.

(b) 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 or contracts that are issued or delivered in the State;