HB1318/867371/1

BY: Finance Committee

AMENDMENTS TO HOUSE BILL 1318
(Third Reading File Bill)

AMENDMENT NO. 1

On page 3, in line 20, strike "15-112(n)" and substitute "15-112(b)(1)(i), (n),"; and in lines 33 and 34, strike "**(E) THROUGH (L), (Q), (R), AND (T)**" and substitute "**(F) THROUGH (M), (R), (S), AND (U) THROUGH (W)**".

AMENDMENT NO. 2

On pages 3 and 4, strike in their entirety the lines beginning with line 36 on page 3 through line 25 on page 4, inclusive, and substitute:

"Article - Insurance".

On page 7, strike in their entirety lines 1 through 4, inclusive; after line 12, insert:

"(i) 1. if the carrier is an insurer, nonprofit health service plan, or dental plan organization, maintain standards in accordance with regulations adopted by the Commissioner for availability of health care providers to meet the health care needs of enrollees;

2. if the carrier is a health maintenance organization, adhere to the standards for accessibility of covered services in accordance with regulations adopted under § 19–705.1(b)(1)(i)2 of the Health – General Article; and

3. if the carrier is an insurer or nonprofit health service plan that offers a preferred provider insurance policy that conditions the payment of benefits on the use of preferred providers, adhere to the standards for accessibility of covered services in accordance with regulations adopted under § 19–705.1(b)(1)(i)2 of

(Over)

the Health – General Article and as enforced by the Secretary of Health and Mental Hygiene; and";

and in line 29, strike "**(M)**" and substitute "**(N)**".

On page 10, in line 13, strike "**PREDOMINATELY**" and substitute "**PREDOMINANTLY**".

On page 11, in line 27, strike "**SERVICES**" and substitute "**SERVICES**".

On page 28, in line 7, after "**REMAIN**" insert "**ON**".

On page 33, after line 22, insert:

"SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General

19–705.1.

(a) The Secretary shall adopt regulations that set out reasonable standards of quality of care that a health maintenance organization shall provide to its members.

(b) (1) The standards of quality of care shall include:

(i) **[**1.**]** A requirement that a health maintenance organization shall provide for regular hours during which a member may receive services, including providing for services to a member in a timely manner that takes into account the immediacy of need for services; **[**and

2. Provisions for assuring that all covered services, including any services for which the health maintenance organization has contracted, are accessible to the enrollee with reasonable safeguards with respect to geographic locations;**]**

Article – Insurance

14–205.1.

(a) The Commissioner may authorize an insurer or nonprofit health service plan to offer a preferred provider insurance policy that conditions the payment of benefits on the use of preferred providers if the insurer or nonprofit health service plan**[**:

(1) has demonstrated to the Secretary of Health and Mental Hygiene that the provider panel of the insurer or nonprofit health service plan complies with the regulations adopted under § 19–705.1(b)(1)(i)2 of the Health – General Article; and

(2)**]** does not restrict payment for covered services provided by nonpreferred providers:

[(i)**] (1)** for emergency services, as defined in § 19–701 of the Health – General Article;

[(ii)**] (2)** for an unforeseen illness, injury, or condition requiring immediate care; or

[(iii)**] (3)** as required under § 15–830 of this article.

15-112.

(b) (1) Subject to paragraph (3) of this subsection, a carrier that uses a provider panel shall:

(i) **[**1.**]** if the carrier is an insurer, nonprofit health service plan, **HEALTH MAINTENANCE ORGANIZATION,** or dental plan organization, maintain standards in accordance with regulations adopted by the Commissioner for availability of health care providers to meet the health care needs of enrollees; **AND**

[2. if the carrier is a health maintenance organization, adhere to the standards for accessibility of covered services in accordance with regulations adopted under § 19–705.1(b)(1)(i)2 of the Health – General Article; and

3. if the carrier is an insurer or nonprofit health service plan that offers a preferred provider insurance policy that conditions the payment of benefits on the use of preferred providers, adhere to the standards for accessibility of covered services in accordance with regulations adopted under § 19–705.1(b)(1)(i)2 of the Health – General Article and as enforced by the Secretary of Health and Mental Hygiene; and**]**".

AMENDMENT NO. 3

On page 33, in lines 25 and 27, strike "3." and "4.", respectively, and substitute "4." and "6.", respectively; after line 26, insert:

"SECTION 5. AND BE IT FURTHER ENACTED, That Section 3 of this Act shall take effect January 1, 2018.";

and in line 28, strike "Section 3" and substitute "Sections 4 and 5".