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**By: Delegates Redmer and Ports**

Introduced and read first time: February 2, 1996

Assigned to: Economic Matters

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A BILL ENTITLED

1 AN ACT concerning

**2 Patient Access Act - Alteration of a Definition and Point-of-Service Option**

3 FOR the purpose of altering a certain definition used in a certain provision of law related  
4 to requirements of certain health insurers that use provider panels to provide health  
5 care services to their enrollees; and requiring certain persons that provide health  
6 insurance coverage to make available to certain individuals a certain health  
7 insurance coverage option under certain circumstances.

8 BY repealing and reenacting, with amendments,  
9 Article 48A - Insurance Code  
10 Section 490CC(a)(2)  
11 Annotated Code of Maryland  
12 (1994 Replacement Volume and 1995 Supplement)

13 BY repealing and reenacting, without amendments,  
14 Article 48A - Insurance Code  
15 Section 490CC(a)(1) and (5) and (b)  
16 Annotated Code of Maryland  
17 (1994 Replacement Volume and 1995 Supplement)

18 BY repealing and reenacting, with amendments,  
19 Article - Health - General  
20 Section 19-710.2(b)  
21 Annotated Code of Maryland  
22 (1990 Replacement Volume and 1995 Supplement)

23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
24 MARYLAND, That the Laws of Maryland read as follows:

25 **Article 48A - Insurance Code**

26 490CC.

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

28 (2) (i) "Carrier" means:

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- 1                               1. An insurer;
- 2                               2. A nonprofit health service plan;
- 3                               3. A health maintenance organization;
- 4                               4. A dental plan organization; or
- 5                               5. Any other person or organization that provides health
- 6 benefit plans subject to State regulation.

7                               (ii) "Carrier" includes an entity that arranges a providerpanel for a  
8 carrier.

9                               (5) (i) "Provider panel" means those providers with which a carrier  
10 contracts to provide health care services to the carrier's enrollees under the carrier's  
11 health benefit plan.

12                              (ii) "Provider panel" does not include an arrangement between a  
13 carrier and providers in which any provider may participate solely on the basis of the  
14 provider's contracting with the carrier to provide services at a discounted fee-for-service  
15 rate.

16                              (b) A carrier that uses a provider panel shall establish procedures for:

17                              (1) Reviewing applications for participation in the carrier's provider panel  
18 in accordance with the provisions of this section;

19                              (2) Notifying an enrollee of:

20                              (i) The termination from the carrier's provider panel of the enrollee's  
21 primary care provider who was furnishing health care services to the enrollee; and

22                              (ii) The right of an enrollee upon request to continue to receive health  
23 care services for a period of up to 90 days from the date of a primary care provider's  
24 notice of termination from a carrier's provider panel for reasons unrelated to fraud,  
25 patient abuse, incompetency, or loss of licensure status by the provider;

26                              (3) Notifying primary care providers in the carrier's provider panel of the  
27 termination of a specialty referral services provider; and

28                              (4) Notifying a provider at least 90 days prior to the date of the termination  
29 of the provider for reasons unrelated to fraud, patient abuse, incompetency, or loss of  
30 licensure status by the provider.

31                              **Article - Health - General**

32 19-710.2.

33                              (b) (1) If an employer, association, or other private group arrangement offers  
34 health benefit plan coverage to employees or individuals only through ahealth  
35 maintenance organization, the health maintenance organization with which the employer,  
36 association, or other private group arrangement is contracting for the coverage shall offer,  
37 or contract with another carrier to offer, a point-of-service option tothe employer,  
38 association, or other private group arrangement in conjunction with thehealth

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1 maintenance organization as an additional benefit for an employee or individual, at the  
2 employee's or individual's option, to accept or reject.

3 (2) THE EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP  
4 ARRANGEMENT SHALL MAKE THE POINT-OF-SERVICE OPTION OFFERED BY THE  
5 HEALTH MAINTENANCE ORGANIZATION, OR OTHER CARRIER WITH WHICH THE  
6 HEALTH MAINTENANCE ORGANIZATION CONTRACTED, AVAILABLE TO EACH  
7 EMPLOYEE OR INDIVIDUAL AT THE INITIAL ENROLLMENT PERIOD AND  
8 SUBSEQUENT RENEWAL PERIODS.

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
10 October 1, 1996.