

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 475

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, after “organization” insert “that allows a member or subscriber to receive certain emergency medical services”; strike beginning with “, under” in line 3 down through “circumstances,” in line 4; in line 4, strike “physician in an urgent care facility” and substitute “certain health care provider”; strike beginning with “to” in line 5 down through “organization” in line 6; in line 10, strike “physician” and substitute “health care provider”; in line 11, after “organization;” insert “providing for the application of this Act;”; and in line 14, strike “19-712.7” and substitute “19-712.5(f)”.

AMENDMENT NO. 2

On pages 1 and 2, strike in their entirety the lines beginning with line 20 on page 1 through line 5 on page 2, inclusive, and substitute:

“19-712.5.

(F) IF A HEALTH MAINTENANCE ORGANIZATION AUTHORIZES, DIRECTS, REFERS, OR OTHERWISE ALLOWS A MEMBER OR SUBSCRIBER TO ACCESS A HOSPITAL EMERGENCY FACILITY OR OTHER URGENT CARE FACILITY FOR A MEDICAL CONDITION THAT REQUIRES EMERGENCY SURGERY, THE HEALTH MAINTENANCE ORGANIZATION:

(1) SHALL REIMBURSE THE PHYSICIAN, ORAL SURGEON, PERIODONTIST, OR PODIATRIST, WHO PERFORMED THE SURGICAL PROCEDURE, FOR FOLLOW-UP CARE THAT IS:

(I) MEDICALLY NECESSARY;

(Over)

(II) DIRECTLY RELATED TO THE CONDITION FOR WHICH THE SURGICAL PROCEDURE WAS PERFORMED; AND

(III) PROVIDED IN CONSULTATION WITH THE MEMBER'S OR SUBSCRIBER'S PRIMARY CARE PHYSICIAN; AND

(2) MAY NOT IMPOSE ON THE MEMBER OR SUBSCRIBER ANY CO-PAYMENT OR OTHER COST-SHARING REQUIREMENT FOR ANY FOLLOW-UP CARE THAT EXCEEDS WHAT A MEMBER OR SUBSCRIBER IS REQUIRED TO PAY FOR SERVICES RENDERED BY A PHYSICIAN, ORAL SURGEON, PERIODONTIST, OR PODIATRIST WHO IS A MEMBER OF THE PROVIDER PANEL OF THE HEALTH MAINTENANCE ORGANIZATION.”.

AMENDMENT NO. 3

On page 2, before line 6, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 1999. Any policy or health benefit plan in effect before October 1, 1999, shall comply with the provisions of this Act no later than October 1, 2000.”;

and in line 6, strike “2.” and substitute “3.”.