

BY: Finance Committee

AMENDMENTS TO HOUSE BILL NO. 3

(Third Reading File Bill)

AMENDMENT NO. 1

On page 2, strike beginning with “requiring” in line 5 down through “circumstances;” in line 7.

On page 3, strike in their entirety lines 2 through 6, inclusive.

On pages 4 and 5, strike in their entirety the lines beginning with line 23 on page 4 through line 8 on page 5, inclusive.

AMENDMENT NO. 2

On page 2, strike beginning with “requiring” in line 25 down through “Act;” in line 26.

On page 3, in line 24, strike “19-708,”.

On pages 6 through 8, strike in their entirety the lines beginning with line 13 on page 6 through line 6 on page 8, inclusive.

AMENDMENT NO. 3

On page 2, in line 30, after the semicolon insert “requiring the Commissioner to submit a certain report by a certain date;”; and in line 33, after “Act;” insert “providing for the application of this Act;”.

AMENDMENT NO. 4

On page 3, strike in their entirety lines 17 through 21, inclusive.

On page 8, strike in their entirety lines 7 through 30, inclusive.

(Over)

AMENDMENT NO. 5

On page 3, in line 29, strike “15-112(e) and (g).”.

On page 11, strike in their entirety lines 16 through 35, inclusive.

AMENDMENT NO. 6

On page 4, after line 12 insert:

“BY adding to

Article - Insurance

Section 15-10B-05(e)

Annotated Code of Maryland

(1997 Volume)

(As enacted by Section 1 of this Act)”.

AMENDMENT NO. 7

On page 9, in lines 17 and 18, strike “§ 15-10A-02(B) OR (E) OR § 15-10A-04(C)” and substitute “THE PROVISIONS OF TITLE 15, SUBTITLE 10A AND § 2-112.2”.

On page 42, in lines 6 and 7, strike “§ 15-10A-02(B) OR (E) OR § 15-10A-04(C)” and substitute “THE PROVISIONS OF TITLE 15, SUBTITLE 10A”.

AMENDMENT NO. 8

On pages 10 and 11, strike in their entirety the lines beginning with line 21 on page 10 through line 5 on page 11 and substitute:

“(3) (I) “PREMIUM” HAS THE MEANING STATED IN § 1-101 OF THIS ARTICLE TO THE EXTENT IT IS ALLOCABLE TO HEALTH INSURANCE POLICIES OR CONTRACTS ISSUED OR DELIVERED IN THIS STATE.

(II) “PREMIUM” INCLUDES ANY AMOUNTS PAID TO A HEALTH MAINTENANCE ORGANIZATION AS COMPENSATION FOR PROVIDING TO MEMBERS AND SUBSCRIBERS THE SERVICES SPECIFIED IN TITLE 19, SUBTITLE 7 OF THE HEALTH - GENERAL ARTICLE TO THE EXTENT THE AMOUNTS ARE ALLOCABLE TO THIS STATE.

(B) THE COMMISSIONER SHALL COLLECT A HEALTH CARE REGULATORY ASSESSMENT FROM EACH CARRIER FOR THE COSTS ATTRIBUTABLE TO THE IMPLEMENTATION OF TITLE 15, SUBTITLES 10A AND 10B OF THIS ARTICLE.

(C) THE HEALTH CARE REGULATORY ASSESSMENT THAT IS PAYABLE BY EACH CARRIER SHALL BE CALCULATED BY TAKING THE TOTAL COSTS UNDER SUBSECTION (B) OF THIS SECTION MULTIPLIED BY THE PERCENTAGE OF GROSS DIRECT HEALTH INSURANCE PREMIUMS WRITTEN IN THE STATE ATTRIBUTABLE TO THAT CARRIER IN THE PRIOR CALENDAR YEAR.”.

AMENDMENT NO. 9

On page 12, strike in their entirety lines 24 through 29, inclusive, and substitute:

“(B) (1) “ADVERSE DECISION” MEANS A UTILIZATION REVIEW DETERMINATION BY A PRIVATE REVIEW AGENT, A CARRIER, OR A HEALTH CARE PROVIDER ACTING ON BEHALF OF A CARRIER THAT:

(I) A PROPOSED OR DELIVERED HEALTH CARE SERVICE COVERED UNDER THE MEMBER'S CONTRACT IS OR WAS NOT MEDICALLY NECESSARY, APPROPRIATE, OR EFFICIENT; AND

(II) MAY RESULT IN NONCOVERAGE OF THE HEALTH CARE SERVICE.

(2) “ADVERSE DECISION” DOES NOT INCLUDE A DECISION CONCERNING A SUBSCRIBER'S STATUS AS A MEMBER.”.

AMENDMENT NO. 10

On page 13, strike in their entirety lines 25 through 30, inclusive, and substitute:

“(I) “HEALTH CARE SERVICE” MEANS A SERVICE, AN ITEM OF MEDICAL EQUIPMENT, OR SUPPLIES, AS DESCRIBED IN § 19-701(E)(2) OF THE HEALTH - GENERAL ARTICLE.”.

(Over)

On page 27, strike in their entirety lines 25 through 30, inclusive, and substitute:

“(F) “HEALTH CARE SERVICE” MEANS A SERVICE, AN ITEM OF MEDICAL EQUIPMENT, OR SUPPLIES, AS DESCRIBED IN § 19-701(E)(2) OF THE HEALTH - GENERAL ARTICLE.”.

AMENDMENT NO. 11

On page 14, in lines 18 and 24, in each instance, strike “WORKING”; in line 21, strike “OR”; in line 24, strike “AND” and substitute “OR”

3. THE GRIEVANCE INVOLVES A RETROSPECTIVE DENIAL UNDER ITEM (IV) OF THIS PARAGRAPH;”;

and in line 26, strike the period and substitute “;”

(IV) PROVIDE THAT A CARRIER RENDER A FINAL DECISION IN PRINT ON A GRIEVANCE WITHIN 45 DAYS AFTER THE DATE ON WHICH THE GRIEVANCE IS FILED WHEN THE GRIEVANCE INVOLVES A RETROSPECTIVE DENIAL; AND

(V) PROVIDE FOR COVERAGE OF HOSPITAL SERVICES WHENEVER THE INTERNAL GRIEVANCE PROCESS REVERSES AN ADVERSE DECISION PERTAINING TO THE SERVICES OF A HEALTH CARE PROVIDER TO A MEMBER DURING A PERIOD OF HOSPITALIZATION.”.

On page 15, in line 14, strike “WORKING”; in line 17, strike “5 WORKING” and substitute “7”; in line 27, strike “2” and substitute “1”; in line 28, strike “WORKING”; and in the same line, strike “DAYS” and substitute “DAY”.

On page 16, in line 17, strike “WORKING”; in line 27, after “30-DAY” insert “OR 45-DAY”; in line 28, after “(B)(2)(II)” insert “OR (IV)”; and in line 38, strike “5 WORKING” and substitute “2”.

On page 17, in line 34, strike “WORKING”.

On page 18, in line 24, strike “WORKING”.

AMENDMENT NO. 12

On page 15, in line 36, after the semicolon insert “AND”.

On page 16, strike beginning with “AND” in line 4 down through “SO;” in line 9.

AMENDMENT NO. 13

On page 17, strike in their entirety lines 12 through 17, inclusive, and substitute “AND”; and in line 18, strike “(V)” and substitute “(III)”.

AMENDMENT NO. 14

On page 17, in line 28, after “NOT” insert “SOLELY”.

AMENDMENT NO. 15

On page 18, after line 9 insert:

“(L) (1) NOTHING IN THIS SUBTITLE PROHIBITS A CARRIER FROM DELEGATING ITS INTERNAL GRIEVANCE PROCESS TO A PRIVATE REVIEW AGENT THAT HAS A CERTIFICATE ISSUED UNDER SUBTITLE 10B OF THIS TITLE AND IS ACTING ON BEHALF OF THAT CARRIER.

“(2) IF A CARRIER DELEGATES ITS INTERNAL GRIEVANCE PROCESS TO A PRIVATE REVIEW AGENT, THE CARRIER SHALL BE BOUND BY THE DETERMINATION MADE BY THE PRIVATE REVIEW AGENT ACTING ON THE CARRIER’S BEHALF.”

AMENDMENT NO. 16

On page 18, strike in their entirety lines 16 through 19, inclusive; and in line 20, strike “(3)” and substitute “(2)”.

AMENDMENT NO. 17

On page 19, strike beginning with “WITHIN” in line 2 down through “DAYS.” in line 7, inclusive, and substitute “:

(I) WITHIN 30 DAYS AFTER A COMPLAINT REGARDING A PENDING HEALTH CARE SERVICE IS FILED; AND

(II) WITHIN 45 DAYS AFTER A COMPLAINT IS FILED REGARDING A RETROSPECTIVE DENIAL OF SERVICES ALREADY PROVIDED.

(2) THE COMMISSIONER MAY EXTEND THE PERIOD IN WHICH A FINAL DECISION SHALL BE MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION FOR UP TO 30 ADDITIONAL DAYS ONLY IF THE COMMISSIONER HAS NOT YET RECEIVED INFORMATION:

(I) REQUESTED BY THE COMMISSIONER; AND

(II) NECESSARY TO RENDER A FINAL DECISION ON A COMPLAINT.”;

in line 13, strike “, APPROPRIATE, OR EFFICIENT”; and after line 40, insert:

“(III) THE COMMISSIONER'S USE OF ADDITIONAL INFORMATION MAY NOT DELAY THE COMMISSIONER'S DECISION ON THE COMPLAINT BY MORE THAN 7 DAYS.”.

On page 21, in line 24, strike “APPROPRIATE, OR EFFICIENT.”; and in line 29, strike “OR” and substitute “AND”.

AMENDMENT NO. 18

On page 20, after line 7, insert:

“(1) PRIORITIZE FOR A DECISION COMPLAINTS REGARDING PENDING HEALTH CARE SERVICES OVER COMPLAINTS REGARDING SERVICES ALREADY DELIVERED;

(2) ORDER PAYMENT FOR ANY MEDICALLY NECESSARY HOSPITAL SERVICES WHENEVER THE COMMISSIONER REVERSES AN ADVERSE DECISION OR GRIEVANCE DECISION PERTAINING TO THE SERVICES OF A HEALTH CARE PROVIDER TO A MEMBER DURING A PERIOD OF HOSPITALIZATION;”;

in lines 8 and 11, strike “(1)” and “(2)”, respectively, and substitute “(3)” and “(4)”, respectively; and in line 23, strike “(A)(2)” and substitute “(A)(4)”.

AMENDMENT NO. 19

On page 22, in line 6, after the semicolon insert “AND”; and strike beginning with “; AND” in line 12 down through “ARISES” in line 15.

AMENDMENT NO. 20

On pages 22 and 23, strike in their entirety the lines beginning with line 37 on page 22 through line 2 on page 23, inclusive, and substitute:

“(F) AN EXPERT REVIEWER ASSIGNED BY THE INDEPENDENT REVIEW ORGANIZATION OR THE INDEPENDENT REVIEW ORGANIZATION OR MEDICAL EXPERT SELECTED BY THE COMMISSIONER UNDER THIS SECTION MAY NOT HAVE A MATERIAL PROFESSIONAL, FAMILIAL, OR FINANCIAL CONFLICT OF INTEREST WITH ANY OF THE FOLLOWING:”.

AMENDMENT NO. 21

On page 24, strike in their entirety lines 8 through 11, inclusive, and substitute:

“(2) THE INDEPENDENT REVIEW ORGANIZATION OR INDEPENDENT MEDICAL EXPERT SHALL:

(I) PRESENT TO THE CARRIER FOR PAYMENT A DETAILED ACCOUNT OF THE EXPENSES INCURRED BY THE INDEPENDENT REVIEW ORGANIZATION OR INDEPENDENT MEDICAL EXPERT; AND

(II) PROVIDE A COPY OF THE DETAILED ACCOUNT OF EXPENSES TO THE COMMISSIONER.

(3) THE CARRIER THAT IS THE SUBJECT OF A COMPLAINT MAY NOT PAY ANY PERSON ASSOCIATED WITH OR PART OF AN INDEPENDENT REVIEW ORGANIZATION OR INDEPENDENT MEDICAL EXPERT THAT IS USED BY THE COMMISSIONER IN MAKING A FINAL DECISION ON THE COMPLAINT IN ACCORDANCE WITH SUBSECTION (A) OF THIS SECTION, AND THE PERSON MAY NOT ACCEPT ANY COMPENSATION FOR RENDERING A PROFESSIONAL JUDGMENT TO THE COMMISSIONER IN ADDITION TO THE EXPENSES PAID UNDER PARAGRAPH (1) OF THIS SUBSECTION.”.

On pages 24 and 25, strike in their entirety the lines beginning with line 36 on page 24 through line 2 on page 25, inclusive, and substitute:

“(1) COMPILE AN ANNUAL SUMMARY REPORT BASED ON THE INFORMATION PROVIDED:

(I) UNDER SUBSECTION (A) OF THIS SECTION; AND

(II) BY THE SECRETARY UNDER § 19-705.2(E) OF THE HEALTH - GENERAL ARTICLE; AND”.

AMENDMENT NO. 22

On page 31, in line 17, strike “(C)” and substitute “(E)”.

On page 33, in lines 2, 3, and 14, in each instance, before “DENTIST” insert “LICENSED”; and in line 15, strike “DENTIST LICENSED IN THIS STATE” and substitute “LICENSED DENTIST”.

AMENDMENT NO. 23

On page 39, in line 22, after “(F)” insert “(1)”; in lines 25, 27, 28, 29, and 32, strike “(1)”, “(I)”, “(II)”, “(2)”, and “(3)”, respectively, and substitute “(I)”, “1.”, “2.”, “(II)”, and “(III)”,



respectively; and after line 34 insert:

“(2) “MEDICAL DIRECTOR” INCLUDES AN ASSOCIATE MEDICAL DIRECTOR OR AN ASSISTANT MEDICAL DIRECTOR, AS DEFINED BY THE COMMISSIONER BY REGULATION.”.

AMENDMENT NO. 24

On page 41, in line 15, strike “AND” and substitute “OR”.

AMENDMENT NO. 25

On page 44, after line 18 insert:

“SECTION 10. AND BE IT FURTHER ENACTED, That the provisions of this Act shall apply to all health insurance policies and contracts existing on and issued on or after January 1, 1999.”;

and in line 19, strike “10.” and substitute “11.”.