
By: Senator Hollinger

Introduced and read first time: January 17, 1997

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Benefit Plans - Denial of Services - Second Opinions**

3 FOR the purpose of prohibiting a health benefit plan from refusing to authorize certain
4 health care services under specified circumstances, except under certain
5 circumstances; requiring the health benefit plan of the patient to pay for a second
6 opinion under specified circumstances; and generally relating to prohibiting health
7 benefit plans from refusing to authorize health care services unless patients receive
8 second opinions.

9 BY repealing and reenacting, with amendments,
10 Article - Health - General
11 Section 19-1305.2(a)
12 Annotated Code of Maryland
13 (1996 Replacement Volume and 1996 Supplement)

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

16 **Article - Health - General**

17 19-1305.2.

18 (a) Except as specifically provided in § 19-1305.1 of this subtitle:

19 (1) (I) WHEN ARRANGING FOR MEDICAL CARE AND PROVIDING
20 DIRECT CARE TO A PATIENT, A HEALTH BENEFIT PLAN MAY NOT REFUSE TO
21 AUTHORIZE A HEALTH CARE SERVICE RECOMMENDED BY THE PATIENT'S
22 PHYSICIAN, REGISTERED NURSE, OR ANY OTHER HEALTH CARE PROVIDER
23 LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH
24 OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES TO WHICH THE
25 PATIENT IS ENTITLED, UNLESS THE PATIENT IS PHYSICALLY EXAMINED BY A
26 HEALTH CARE PROVIDER OF THE SAME SPECIALTY AS THE PATIENT'S HEALTH
27 CARE PROVIDER.

28 (II) A HEALTH CARE PROVIDER WHO PARTICIPATES IN THE
29 PATIENT'S HEALTH BENEFIT PLAN SHALL RENDER THE SECOND OPINION.

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1 (III) IF A PROVIDER OF THE SAME SPECIALTY DOES NOT
2 PARTICIPATE IN THE HEALTH BENEFIT PLAN, A NONPARTICIPATING PROVIDER
3 SHALL RENDER THE SECOND OPINION.

4 (IV) THE HEALTH BENEFIT PLAN OF THE PATIENT SHALL PAY FOR
5 THE SECOND OPINION.

6 [(1)] (2) All adverse decisions shall be made by a physician or a panel of
7 other appropriate health care providers with at least 1 physician on the panel.

8 [(2)] (3) In the event a patient or health care provider, including a
9 physician, intermediate care facility described in § 8-403(e) of this article, or hospital
10 seeks reconsideration or appeal of an adverse decision by a private review agent, the final
11 determination of the appeal of the adverse decision shall be made based on the
12 professional judgment of a physician or a panel of other appropriate health care providers
13 with at least 1 physician on the panel.

14 [(3)] (4) In the event a patient or health care provider, including a
15 physician, intermediate care facility described in § 8-403(e) of this article, or hospital
16 seeks reconsideration or appeal of an adverse decision by a private review agent, the final
17 determination of the appeal of the adverse decision shall:

18 (i) Be stated in writing and provide an explanation of the reason for
19 the adverse decision; and

20 (ii) Reference the specific criteria and standards, including
21 interpretive guidelines, upon which the adverse decision is based.

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