

BY: Economic Matters Committee

AMENDMENTS TO SENATE BILL NO. 433

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 7, after “organizations,” insert “hospitals”; and in line 16, before “defining”, insert “providing for the application of this Act:”.

AMENDMENT NO. 2

On page 2, in line 28, strike “INSURER” and substitute “SERVICE PLAN”; in the same line, strike the first comma and substitute “OF ADDITIONAL HOSPITALIZATION FOR THE NEWBORN”; and strike beginning with “OF” in line 28 down through “HOSPITAL” in line 30.

On page 3, in lines 7 and 25, in each instance, strike the first comma and substitute “OF ADDITIONAL HOSPITALIZATION FOR THE NEWBORN”; strike beginning with “OF” in line 7 down through “HOSPITAL” in line 9; and strike beginning with “OF” in line 25 down through “HOSPITAL” in line 27.

On page 5, in line 36, strike the comma and substitute “OF ADDITIONAL HOSPITALIZATION FOR THE NEWBORN”; and strike beginning with “OF” in line 37 down through “HOSPITAL” in line 38.

AMENDMENT NO. 3

On page 4, in line 3, strike “AGREE TO” and substitute “REQUEST”; and strike beginning with “EXCEPT” in line 7 down through “VISIT:” in line 10 and substitute “FOR A MOTHER AND NEWBORN CHILD WHO HAVE A HOSPITAL STAY SHORTER IN LENGTH THAN THAT PROVIDED UNDER SUBSECTION (B) OF THIS SECTION, THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE COVERAGE FOR AT LEAST ONE HOME VISIT:”.

On pages 4 and 5, strike in their entirety the lines beginning with line 16 on page 4 through

(Over)

line 13 on page 5 and substitute:

“(D) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION MAY NOT DENY, LIMIT, OR OTHERWISE IMPAIR THE PARTICIPATION OF AN ATTENDING PROVIDER UNDER CONTRACT WITH THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION IN PROVIDING HEALTH CARE SERVICES TO ENROLLEES OR INSUREDS FOR:

(1) ADVOCATING THE INTEREST OF A MOTHER AND NEWBORN CHILD THROUGH THE INSURER'S, NONPROFIT HEALTH SERVICE PLAN'S OR HEALTH MAINTENANCE ORGANIZATION'S UTILIZATION REVIEW OR APPEALS SYSTEM; OR

(2) ADVOCATING MORE THAN 48 HOURS OF INPATIENT HOSPITAL CARE FOLLOWING A COMPLICATED VAGINAL DELIVERY OR MORE THAN 96 HOURS OF INPATIENT HOSPITAL CARE FOLLOWING A COMPLICATED CESAREAN SECTION.”.

On page 5, in line 14, strike “(D)” and substitute “(E)”; in line 15, strike the colon; in line 16, strike “(1)”; in the same line, after “COPAYMENT” insert “OR COINSURANCE”; in lines 16 and 17, strike “, A COINSURANCE REQUIREMENT,”; in line 17, strike “A”; strike beginning with the semicolon in line 18 down through “SECTION” in line 23 and substitute “OR REFUSE REIMBURSEMENT IF THE SERVICES DO NOT OCCUR WITHIN THE TIME SPECIFIED”; in line 24, strike “(E)(1)” and substitute “(E)”; and strike in their entirety lines 27 and 28.

On page 6, in line 24, strike “EXCEPT AS PROVIDED UNDER” and substitute “SUBJECT TO THE PROVISIONS OF”.

AMENDMENT NO. 4

On pages 6 through 8, strike in their entirety the lines beginning with line 37 on page 6 through line 6 on page 8 and substitute:

“(2) FOR A MOTHER AND NEWBORN CHILD WHO HAVE A HOSPITAL STAY SHORTER IN LENGTH THAN THAT PROVIDED UNDER SUBSECTION (C) OF THIS SECTION, THE PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION PERFORMING UTILIZATION REVIEW SHALL AUTHORIZE AT LEAST ONE HOME VISIT:

(I) IN ACCORDANCE WITH GENERALLY ACCEPTED STANDARDS OF NURSING PRACTICE FOR HOME CARE OF A MOTHER AND NEWBORN CHILD; AND

(II) BY A REGISTERED NURSE WITH AT LEAST 1 YEAR OF EXPERIENCE IN MATERNAL AND CHILD HEALTH NURSING OR IN COMMUNITY HEALTH NURSING WITH AN EMPHASIS ON MATERNAL AND CHILD HEALTH.

(3) THE HOME VISIT PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION:

(I) SHALL BE SCHEDULED TO OCCUR WITHIN 24 HOURS AFTER HOSPITAL DISCHARGE; AND

(II) SHALL INCLUDE ANY SERVICES REQUIRED BY THE ATTENDING PROVIDER.”.

AMENDMENT NO. 5

On page 8, strike in their entirety lines 7 through 11, inclusive, and substitute:

“(E) (1) THE PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION MAY NOT REQUIRE ADDITIONAL DOCUMENTATION FROM, REQUIRE ADDITIONAL UTILIZATION REVIEW OF, OR OTHERWISE PROVIDE FINANCIAL DISINCENTIVES FOR AN ATTENDING PROVIDER WHO ORDERS CARE CONSISTENT WITH THE TERMS OF THIS SECTION OR WITH THE TERMS OF § 19-703 OF THIS ARTICLE OR ARTICLE 48A, §§ 354F, 470H, OR 477-I RELATED TO HOSPITALIZATION OF A NEWBORN.

(2) THE PRIVATE REVIEW AGENT, HOSPITAL, OR HEALTH MAINTENANCE ORGANIZATION MAY NOT DENY, LIMIT, OR OTHERWISE IMPAIR THE PARTICIPATION OF AN ATTENDING PROVIDER UNDER A CONTRACT OR ANY PRIVILEGE GRANTED AN ATTENDING PROVIDER WHO ADVOCATES MORE THAN 48 HOURS OF INPATIENT HOSPITAL CARE FOLLOWING A COMPLICATED VAGINAL DELIVERY OR MORE THAN 96 HOURS OF INPATIENT HOSPITAL CARE FOLLOWING A COMPLICATED CESAREAN SECTION.”.

(Over)

AMENDMENT NO. 6

On page 8, after line 17, insert:

“SECTION 3. AND BE IT FURTHER ENACTED, That all health insurance or other health benefit plans subject to the provisions of this Act shall make the benefits under this Act available on and after its effective date, notwithstanding any policy or benefit statement to the contrary.”;

and in line 18, strike “3.” and substitute “4.”.