

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 482

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “Managed Care Organizations and”; in lines 4 and 14, in each instance, strike “managed care organizations and”; strike in their entirety lines 15 through 19, inclusive; and after line 24, insert:

“BY adding to

Article - Health - General

Section 19-705.6

Annotated Code of Maryland

(1996 Replacement Volume and 1996 Supplement)”.

On pages 1 through 4, strike in their entirety the lines beginning with line 28 on page 1 through line 23 on page 4, inclusive.

AMENDMENT NO. 2

On page 4, in line 31, strike the colon; in line 32, strike “(I)”; and in line 33, strike the colon and substitute “IN ACCORDANCE WITH § 19-705.6 OF THIS SUBTITLE.”.

On pages 4 and 5, strike beginning with line 34 on page 4 through line 15 on page 5, inclusive.

On page 5, after line 15, insert:

“19-705.6.

(A) THE 24-HOUR TOLL FREE TELEPHONE ACCESS SYSTEM PROVIDED BY EACH HEALTH MAINTENANCE ORGANIZATION SHALL:

(Over)

(1) ENABLE MEMBERS AND PROVIDERS TO DETERMINE, WITH ONE TELEPHONE CALL, THE PRIMARY CARE PROVIDER ASSIGNED TO A MEMBER;

(2) ENABLE PROVIDERS TO DETERMINE, WITH ONE TELEPHONE CALL, THE CURRENT ROSTER OF CONTRACTED SPECIALIST PROVIDERS FOR THE HEALTH MAINTENANCE ORGANIZATION;

(3) PROVIDE AUTHORIZATION OR ASSIGN A PRIMARY CARE PROVIDER AT THE INITIAL TELEPHONE ACCESS FOR MEMBERS WHO DO NOT HAVE AN ASSIGNED PRIMARY CARE PROVIDER; AND

(4) COMMUNICATE ANY LIMITATIONS PLACED ON WHICH PROVIDER MAY BE UTILIZED.

(B) (1) EACH HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE A CURRENT ROSTER OF PRIMARY CARE AND SPECIALIST PROVIDERS TO EACH HOSPITAL IN THE STATE.

(2) EACH HEALTH MAINTENANCE ORGANIZATION SHALL UPDATE THE ROSTER ON A QUARTERLY BASIS.

(3) A HEALTH MAINTENANCE ORGANIZATION MAY SEND THE ROSTER TO EACH HOSPITAL BY COMPATIBLE COMPUTER DISKETTE.

(C) IF IT IS NECESSARY TO PROVIDE EMERGENCY SERVICES, AUTHORIZATION SHALL BE PRESUMED FOR UTILIZING THE MEDICAL OR SURGICAL PROVIDER ON CALL FOR UNASSIGNED PATIENTS OR THE APPROPRIATE SPECIALIST ON CALL FOR THE HOSPITAL ON THAT DATE IF:

(1) A TELEPHONE ACCESS SYSTEM IS NOT OPERATIONAL AT THE TIME OF THE CALL; OR

(2) A MEMBER'S PRIMARY CARE PROVIDER OR THE SPECIALIST NEEDED BY A MEMBER CANNOT BE DETERMINED WITHIN A REASONABLE TIME, AS DETERMINED BY THE TREATING EMERGENCY PHYSICIAN BUT NOT TO EXCEED 30 MINUTES AFTER THE INITIAL DOCUMENTED CALL TO THE TELEPHONE ACCESS

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SYSTEM.”.