
By: Delegate Weir

Introduced and read first time: January 20, 1997

Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Health Maintenance Organizations - Quality of Care - Description of Benefits and**
3 **Services**4 FOR the purpose of requiring each health maintenance organization to provide certain
5 information at the time membership is solicited; and generally relating to
6 information health maintenance organizations must provide.7 BY repealing and reenacting, with amendments,
8 Article - Health - General
9 Section 19-705.1(d)
10 Annotated Code of Maryland
11 (1996 Replacement Volume and 1996 Supplement)12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
13 MARYLAND, That the Laws of Maryland read as follows:14 **Article - Health - General**

15 19-705.1.

16 (d) (1) To implement these standards of quality of care, a health maintenance
17 organization shall have a written plan that is updated and reviewed at least every 3 years.

18 (2) The plan shall include the following information:

19 (i) Statistics on age, sex, and other general demographic data used to
20 determine the health care needs of its population;21 (ii) Identification of the major health problems in the member
22 population;23 (iii) Identification of any special groups of members that have unique
24 health problems, such as the poor, the elderly, the mentally ill, and educationally
25 disadvantaged; and26 (iv) A description of community health resources and how they will be
27 used.

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1 (3) The health maintenance organization shall state its priorities and
2 objectives in writing, describing how the priorities and objectives relating to the health
3 problems and needs of the member population will be provided for.

4 (4) (i) The health maintenance organization shall provide at the time
5 membership is solicited a general description of the benefits and services available to its
6 members, including benefit limitations and exclusions, location of facilities or providers,
7 and procedures to obtain medical services.

8 (ii) The health maintenance organization shall place the following
9 statement, in bold print, on every enrollment card or application: "If you have any
10 questions concerning the benefits and services that are provided by or excluded under this
11 agreement, please contact a membership services representative before signing this
12 application or card".

13 (5) AS PART OF THE GENERAL DESCRIPTION OF BENEFITS AND
14 SERVICES REQUIRED UNDER PARAGRAPH (4) OF THIS SUBSECTION, THE HEALTH
15 MAINTENANCE ORGANIZATION SHALL PROVIDE AT THE TIME MEMBERSHIP IS
16 SOLICITED INFORMATION ABOUT:

17 (I) THE PROCEDURES FOR WHICH INPATIENT HOSPITALIZATION
18 COVERAGE IS GENERALLY PROVIDED AND THE DURATION OF THE COVERAGE;
19 AND

20 (II) THE PROCEDURES THAT GENERALLY ARE TREATED ON AN
21 OUTPATIENT BASIS.

22 [(5)] (6) The plan shall contain evidence that:

23 (i) The programs and services offered are based on the health
24 problems of and the community health services available to its member population;

25 (ii) There is an active program for preventing illness, disability, and
26 hospitalization among its members; and

27 (iii) The services designed to prevent the major health problems
28 identified among child and adult members and to improve their general health are
29 provided by the health maintenance organization.

30 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
31 October 1, 1997.