

# SENATE BILL 601

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71r2401  
CF 71r2275

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By: **Senator Kittleman**

Introduced and read first time: February 2, 2007

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Health Care Providers – Reimbursement by Carriers**

3 FOR the purpose of prohibiting certain carriers from requiring certain health care  
4 providers that deliver health care services through a group practice or other  
5 health care entity to accept the reimbursement fee schedule applicable under  
6 the contract between the group practice or other health care entity and the  
7 carrier for certain health care services delivered by the health care provider;  
8 and generally relating to reimbursement of health care providers by carriers.

9 BY repealing and reenacting, without amendments,  
10 Article – Insurance  
11 Section 15–112(a)(1), (3), (4), and (6)  
12 Annotated Code of Maryland  
13 (2006 Replacement Volume and 2006 Supplement)

14 BY adding to  
15 Article – Insurance  
16 Section 15–112(o)  
17 Annotated Code of Maryland  
18 (2006 Replacement Volume and 2006 Supplement)

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

21 **Article – Insurance**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 15-112.

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

3 (3) (i) "Carrier" means:

4 1. an insurer;

5 2. a nonprofit health service plan;

6 3. a health maintenance organization;

7 4. a dental plan organization; or

8 5. any other person that provides health benefit plans  
9 subject to regulation by the State.

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

12 (4) "Enrollee" means a person entitled to health care benefits from a  
13 carrier.

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

17 **(O) A CARRIER MAY NOT REQUIRE A PROVIDER THAT DELIVERS**  
18 **HEALTH CARE SERVICES THROUGH A GROUP PRACTICE OR OTHER HEALTH**  
19 **CARE ENTITY TO ACCEPT THE REIMBURSEMENT FEE SCHEDULE APPLICABLE**  
20 **UNDER THE CONTRACT BETWEEN THE GROUP PRACTICE OR OTHER HEALTH**  
21 **CARE ENTITY AND THE CARRIER FOR HEALTH CARE SERVICES THE PROVIDER**  
22 **DELIVERS:**

23 **(1) TO ENROLLEES OF THE CARRIER THROUGH A SEPARATE**  
24 **INDIVIDUAL, GROUP, OR OTHER HEALTH CARE PRACTICE ARRANGEMENT; AND**

25 **(2) USING A DIFFERENT FEDERAL TAX IDENTIFICATION NUMBER**  
26 **THAN THAT USED BY THE GROUP PRACTICE OR OTHER HEALTH CARE ENTITY.**

27 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
28 October 1, 2007.