

HB1216/936681/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 1216
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, strike “Consumer Bill of Rights” and substitute “Notice and Authorization Forms”; strike in their entirety lines 4 through 15, inclusive, and substitute:

“FOR the purpose of requiring health maintenance organizations and entities that issue or deliver certain health insurance policies or contracts to provide, on their Web sites and in print, notice about certain benefits for mental illness, emotional disorders, drug abuse, or alcohol abuse required under State law and under the federal Mental Health Parity and Addiction Equity Act and notice that members and insureds may contact the Maryland Insurance Administration for further information; requiring the health maintenance organizations and entities to post a release of information authorization on the their Web sites and to provide by standard mail to a member or insured a release of information authorization form within a certain period of time; requiring the Administration to provide on its Web site certain notice relating to filing complaints, obtaining copies of insurance policies and contracts, and requesting referrals; and generally relating to notice about certain benefits for mental illness, emotional disorders, drug abuse, or alcohol abuse and release of information authorization forms under health insurance.”;

in line 18, strike “19-706(oooo)” and substitute “19-703.1(f) and (g)”; and in line 23, strike “15-128” and substitute “15-802(h) and (i)”.

AMENDMENT NO. 2

On page 2, strike in their entirety lines 4 through 6, inclusive, and substitute:

“19-703.1.

(Over)

(F) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN PRINT TO ITS MEMBERS:

(1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS SECTION AND, IF APPLICABLE TO THE CONTRACT OF THE MEMBER, THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT; AND

(2) NOTICE THAT THE MEMBER MAY CONTACT THE MARYLAND INSURANCE ADMINISTRATION FOR FURTHER INFORMATION ABOUT THE BENEFITS.

(G) A HEALTH MAINTENANCE ORGANIZATION SHALL:

(1) POST A RELEASE OF INFORMATION AUTHORIZATION FORM ON ITS WEB SITE; AND

(2) PROVIDE A RELEASE OF INFORMATION AUTHORIZATION FORM BY STANDARD MAIL WITHIN 10 BUSINESS DAYS AFTER A REQUEST FOR THE FORM IS RECEIVED.”.

AMENDMENT NO. 3

On pages 2 through 4, strike in their entirety the lines beginning with line 8 on page 2 through line 8 on page 4, inclusive, and substitute:

“15-802.

(H) AN ENTITY THAT ISSUES OR DELIVERS A POLICY OR CONTRACT SUBJECT TO THIS SECTION SHALL PROVIDE ON ITS WEB SITE AND ANNUALLY IN PRINT TO ITS INSUREDS:

(1) NOTICE ABOUT THE BENEFITS REQUIRED UNDER THIS SECTION AND, IF APPLICABLE TO THE POLICY OR CONTRACT OF THE INSURED, THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT; AND

(2) NOTICE THAT THE INSURED MAY CONTACT THE ADMINISTRATION FOR FURTHER INFORMATION ABOUT THE BENEFITS.

(1) AN ENTITY THAT ISSUES OR DELIVERS A POLICY OR CONTRACT SUBJECT TO THIS SECTION SHALL:

(1) POST A RELEASE OF INFORMATION AUTHORIZATION FORM ON ITS WEB SITE; AND

(2) PROVIDE A RELEASE OF INFORMATION AUTHORIZATION FORM BY STANDARD MAIL WITHIN 10 BUSINESS DAYS AFTER A REQUEST FOR THE FORM IS RECEIVED.

SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Insurance Administration shall provide on its Web site notice that:

(1) complaints regarding noncompliance with the federal Mental Health Parity and Addiction Equity Act may be filed with the Commissioner;

(2) an insured may obtain assistance in filing a complaint with a carrier or the Administration from the Health Education and Advocacy Unit in the Office of the Attorney General;

(3) an insured may obtain a copy of the health insurance policy or contract of the insured and should contact the carrier for the copy; and

(Over)

(4) an insured may request a referral to a specialist or nonphysician specialist who is not part of the carrier's provider panel if:

(i) the insured requires specialized health care services or medical care; and

(ii) 1. the carrier does not have a specialist or nonphysician specialist with the professional training and expertise to treat or provide health care services for the condition or disease of the insured; or

2. the carrier cannot provide reasonable access to a specialist or nonphysician specialist to treat or provide health care services for the condition or disease of the insured without unreasonable delay or travel.”.

On page 4, in line 9, strike “2.” and substitute “3.”.