

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 203

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, after “requiring” insert “, under certain circumstances,”; in lines 3, 6, 8, and 10, in each instance, strike “health insurers” and substitute “carriers”; in lines 4 and 5 in each instance, strike “insurers” and substitute “carriers”; in line 5, strike “enrollees” and substitute “individual purchasers, employers”; in line 7, strike “to enrollees”; and in line 11, strike “insurer’s” and substitute “carriers”.

AMENDMENT NO. 2

On page 2, after line 1, insert:

“(III) A HEALTH MAINTENANCE ORGANIZATION;

(IV) A COMMUNITY HEALTH NETWORK;”;

in lines 2 and 3, strike “(III)” and “(IV)”, respectively, and substitute “(V)” and “(VI)”, respectively; in line 17, strike “PRINCIPLE” and substitute “PRINCIPAL”; in line 19, strike “AND WHAT PROVIDERS WITH WHICH TO CONTRACT”; and in line 20, strike “IDENTIFICATION” and substitute “TITLES”.

On page 3, in line 4, after “SHALL” insert “DISCLOSE ITS PRINCIPAL OPERATING PRACTICES, AS IDENTIFIED IN PARAGRAPH (2) OF THIS SUBSECTION”; strike in their entirety lines 5 through 26, inclusive, and substitute:

“(I) TO A PROVIDER:

1. IN THE FIRST YEAR OF A CONTRACT BETWEEN THE CARRIER AND THE PROVIDER; AND

(Over)

2. AT ANY TIME, ON THE PROVIDER’S REQUEST;  
(II) TO AN ENROLLEE OF THE CARRIER:

1. ON ENROLLMENT OF THE ENROLLEE;

2. DURING THE ENROLLEE’S OPEN ENROLLMENT PERIOD;

AND

3. AT ANY TIME, ON THE ENROLLEE’S REQUEST;

(III) TO A PROSPECTIVE INDIVIDUAL PURCHASER OF A HEALTH BENEFIT PLAN THROUGH A CARRIER, ON REQUEST; AND

(IV) EXCEPT FOR A SMALL EMPLOYER UNDER § 698(Q) OF THIS ARTICLE, TO AN EMPLOYER, AT LEAST 30 DAYS BEFORE ENROLLING AN EMPLOYEE OF THE EMPLOYER UNDER A HEALTH BENEFIT PLAN SPONSORED BY THE EMPLOYER, FOR PURPOSES OF DISTRIBUTING THE DISCLOSURES TO THE EMPLOYER’S EMPLOYEES.”;

in line 27, strike “PRINCIPLE” and substitute “PRINCIPAL”; in line 28, strike “(I)”; and in the same line, strike the colon and substitute “THE INFORMATION DESCRIBED IN SUBSECTIONS (D), (E), AND (F) OF THIS SECTION.”.

On pages 3 and 4, strike in their entirety the lines beginning with line 29 on page 3 through line 11 on page 4, inclusive.

On page 4, in line 18, strike “IDENTIFY” and substitute “PROVIDE A SUMMARY OF”; in line 27, strike “DISCLOSE IF AND TO WHAT DEGREE” and substitute “PROVIDE A SUMMARY OF THE DEGREE TO WHICH”; and in line 36, strike “IDENTIFY AND DEFINE IN LAYMAN’S TERMS” and substitute “PROVIDE A SUMMARY OF”.

On page 5, in line 7, after “IDENTIFY” insert “THE TITLES OF”; strike in their entirety lines 14 through 20, inclusive; strike in their entirety lines 28 through 30, inclusive, and substitute “DIRECT MEDICAL CARE EXPENSES;”; and strike beginning with the second “THE” in line 32 down through “ENROLLEES” in line 35 and substitute “FOR PLAN ADMINISTRATION”.

On page 6, after line 2, insert:

“(G) THE DISCLOSURES REQUIRED UNDER SUBSECTION (C) OF THIS SECTION SHALL BE IN A FORM THAT INCLUDES:

(1) A GLOSSARY OF TERMS;

(2) AN EXECUTIVE SUMMARY;

(3) A SUMMARY DESCRIPTION OF THE PREDOMINANT REIMBURSEMENT METHODOLOGY THAT CARRIERS USE TO PAY FOR HEALTH CARE SERVICES;

(4) A SUMMARY DESCRIPTION OF THE METHOD OF DISTRIBUTION BY CARRIERS OF PREMIUM DOLLARS; AND

(5) THE LOSS RATIO FOR A HEALTH BENEFIT PLAN IN ACCORDANCE WITH § 490S OF THIS ARTICLE.”;

strike in their entirety lines 3 through 20, inclusive, and substitute:

“(H) EACH YEAR, A CARRIER SHALL:

(1) UPDATE THE DISCLOSURES REQUIRED UNDER SUBSECTION (C) OF THIS SECTION; AND

(2) FILE THE DISCLOSURES WITH THE COMMISSIONER.”;

in line 24, strike “(1)”; after line 27, insert:

“(J) (1) A CARRIER MAY NOT PROHIBIT A PROVIDER FROM DISCUSSING OR COMMUNICATING INFORMATION TO AN ENROLLEE, PUBLIC OFFICIAL, OR OTHER PERSON THAT IS NECESSARY OR APPROPRIATE FOR THE DELIVERY OF HEALTH CARE SERVICES, INCLUDING:

(Over)

(I) COMMUNICATIONS RELATING TO TREATMENT ALTERNATIVES;

(II) COMMUNICATIONS NECESSARY OR APPROPRIATE TO MAINTAIN THE PROVIDER-PATIENT RELATIONSHIP WHILE UNDER THE PROVIDER'S CARE;

(III) COMMUNICATIONS REGARDING AN ENROLLEE'S RIGHT TO APPEAL COVERAGE DETERMINATIONS OF THE CARRIER WITH WHICH THE PROVIDER OR THE ENROLLEE DOES NOT AGREE; OR

(IV) OPINIONS AND THE BASIS OF AN OPINION REGARDING PUBLIC POLICY ISSUES.

(2) THIS SUBSECTION DOES NOT PROHIBIT A CARRIER, AS A CONDITION OF A CONTRACT BETWEEN THE PROVIDER AND THE CARRIER, FROM PROHIBITING A PROVIDER FROM COMMITTING, AGAINST THE CARRIER, A COMMERCIAL TORT RECOGNIZED UNDER MARYLAND LAW.”;

and strike in their entirety lines 28 through 34, inclusive, and substitute:

“(K) THE COMMISSIONER MAY ISSUE AN ORDER UNDER THE PROVISION OF § 55A OF THIS ARTICLE IF THE COMMISSIONER FINDS A VIOLATION OF THIS SECTION.”.