Unofficial Copy C3 1996 Regular Session 6lr0632

By: Delegates Redmer and Ports, Ports, Busch, Gordon, Donoghue, Love, Kach, V. Mitchell, McClenahan, Kelly, Eckardt, Goldwater, Boston, Barve, Krysiak, Cummings, Walkup, Mossburg, Crumlin, Frank, Pendergrass, Schade, Exum, Harrison, and Klausmeier Introduced and read first time: February 2, 1996 Assigned to: Economic Matters Committee Report: Favorable with amendments House action: Adopted Read second time: March 21, 1996 CHAPTER \_\_\_\_ 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 health maintenance organizations to make available to certain 7 individuals a certain health insurance coverage option under certaincircumstances 8 and to provide a notice of availability; and providing for the application and the 9 effective date of this Act. 10 BY repealing and reenacting, with amendments, Article 48A - Insurance Code 11 12 Section 490CC(a)(2) 13 Annotated Code of Maryland 14 (1994 Replacement Volume and 1995 Supplement) 15 BY repealing and reenacting, without amendments, 16 Article 48A - Insurance Code 17 Section 490CC(a)(1), (2), and (5) and (b) 18 Annotated Code of Maryland 19 (1994 Replacement Volume and 1995 Supplement) 20 BY repealing and reenacting, with amendments, Article - Health - General

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1	Section 19-710.2(b)
2	Annotated Code of Maryland
3	(1990 Replacement Volume and 1995 Supplement)
4	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
5	MARYLAND, That the Laws of Maryland read as follows:
6	Article 48A - Insurance Code
7	490CC.
8	(a) (1) In this section the following words have the meanings indicated.
9	(2) (i) "Carrier" means:
10	1. An insurer;
11	2. A nonprofit health service plan;
12	3. A health maintenance organization;
13	4. A dental plan organization; or
14 15	5. Any other person or organization that provides health benefit plans subject to State regulation.
16 17	(ii) "Carrier" includes an entity that arranges a providerpanel for a carrier.
	(5) (i) "Provider panel" means those providers with which a carrier contracts to provide health care services to the carrier's enrollees under the carrier's health benefit plan.
23	(ii) "Provider panel" does not include an arrangement between a carrier and providers in which any provider may participate solely on the basis of the provider's contracting with the carrier to provide services at a discounted fee-for-service rate.
25	(b) A carrier that uses a provider panel shall establish procedures for:
26 27	(1) Reviewing applications for participation in the carrier's provider panel in accordance with the provisions of this section;
28	(2) Notifying an enrollee of:
29 30	(i) The termination from the carrier's provider panel of the enrollee's primary care provider who was furnishing health care services to the enrollee; and
33	(ii) The right of an enrollee upon request to continue to receive health care services for a period of up to 90 days from the date of a primary care provider's notice of termination from a carrier's provider panel for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status by the provider;
35 36	(3) Notifying primary care providers in the carrier's provider panel of the termination of a specialty referral services provider; and

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	(4) Notifying a provider at least 90 days prior to the date of the termination of the provider for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status by the provider.
4	Article - Health - General
5	19-710.2.
8 9 10 11 12 13 14 15 16 17	(b) (1) If an employer, association, or other private group arrangement offers health benefit plan coverage to employees or individuals only through ahealth maintenance organization, the health maintenance organization with which the employer, association, or other private group arrangement is contracting for the coverage shall offer, or contract with another carrier to offer, a point-of-service option tothe employer, association, or other private group arrangement in conjunction with thehealth maintenance organization as an additional benefit for an employee or individual, at the employee's or individual's option, to accept or reject.  (2) THE EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT SHALL MAKE THE POINT OF SERVICE OPTION OFFERED BY THE HEALTH MAINTENANCE ORGANIZATION, OR OTHER CARRIER WITH WHICH THE HEALTH MAINTENANCE ORGANIZATION CONTRACTED, AVAILABLE TO EACH EMPLOYEE OR INDIVIDUAL AT THE INITIAL ENROLLMENT PERIOD AND
19	SUBSEQUENT RENEWAL PERIODS.
22 23 24	(2) (I) EXCEPT FOR HEALTH BENEFIT PLANS SUBJECT TO SUBTITLE 55 OF ARTICLE 48A OF THE CODE, THE HEALTH MAINTENANCE ORGANIZATION SHALL MAKE THE POINT-OF-SERVICE OPTION AVAILABLE TO EACH ENROLLEE AT THE INITIAL ENROLLMENT PERIOD AND SUBSEQUENT RENEWAL PERIODS AND INCLUDE NOTICE OF THE POINT-OF-SERVICE OPTION IN EACH EMPLOYEE'S ENROLLMENT MATERIALS.
28	(II) A POINT-OF-SERVICE OPTION SHALL BE MADE AVAILABLE FOR A HEALTH BENEFIT PLAN SUBJECT TO SUBTITLE 55 OF ARTICLE 48A OF THE CODE IN ACCORDANCE WITH REGULATIONS ADOPTED TO CARRY OUT THAT SUBTITLE.

30 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 31 October July 1, 1996.