
By: **Delegate Barve**

Introduced and read first time: February 20, 2004

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Participation of Providers on Multiple Provider Panels**

3 FOR the purpose of clarifying a certain prohibition on provider participation on
4 multiple provider panels by prohibiting a carrier from including in a provider
5 contract a requirement that a provider participate on multiple provider panels
6 except under certain circumstances; requiring a carrier to include in a provider
7 contract a certain provision on refusing participation on a certain provider panel
8 under certain circumstances; providing for the scope of this Act; defining certain
9 terms; and generally relating to participation of health care providers on
10 provider panels of carriers under health insurance.

11 BY repealing and reenacting, without amendments,
12 Article - Insurance
13 Section 15-112(a)
14 Annotated Code of Maryland
15 (2002 Replacement Volume and 2003 Supplement)

16 BY repealing
17 Article - Insurance
18 Section 15-112(l)
19 Annotated Code of Maryland
20 (2002 Replacement Volume and 2003 Supplement)

21 BY adding to
22 Article - Insurance
23 Section 15-112.2
24 Annotated Code of Maryland
25 (2002 Replacement Volume and 2003 Supplement)

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

Article - Insurance

15-112.

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

(2) (i) "Carrier" means:

1. an insurer;
2. a nonprofit health service plan;
3. a health maintenance organization;
4. a dental plan organization; or
5. any other person that provides health benefit plans subject to regulation by the State.

(ii) "Carrier" includes an entity that arranges a provider panel for a carrier.

(3) "Enrollee" means a person entitled to health care benefits from a carrier.

(4) "Provider" means a health care practitioner or group of health care practitioners licensed, certified, or otherwise authorized by law to provide health care services.

(5) (i) "Provider panel" means the providers that contract either directly or through a subcontracting entity with a carrier to provide health care services to the carrier's enrollees under the carrier's health benefit plan.

(ii) "Provider panel" does not include an arrangement in which any provider may participate solely by contracting with the carrier to provide health care services at a discounted fee-for-service rate.

(1) (i) In this subsection the following words have the meanings indicated.

(ii) 1. "Health benefit plan" has the meaning stated in § 15-1201 of this title.

2. "Health benefit plan" includes dental plans and other health benefit plans that contract with dentists to offer dental care services.

(iii) "Provider panel" includes an arrangement in which any provider may participate solely by contracting with the carrier to provide health care services at a discounted fee-for-service rate.

1 (2) Except as provided in paragraph (3) of this subsection, a carrier that
2 offers coverage for health care services through one or more health benefit plans or
3 contracts with providers to offer health care services through one or more provider
4 panels may not require a provider, as a condition of participation or continuation on a
5 provider panel for one health benefit plan of a carrier, to serve also on a provider
6 panel of another health benefit plan of the carrier.

7 (3) Subject to § 15-102.5 of the Health - General Article, a carrier that
8 offers health care services as a managed care organization as defined under §
9 15-101(f) of the Health - General Article, may require a provider, as a condition of
10 participation on a provider panel for one or more health benefit plans of the carrier, to
11 serve on a provider panel of the managed care organization.

12 (4) If a provider elects to terminate participation on the provider panel of
13 a health benefit plan, the provider shall:

14 (i) notify the carrier at least 90 days before the date of termination;
15 and

16 (ii) for at least 90 days after the date of the notice of termination,
17 continue to furnish health care services to an enrollee of the carrier for whom the
18 provider was responsible for the delivery of health care services prior to the notice of
19 termination.]

20 15-112.2.

21 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
22 INDICATED.

23 (2) "CARRIER" MEANS:

24 (I) AN INSURER;

25 (II) A NONPROFIT HEALTH SERVICE PLAN;

26 (III) A HEALTH MAINTENANCE ORGANIZATION; OR

27 (IV) A DENTAL PLAN ORGANIZATION.

28 (3) "ENROLLEE" MEANS AN INDIVIDUAL WHO IS COVERED UNDER A
29 CONTRACT ISSUED BY A CARRIER.

30 (4) "PROVIDER" MEANS A HEALTH CARE PRACTITIONER OR GROUP OF
31 HEALTH CARE PRACTITIONERS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED
32 BY LAW TO PROVIDE HEALTH CARE SERVICES.

33 (5) "PROVIDER CONTRACT" MEANS A CONTRACT:

34 (I) BETWEEN:

35 1. A PROVIDER; AND

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 October 1, 2004.