

# HOUSE BILL 1637

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6lr3846  
CF SB 1153

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By: **Delegate Hayes**

Rules suspended

Introduced and read first time: March 9, 2016

Assigned to: Rules and Executive Nominations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Clinically Integrated Organizations**

3 FOR the purpose of altering the definition of “clinically integrated organization” for  
4 purposes of provisions of law governing contracts between certain health insurance  
5 carriers and clinically integrated organizations and the sharing of certain medical  
6 information by the health insurance carriers with clinically integrated  
7 organizations; and generally relating to clinically integrated organizations.

8 BY repealing and reenacting, with amendments,

9 Article – Insurance

10 Section 15–1901

11 Annotated Code of Maryland

12 (2011 Replacement Volume and 2015 Supplement)

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

14 That the Laws of Maryland read as follows:

15 **Article – Insurance**

16 15–1901.

17 (a) In this subtitle the following words have the meanings indicated.

18 (b) “Carrier” means:

19 (1) an insurer;

20 (2) a nonprofit health service plan; or

21 (3) a health maintenance organization.

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 (c) “Clinically integrated organization” means:
- 2 (1) a joint venture between a hospital and physicians that:
- 3 (i) [has received an] **MEETS THE CRITERIA ESTABLISHED IN**  
4 advisory [opinion from] **OPINIONS OF** the Federal Trade Commission or its staff; and
- 5 (ii) has been established to:
- 6 1. evaluate and improve the practice patterns of the health  
7 care providers; and
- 8 2. create a high degree of cooperation, collaboration, and  
9 mutual interdependence among the health care providers who participate in the joint  
10 venture in order to promote the efficient, medically appropriate delivery of covered medical  
11 services; or
- 12 (2) a joint venture between a hospital and physicians that:
- 13 (i) is accountable for total spending and quality; and
- 14 (ii) the Commissioner determines meets the criteria established by  
15 the federal Department of Health and Human Services for an accountable care  
16 organization.
- 17 (d) “Covered medical services” means the health care services that are included  
18 as benefits under a health benefit plan issued by a carrier.
- 19 (e) “Health benefit plan” has the meaning stated in § 15–1301 of this title.
- 20 (f) “Qualifying individual” means an individual covered under a health benefit  
21 plan issued by a carrier.

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
23 1, 2016.