

BY: Economic Matters Committee

AMENDMENTS TO HOUSE BILL NO. 676

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “narrowing” in line 4 down through “providers” in line 18 and substitute “authorizing certain health care providers to collect or attempt to collect payment for certain health care services from certain individuals in certain circumstances; requiring the Insurance Administration, in consultation with the Health Advocacy Unit of the Office of the Attorney General, to develop the format and content of a certain waiver form; requiring the Insurance Administration, in consultation with the Health Care Access and Cost Commission, to perform a certain study and present findings to the House Economic Matters Committee and Senate Finance Committee by certain dates; providing for the effective dates of the provisions of this Act; making certain stylistic changes; and generally relating to health maintenance organizations and health care providers”; and in line 21, strike “and 19-710.1”
”.

AMENDMENT NO. 2

On page 2, in lines 1 and 2, 10 and 11, 12 and 13, and 17 and 18, in each instance, strike “UNDER WRITTEN CONTRACT WITH THE HEALTH MAINTENANCE ORGANIZATION”; in lines 4 and 5, and 6 and 7, in each instance, strike “UNDER WRITTEN CONTRACT WITH A HEALTH MAINTENANCE ORGANIZATION”; and strike beginning with “UNDER” in line 18 down through “ORGANIZATION” in line 19.

AMENDMENT NO. 3

On page 1, in line 28, strike “paragraph (3)” and substitute “PARAGRAPHS (3) AND (4)”.

On page 2, in line 16, strike “Notwithstanding any other provision of this subsection, a” and substitute “A”; and after line 25, insert:

“(4) A NONHOSPITAL-BASED HEALTH CARE PROVIDER THAT IS NOT

(Over)

UNDER WRITTEN CONTRACT WITH A HEALTH MAINTENANCE ORGANIZATION MAY COLLECT OR ATTEMPT TO COLLECT FROM A SUBSCRIBER OR ENROLLEE OF THE HEALTH MAINTENANCE ORGANIZATION PAYMENT FOR NONEMERGENCY HEALTH CARE SERVICES RENDERED IF:

(I) THE SUBSCRIBER OR ENROLLEE, AT THE TIME THE SERVICES WERE RENDERED, WAS AWARE THAT THE NONHOSPITAL-BASED HEALTH CARE PROVIDER WAS NOT UNDER WRITTEN CONTRACT WITH THE HEALTH MAINTENANCE ORGANIZATION;

(II) THE SUBSCRIBER OR ENROLLEE VOLUNTARILY SOUGHT, WITHOUT A REFERRAL FROM THE HEALTH MAINTENANCE ORGANIZATION, HEALTH CARE SERVICES FROM THE NONHOSPITAL-BASED HEALTH CARE PROVIDER;

(III) THE SUBSCRIBER OR ENROLLEE, PRIOR TO THE HEALTH CARE SERVICES BEING RENDERED, SIGNED A WAIVER, DEVELOPED BY THE INSURANCE COMMISSIONER, ACKNOWLEDGING RESPONSIBILITY FOR THE FULL COST OF THE SERVICES TO BE PROVIDED; AND

(IV) THE NONHOSPITAL-BASED HEALTH CARE PROVIDER DOES NOT SEEK OR ACCEPT REIMBURSEMENT FROM THE HEALTH MAINTENANCE ORGANIZATION.”.

AMENDMENT NO. 4

On pages 2 through 4, strike in their entirety the lines beginning with line 26 on page 2 through line 5 on page 4, inclusive.

AMENDMENT NO. 5

On page 4, after line 5, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Insurance Administration, in consultation with the Health Advocacy Unit of the Office of the Attorney General, shall develop the format and content of the written waiver

required under this Act.

(b) The Maryland Insurance Administration, in consultation with the Health Care Access and Cost Commission, shall study the usual, customary, and reasonable rates paid by health maintenance organizations for the payment of claims of noncontracting, health care providers under the provisions of § 19-710.1 of the Health - General Article. The study shall review rates of payment for services provided by health care providers in the State. The findings of the study shall be presented in an interim report submitted by January 1, 2000 and a final report submitted by September 1, 2000 to the House Economic Matters Committee and the Senate Finance Committee.

SECTION 3. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect June 1, 1999.

SECTION 4. AND BE IT FURTHER ENACTED, That , except as provided in Section 3 of this Act, this Act shall take effect October 1, 1999.”.