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**By: Senators Bromwell and Dorman**

Introduced and read first time: January 22, 1996

Assigned to: Finance

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 20, 1996

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CHAPTER \_\_\_\_

1 AN ACT concerning

2 **Health Care Consumer Information and Education Act**

3 [TAG ftpo]FOR the purpose of requiring, under certain circumstances, certain ~~health insurers~~  
4 carriers to disclose certain information concerning the ~~insurers~~ carriers operating  
5 practices in a certain manner to enrollees, prospective ~~enrollees~~ individual  
6 purchasers, employers, and providers; specifying the information that ~~insurers~~  
7 carriers are required to disclose; prohibiting certain ~~health insurers~~ carriers from  
8 preventing providers from disclosing certain information ~~to enrollees~~; specifying the  
9 application of this Act; requiring certain ~~health insurers~~ carriers to file certain  
10 information with the Insurance Commissioner; authorizing the Commissioner to  
11 adopt regulations; defining certain terms; and generally relating to requiring certain  
12 ~~health insurers~~ carriers to disclose certain information about the ~~insurer's~~ carriers  
13 operating practices to certain persons under certain circumstances.

14 BY adding to

- 15 Article 48A - Insurance Code
- 16 Section 490FF
- 17 Annotated Code of Maryland
- 18 (1994 Replacement Volume and 1995 Supplement)

19 BY repealing and reenacting, with amendments,

- 20 Article - Health - General
- 21 Section 19-706(i)
- 22 Annotated Code of Maryland
- 23 (1990 Replacement Volume and 1995 Supplement)

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

2

1 **Article 48A - Insurance Code**

2 490FF.

3 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
4 INDICATED.

5 (2) "CARRIER" MEANS:

6 (I) AN INSURER;

7 (II) A NONPROFIT HEALTH SERVICE PLAN;

8 (III) A HEALTH MAINTENANCE ORGANIZATION;

9 (IV) A COMMUNITY HEALTH NETWORK;

10 ~~(V)~~ (V) A DENTAL PLAN ORGANIZATION; OR

11 ~~(VI)~~ (VI) ANY PERSON OR ENTITY ACTING AS A THIRD PARTY  
12 ADMINISTRATOR.

13 (3) "CONTRACT" MEANS ANY WRITTEN AGREEMENT BETWEEN A  
14 PROVIDER AND A CARRIER FOR THE PROVIDER TO RENDER HEALTH CARE  
15 SERVICES TO ENROLLEES OF THE CARRIER.

16 (4) "ENROLLEE" MEANS ANY PERSON ENTITLED TO HEALTH CARE  
17 BENEFITS FROM A CARRIER.

18 (5) "HEALTH CARE SERVICES" MEANS A HEALTH OR MEDICAL CARE  
19 PROCEDURE OR SERVICE RENDERED BY A PROVIDER THAT:

20 (I) PROVIDES TESTING, DIAGNOSIS, OR TREATMENT OF A HUMAN  
21 DISEASE OR DYSFUNCTION; OR

22 (II) DISPENSES DRUGS, MEDICAL DEVICES, MEDICAL APPLIANCES,  
23 OR MEDICAL GOODS FOR THE TREATMENT OF A HUMAN DISEASE OR  
24 DYSFUNCTION.

25 (6) ~~"PRINCIPLE~~ PRINCIPAL OPERATING PRACTICES" MEANS THE  
26 PROCESSES BY WHICH CARRIERS MAKE DECISIONS ABOUT WHAT SERVICES TO  
27 COVER AND PAY FOR ~~AND WHAT PROVIDERS WITH WHICH TO CONTRACT,~~  
28 INCLUDING THE ~~IDENTIFICATION~~ TITLES OF KEY ADMINISTRATIVE AND EXECUTIVE  
29 STAFF WHO MAKE THE DECISIONS.

30 (7) (I) "PROVIDER" MEANS A PERSON OR ENTITY LICENSED,  
31 CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS  
32 ARTICLE OR THE HEALTH - GENERAL ARTICLE TO PROVIDE HEALTH CARE  
33 SERVICES.

34 (II) "PROVIDER" INCLUDES:

35 1. A HEALTH CARE FACILITY;

36 2. A PHARMACY;

3

- 1                                 3. A PROFESSIONAL SERVICES CORPORATION;
- 2                                 4. A PARTNERSHIP;
- 3                                 5. A LIMITED LIABILITY COMPANY;
- 4                                 6. A PROFESSIONAL OFFICE; OR
- 5                                 7. ANY OTHER ENTITY LICENSED OR AUTHORIZED BY LAW
- 6 TO PROVIDE OR DELIVER PROFESSIONAL HEALTH CARE SERVICES THROUGH OR
- 7 ON BEHALF OF A PROVIDER.

8                 (B) THIS SECTION APPLIES TO A CARRIER THAT PROVIDES HEALTH CARE  
9 SERVICES TO ENROLLEES OR OTHERWISE MAKES HEALTH CARE SERVICES  
10 AVAILABLE TO ENROLLEES THROUGH CONTRACTS WITH PROVIDERS.

11                 (C) (1) EACH CARRIER SHALL DISCLOSE ITS PRINCIPAL OPERATING  
12 PRACTICES, AS IDENTIFIED IN PARAGRAPH (2) OF THIS SUBSECTION:

13                                 ~~(I) DISCLOSE ITS PRINCIPLE OPERATING PRACTICES, AS~~  
14 ~~IDENTIFIED IN PARAGRAPH (2) OF THIS SUBSECTION, TO PROVIDERS, ENROLLEES,~~  
15 ~~AND PROSPECTIVE ENROLLEES PRIOR TO COMPLETING CONTRACTS WITH~~  
16 ~~PROVIDERS OR ENROLLING PERSONS AS MEMBERS OF THE CARRIER'S HEALTH~~  
17 ~~BENEFIT PLAN;~~

18                                 ~~(II) PROVIDE TO PROVIDERS, ENROLLEES, AND PROSPECTIVE~~  
19 ~~ENROLLEES A UNIFORM SET OF DEFINITIONS AND DESCRIPTIONS OF THE~~  
20 ~~CARRIER'S PRINCIPLE OPERATING PRACTICES;~~

21                                 ~~(III) MAKE THE DISCLOSURES IN A TIMELY MANNER IN ORDER TO~~  
22 ~~ALLOW PROVIDERS AND PROSPECTIVE ENROLLEES TO MAKE INFORMED DECISIONS~~  
23 ~~ABOUT WHICH HEALTH BENEFIT PLAN TO JOIN;~~

24                                 ~~(IV) AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, MAKE~~  
25 ~~THE PRINCIPLE OPERATING PRACTICES AVAILABLE TO PROSPECTIVE ENROLLEES~~  
26 ~~DURING ANY OPEN ENROLLMENT PERIOD, AS WELL AS UPON REQUEST DURING AN~~  
27 ~~ENROLLEE'S PERIOD OF ENROLLMENT WITH THE CARRIER;~~

28                                 ~~(V) AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, MAKE~~  
29 ~~THE PRINCIPLE OPERATING PRACTICES AVAILABLE TO A PROVIDER PRIOR TO~~  
30 ~~ENTERING INTO A CONTRACT WITH THE PROVIDER, AS WELL AS UPON THE~~  
31 ~~REQUEST OF A PROVIDER DURING THE TERM OF THE CONTRACT; AND~~

32                                 ~~(VI) EXCEPT FOR THE DISCLOSURE REQUIRED IN PARAGRAPH (2)~~  
33 ~~(III) OF THIS SUBSECTION, EACH YEAR UPDATE AND FILE THE PRINCIPLE~~  
34 ~~OPERATING PRACTICES WITH THE COMMISSIONER.~~

35                                 (I) TO A PROVIDER:

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

38   2. AT ANY TIME, ON THE PROVIDER'S REQUEST;

4

1 (II) TO AN ENROLLEE OF THE CARRIER:

2 1. ON ENROLLMENT OF THE ENROLLEE;

3 2. DURING THE ENROLLEE'S OPEN ENROLLMENT PERIOD;

4 AND

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

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

8 (IV) EXCEPT FOR A SMALL EMPLOYER UNDER § 698(O) OF THIS  
9 ARTICLE, TO AN EMPLOYER, AT LEAST 30 DAYS BEFORE ENROLLING AN EMPLOYEE  
10 OF THE EMPLOYER UNDER A HEALTH BENEFIT PLAN SPONSORED BY THE  
11 EMPLOYER, FOR PURPOSES OF DISTRIBUTING THE DISCLOSURES TO THE  
12 EMPLOYER'S EMPLOYEES.

13 (2) THE ~~PRINCIPLE~~ PRINCIPAL OPERATING PRACTICES REQUIRED TO  
14 BE DISCLOSED IN PARAGRAPH (1)~~(F)~~ OF THIS SUBSECTION SHALL INCLUDE: THE  
15 INFORMATION DESCRIBED IN SUBSECTIONS (D), (E), AND (F) OF THIS SECTION.

16 ~~(I) AS IDENTIFIED AND DEFINED IN SUBSECTION (D) OF THIS~~  
17 ~~SECTION, THE PREDOMINANT REIMBURSEMENT SYSTEMS THAT THE CARRIER USES~~  
18 ~~TO PAY PROVIDERS FOR HEALTH CARE SERVICES RENDERED TO ENROLLEES;~~

19 ~~(II) AS IDENTIFIED AND DEFINED IN SUBSECTION (E) OF THIS~~  
20 ~~SECTION, THE HEALTH CARE SERVICES FOR WHICH THE CARRIER PROVIDES~~  
21 ~~COVERAGE AND THE PROCESS THE CARRIER FOLLOWS TO DETERMINE THE~~  
22 ~~HEALTH CARE SERVICES FOR WHICH THE CARRIER WILL PROVIDE COVERAGE AND~~  
23 ~~PAYMENT;~~

24 ~~(III) AS OUTLINED IN SUBSECTION (F) OF THIS SECTION, THE~~  
25 ~~METHOD OF DISTRIBUTION BY THE CARRIER OF EACH \$100 THE CARRIER RECEIVES~~  
26 ~~IN PREMIUM DOLLARS FROM PERSONS ENROLLED IN THE CARRIER'S HEALTH~~  
27 ~~BENEFIT PLAN; AND~~

28 ~~(IV) AS DESCRIBED IN SUBSECTION (G) OF THIS SECTION, THE~~  
29 ~~PROCESS THE CARRIER FOLLOWS IN DETERMINING WHAT PROVIDERS WITH WHICH~~  
30 ~~TO CONTRACT FOR THE PROVISION OF HEALTH CARE SERVICES TO THE CARRIER'S~~  
31 ~~ENROLLEES.~~

32 ~~(3) THE DISCLOSURES REQUIRED IN PARAGRAPH (1)(I) OF THIS~~  
33 ~~SECTION SHALL BE UPDATED AND MADE, AT A MINIMUM, EACH YEAR TO:~~

34 ~~(I) ENROLLEES AND PROSPECTIVE ENROLLEES DURING ANY~~  
35 ~~OPEN ENROLLMENT PERIOD IN THE MARKETING AND ENROLLMENT MATERIALS OF~~  
36 ~~THE CARRIER; AND~~

37 ~~(II) PROVIDERS IN THE CONTRACT, OR AN ATTACHMENT TO THE~~  
38 ~~CONTRACT, THAT THE CARRIER IS OFFERING TO THE PROVIDER.~~

5

1 (D) (1) EACH CARRIER SHALL IDENTIFY AND DEFINE IN LAYMAN'S TERMS  
2 THE PREDOMINANT REIMBURSEMENT METHODOLOGY USED BY THE CARRIER TO  
3 REIMBURSE PROVIDERS FOR HEALTH CARE SERVICES RENDERED TO ENROLLEES,  
4 INCLUDING CAPITATION, CASE RATES, DISCOUNTED FEE-FOR-SERVICE, AND  
5 FEE-FOR-SERVICE REIMBURSEMENT METHODOLOGIES.

6 (2) A CARRIER THAT USES A CAPITATED REIMBURSEMENT  
7 METHODOLOGY TO PAY PROVIDERS SHALL ~~IDENTIFY~~ PROVIDE A SUMMARY OF:

8 (I) THOSE HEALTH CARE SERVICES FOR WHICH CAPITATION  
9 APPLIES AND FOR WHICH PROVIDERS ARE AT FINANCIAL RISK;

10 (II) THE LEVEL OF FINANCIAL RISK THAT PROVIDERS ARE  
11 ASSUMING; AND

12 (III) THE PRESENCE OF ANY STOP-LOSS PROVISIONS THAT  
13 MITIGATE THE PROVIDER'S LEVEL OF FINANCIAL RISK.

14 (3) IN ADDITION TO PARAGRAPH (2) OF THIS SUBSECTION, THE  
15 CARRIER SHALL:

16 (I) ~~DISCLOSE IF AND TO WHAT DEGREE~~ PROVIDE A SUMMARY OF  
17 THE DEGREE TO WHICH A CAPITATED PROVIDER IS RESPONSIBLE FOR PAYING FOR  
18 PARTICULAR HEALTH CARE SERVICES, INCLUDING:

- 19 1. LABORATORY AND DIAGNOSTIC TESTING;
- 20 2. REFERRALS TO SPECIALTY PHYSICIANS;
- 21 3. HOSPITAL CARE; AND
- 22 4. PRESCRIPTION DRUGS; AND

23 (II) PROVIDE A BRIEF EXAMPLE OF HOW CAPITATED PAYMENT  
24 SYSTEMS OPERATE.

25 (E) (1) EACH CARRIER SHALL ~~IDENTIFY AND DEFINE IN LAYMAN'S TERMS~~  
26 PROVIDE A SUMMARY OF:

27 (I) THOSE HEALTH CARE SERVICES FOR WHICH THE CARRIER  
28 PROVIDES COVERAGE AND PAYMENT; AND

29 (II) THE PROCESS THAT THE CARRIER FOLLOWS TO DETERMINE  
30 WHICH HEALTH CARE SERVICES FOR WHICH TO PROVIDE COVERAGE OR  
31 ELIMINATE COVERAGE.

32 (2) THE CARRIER SHALL:

33 (I) IDENTIFY THE TITLES OF KEY PERSONNEL OF THE CARRIER  
34 WHO ARE INVOLVED IN MAKING COVERAGE DECISIONS; AND

35 (II) DISCLOSE WHETHER OUTSIDE CONSULTANTS OR EXTERNAL  
36 RESOURCES, INCLUDING FEDERAL OR STATE AGENCIES, TRADE GROUPS, AND  
37 TECHNOLOGY COUNCILS, ARE USED BY THE CARRIER TO ASSIST THE CARRIER IN

6

1 MAKING COVERAGE DECISIONS FOR INDIVIDUAL ENROLLEES OR FOR THE  
2 CARRIER'S ENTIRE ENROLLED POPULATION.

3 ~~(3) WHENEVER THERE IS A DISPUTE OVER WHETHER A PARTICULAR~~  
4 ~~HEALTH CARE SERVICE IS A COVERED SERVICE EITHER FOR AN INDIVIDUAL~~  
5 ~~ENROLLEE OR FOR THE CARRIER'S ENTIRE ENROLLED POPULATION, THE CARRIER~~  
6 ~~SHALL DISCLOSE TO A PROVIDER OR ENROLLEE UPON REQUEST THE NAMES,~~  
7 ~~ADDRESSES, AND PHONE NUMBERS OF ANY OUTSIDE CONSULTANTS OR EXTERNAL~~  
8 ~~RESOURCES USED BY THE CARRIER THAT ASSISTED THE CARRIER IN MAKING THE~~  
9 ~~COVERAGE DECISION CONCERNING THE DISPUTED HEALTH CARE SERVICE.~~

10 (F) (1) EACH CARRIER SHALL DISCLOSE THE DISTRIBUTION OF EACH \$100  
11 IT RECEIVES IN PREMIUM DOLLARS FROM ENROLLEES.

12 (2) THE DISCLOSURE SHALL BE IN THE FORM OF A PIE CHART OR BAR  
13 GRAPH WITH DESCRIPTIVE TERMS IN LAYMAN'S LANGUAGE THAT IDENTIFIES:

14 (I) THE PROPORTION OF EVERY \$100 IN PREMIUM DOLLARS THAT  
15 THE CARRIER USES TO PAY PROVIDERS FOR THE DIRECT PROVISION OF HEALTH  
16 CARE SERVICES TO ENROLLEES, INCLUDING WHAT PROPORTION IS FOR  
17 ~~PHYSICIANS' SERVICES, INPATIENT AND OUTPATIENT HOSPITAL CARE, OTHER~~  
18 ~~OUTPATIENT FACILITY SERVICES, PHARMACY SERVICES, AND, IF APPLICABLE,~~  
19 ~~EMERGENCY ROOM SERVICES; DIRECT MEDICAL CARE EXPENSES;~~

20 (II) THE PROPORTION OF EVERY \$100 IN PREMIUM DOLLARS THAT  
21 THE CARRIER USES TO PAY ~~THE SALARIES AND BONUSES, INCLUDING DEFERRED~~  
22 ~~COMPENSATION, STOCK OPTIONS, AND ANY OTHER INCENTIVE PAY, OF THE~~  
23 ~~ADMINISTRATIVE AND EXECUTIVE STAFF OF THE CARRIER WHO ARE NOT~~  
24 ~~PROVIDERS AND DO NOT PROVIDE HEALTH CARE SERVICES TO ENROLLEES FOR~~  
25 ~~PLAN ADMINISTRATION;~~

26 (III) THE PROPORTION OF EVERY \$100 IN PREMIUM DOLLARS THAT  
27 THE CARRIER USES TO PAY FOR THE MARKETING AND ADVERTISING ACTIVITIES OF  
28 THE CARRIER; AND

29 (IV) IF THE CARRIER IS A FOR-PROFIT PUBLICLY TRADED ENTITY,  
30 THE PROPORTION OF EVERY \$100 IN PREMIUM DOLLARS THAT THE CARRIER OR ITS  
31 PARENT CORPORATION USES TO PAY FOR CASH DIVIDENDS DISTRIBUTED TO  
32 SHAREHOLDERS OF THE CARRIER.

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

35 (1) A GLOSSARY OF TERMS;

36 (2) AN EXECUTIVE SUMMARY;

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

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

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

3                   ~~(G) (1) EACH CARRIER SHALL DISCLOSE THE PROCESS THE CARRIER USES~~  
4 ~~TO DECIDE WHAT PROVIDERS WITH WHICH THE CARRIER DECIDES TO CONTRACT~~  
5 ~~TO PROVIDE HEALTH CARE SERVICES TO ENROLLEES.~~

6                   ~~(2) THE CARRIER SHALL IDENTIFY:~~

7                   ~~(I) THE KEY PERSONNEL OF THE CARRIER THAT NEGOTIATE AND~~  
8 ~~DECIDE PROVIDER CONTRACT PROVISIONS; AND~~

9                   ~~(II) THE CRITERIA THAT THE CARRIER USES TO SELECT~~  
10 ~~PROVIDERS.~~

11                   ~~(H) IN ADDITION TO ANY OTHER PROVISIONS OF THIS SECTION, A CARRIER~~  
12 ~~MAY NOT PREVENT A PROVIDER IT EMPLOYS OR A PROVIDER WITH WHICH THE~~  
13 ~~CARRIER CONTRACTS TO RENDER HEALTH CARE SERVICES TO ENROLLEES FROM~~  
14 ~~PROVIDING ENROLLEES WITH:~~

15                   ~~(1) FULL AND OPEN DISCLOSURE OF ALL THE DIAGNOSTIC OR~~  
16 ~~THERAPEUTIC HEALTH CARE SERVICES THAT MAY BE APPROPRIATE FOR AN~~  
17 ~~ENROLLEE'S PARTICULAR DISEASE OR DYSFUNCTION; AND~~

18                   ~~(2) INFORMATION ON WHETHER THE CARRIER COVERS AND PAYS FOR~~  
19 ~~EMERGING MEDICAL AND SURGICAL TREATMENTS AND THE BASIS FOR THE~~  
20 ~~CARRIER'S POSITION.~~

21                   (H) EACH YEAR, A CARRIER SHALL:

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

24                   (2) FILE THE DISCLOSURES WITH THE COMMISSIONER.

25                   (I) THE COMMISSIONER:

26                   (1) SHALL ESTABLISH A PROCESS FOR:

27                   (I) THE ANNUAL FILING OF THE DISCLOSURES REQUIRED UNDER  
28 SUBSECTION (C)~~(4)~~ OF THIS SECTION; AND

29                   (II) MAKING THE DISCLOSURES AVAILABLE FOR INSPECTION AND  
30 REVIEW BY THE GENERAL PUBLIC; AND

31                   (2) MAY ADOPT REGULATIONS TO CARRY OUT THIS SECTION.

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

36                   (I) COMMUNICATIONS RELATING TO TREATMENT  
37 ALTERNATIVES;

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

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

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

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

13                   ~~(J) A CARRIER THAT FAILS TO PROVIDE THE REQUIRED DISCLOSURES~~  
14 ~~UNDER THIS SECTION SHALL BE CONSIDERED IN VIOLATION OF THIS SECTION AND~~  
15 ~~SUBJECT TO THE PENALTIES ESTABLISHED UNDER SUBSECTION (K) OF THIS~~  
16 ~~SECTION.~~

17                   ~~(K) AFTER NOTICE AND AN OPPORTUNITY FOR A HEARING, A CARRIER THAT~~  
18 ~~VIOLATES THIS SECTION IS SUBJECT TO A CIVIL FINE OF \$10,000 FOR A FIRST~~  
19 ~~VIOLATION AND A CIVIL FINE OF \$25,000 FOR EACH SUBSEQUENT VIOLATION.~~

20                   (K) THE COMMISSIONER MAY ISSUE AN ORDER UNDER THE PROVISION OF §  
21 55A OF THIS ARTICLE IF THE COMMISSIONER FINDS A VIOLATION OF THIS SECTION.

22                   **Article - Health - General**

23 19-706.

24                   (i) The provisions of Article 48A, §§ 490U, 490AA, 490CC, [and] 490DD, AND  
25 490FF of the Code shall apply to health maintenance organizations.

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