

Article - Insurance

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§15–116.

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

(2) “Carrier” means:

(i) an insurer;

(ii) a nonprofit health service plan;

(iii) a health maintenance organization;

(iv) a dental plan organization; or

(v) any other person that provides health benefit plans subject to regulation by the State.

(3) “Health care provider” means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

(b) A carrier, as a condition of a contract with a health care provider or in any other manner, may not prohibit a health care provider from discussing with or communicating to an enrollee, subscriber, public official, or other person information that is necessary or appropriate for the delivery of health care services, including:

(1) communications that relate to treatment alternatives;

(2) communications that are necessary or appropriate to maintain the provider-patient relationship while the patient is under the health care provider’s care;

(3) communications that relate to an enrollee’s or subscriber’s right to appeal a coverage determination of a carrier with which the health care provider, enrollee, or subscriber does not agree; and

(4) opinions and the basis of an opinion about public policy issues.

(c) This section does not prohibit a carrier, as a condition of a contract between the carrier and a health care provider, from prohibiting tortious interference with a contract as recognized under State law.

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