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1999 Regular Session (9lr1658)

ENROLLED BILL

-- Finance/Economic Matters --

Introduced by Senators Dorman and Astle		
	Read and Examined by Proofreaders:	
		Proofreader.
	d with the Great Seal and presented to the Governor, for his approval thisday of at o'clock,M.	Proofreader.
		President.
	CHAPTER	
1 A	AN ACT concerning	
2	Continuity of Patient Care Act	
3 F 4 5 6 7 8 9 10 11 12 13 14	FOR the purpose of requiring a health maintenance organization that allows a member or subscriber to receive certain emergency medical services, under certain circumstances, to reimburse a physician in an urgent care facility certain health care provider who provides certain medically necessary follow-up care to a member or subscriber of the health maintenance organization; prohibiting a health maintenance organization, under certain circumstances, from imposing on a member or subscriber any co-payment or other cost-sharing requirement that exceeds what the member or subscriber is required to pay for services rendered by a physician health care provider who is a member of the provider panel of the health maintenance organization; providing for the application of this Act; and generally relating to health maintenance organizations.	
15 E 16	BY adding to Article - Health - General	
10	1 11 WATE	

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2	SENATE BILL 475
1 2 3	Section 19 712.7 19-712.5(f) Annotated Code of Maryland (1996 Replacement Volume and 1998 Supplement)
4 5	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
6	Article - Health - General
7	19-712.7.
10 11	IF A HEALTH MAINTENANCE ORGANIZATION AUTHORIZES, DIRECTS, REFERS, OR OTHERWISE ALLOWS A MEMBER OR SUBSCRIBER OF THE HEALTH MAINTENANCE ORGANIZATION TO USE A MEDICAL FACILITY THAT PROVIDES IMMEDIATE URGENT CARE SERVICES FOR A CONDITION THAT READILY NECESSITATES A SURGICAL PROCEDURE, THE HEALTH MAINTENANCE ORGANIZATION:
	(1) SHALL REIMBURSE A PHYSICIAN IN THE URGENT CARE FACILITY FOR PROVIDING ANY MEDICALLY NECESSARY FOLLOW-UP CARE RELATED TO THE CONDITION FOR WHICH THE SURGICAL PROCEDURE WAS PERFORMED; AND
18 19	(2) MAY NOT IMPOSE ON THE MEMBER OR SUBSCRIBER ANY CO-PAYMENT OR OTHER COST-SHARING REQUIREMENT THAT EXCEEDS WHAT THE MEMBER OR SUBSCRIBER IS REQUIRED TO PAY FOR SERVICES RENDERED BY A PHYSICIAN WHO IS A MEMBER OF THE PROVIDER PANEL OF THE HEALTH MAINTENANCE ORGANIZATION.
22 23 24 25	19-712.5. (F) IF A HEALTH MAINTENANCE ORGANIZATION AUTHORIZES, DIRECTS, REFERS, OR OTHERWISE ALLOWS A MEMBER OR SUBSCRIBER TO ACCESS A HOSPITAL EMERGENCY FACILITY OR OTHER URGENT CARE FACILITY FOR A MEDICAL CONDITION THAT REQUIRES EMERGENCY SURGERY, THE HEALTH MAINTENANCE ORGANIZATION:
	(1) SHALL REIMBURSE THE PHYSICIAN, ORAL SURGEON, PERIODONTIST, OR PODIATRIST, WHO PERFORMED THE SURGICAL PROCEDURE, FOR FOLLOW-UP CARE THAT IS:
30	(I) MEDICALLY NECESSARY:
31 32	(II) <u>DIRECTLY RELATED TO THE CONDITION FOR WHICH THE SURGICAL PROCEDURE WAS PERFORMED; AND</u>
33 34	(III) PROVIDED IN CONSULTATION WITH THE MEMBER'S OR SUBSCRIBER'S PRIMARY CARE PHYSICIAN; AND

MAY NOT IMPOSE ON THE MEMBER OR SUBSCRIBER ANY

36 CO-PAYMENT OR OTHER COST-SHARING REQUIREMENT FOR ANY FOLLOW-UP CARE
37 THAT EXCEEDS WHAT A MEMBER OR SUBSCRIBER IS REQUIRED TO PAY FOR

- 1 SERVICES RENDERED BY A PHYSICIAN, ORAL SURGEON, PERIODONTIST, OR
- 2 PODIATRIST WHO IS A MEMBER OF THE PROVIDER PANEL OF THE HEALTH
- 3 MAINTENANCE ORGANIZATION.
- 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
- 6 on or after October 1, 1999. Any policy or health benefit plan in effect before October
- 7 <u>1, 1999, shall comply with the provisions of this Act no later than October 1, 2000.</u>
- 8 SECTION 2. 3. 2. AND BE IT FURTHER ENACTED, That this Act shall take
- 9 effect October 1, 1999.