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By: **Senator Astle**

Introduced and read first time: February 1, 1999

Assigned to: Finance

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A BILL ENTITLED

1 AN ACT concerning

2                                   **Health Occupations - Certified Registered Nurse Anesthetists - Certified**  
3                                   **Nurse Midwives**

4 FOR the purpose of requiring the Health Care Access and Cost Commission to collect  
5 certain data regarding certified registered nurse anesthetists and certified  
6 nurse midwives; requiring a certain uniform claims form to include certain  
7 information; and generally relating to certified registered nurse anesthetists  
8 and certified nurse midwives.

9 BY repealing and reenacting, without amendments,  
10 Article - Health - General  
11 Section 19-1507(a)  
12 Annotated Code of Maryland  
13 (1996 Replacement Volume and 1998 Supplement)

14 BY repealing and reenacting, with amendments,  
15 Article - Health - General  
16 Section 19-1507(b)  
17 Annotated Code of Maryland  
18 (1996 Replacement Volume and 1998 Supplement)

19 BY repealing and reenacting, with amendments,  
20 Article - Insurance  
21 Section 15-1004  
22 Annotated Code of Maryland  
23 (1997 Volume and 1998 Supplement)

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

1 **Article - Health - General**

2 19-1507.

3 (a) The Commission shall establish a Maryland medical care data base to  
4 compile statewide data on health services rendered by health care practitioners and  
5 office facilities selected by the Commission.

6 (b) In addition to any other information the Commission may require by  
7 regulation, the medical care data base shall:

8 (1) Collect for each type of patient encounter with a health care  
9 practitioner or office facility designated by the Commission:

- 10 (i) The demographic characteristics of the patient;
- 11 (ii) The principal diagnosis;
- 12 (iii) The procedure performed;
- 13 (iv) The date and location of where the procedure was performed;
- 14 (v) The charge for the procedure;
- 15 (vi) If the bill for the procedure was submitted on an assigned or  
16 nonassigned basis; [and]
- 17 (vii) If applicable, a health care practitioner's universal  
18 identification number; AND

19 (VIII) IF THE HEALTH CARE PRACTITIONER RENDERING THE  
20 SERVICE IS A CERTIFIED REGISTERED NURSE ANESTHETIST OR CERTIFIED NURSE  
21 MIDWIFE, THE IDENTIFICATION MODIFIER FOR THE CERTIFIED REGISTERED NURSE  
22 ANESTHETIST OR CERTIFIED NURSE MIDWIFE;

23 (2) Collect appropriate information relating to prescription drugs for  
24 each type of patient encounter with a pharmacist designated by the Commission; and

25 (3) Collect appropriate information relating to health care costs,  
26 utilization, or resources from payors and governmental agencies.

27 **Article - Insurance**

28 15-1004.

29 (a) For services rendered by a person entitled to reimbursement under §  
30 15-701(a) of this title or by a hospital, as defined in § 19-301 of the Health - General  
31 Article, an insurer or nonprofit health service plan:

32 (1) except as provided in subsection (c) of this section, shall accept the  
33 uniform claims form adopted by the Commissioner under § 15-1003 of this subtitle:

1 (i) as a properly filed claim with all necessary documentation; and

2 (ii) as the sole instrument for reimbursement; and

3 (2) may not impose as a condition of reimbursement a requirement to:

4 (i) modify the uniform claims form or its content; or

5 (ii) submit additional claims forms.

6 (b) (1) A uniform claims form submitted under this section shall be  
7 completed properly and may be submitted by electronic transfer.

8 (2) IF THE HEALTH CARE PRACTITIONER RENDERING THE SERVICE IS A  
9 CERTIFIED REGISTERED NURSE ANESTHETIST OR CERTIFIED NURSE MIDWIFE, THE  
10 UNIFORM CLAIMS FORM SHALL INCLUDE THE IDENTIFICATION MODIFIER FOR THE  
11 CERTIFIED REGISTERED NURSE ANESTHETIST OR CERTIFIED NURSE MIDWIFE.

12 (c) If the legitimacy or appropriateness of a health care service is disputed, an  
13 insurer or nonprofit health service plan may request additional medical information  
14 that describes and summarizes the diagnosis, treatment, and services rendered to the  
15 insured.

16 (d) (1) If necessary to determine eligibility for benefits or to determine  
17 coverage, an insurer or nonprofit health service plan may obtain additional  
18 information from its insured, the insured's employer, or any other nonprovider third  
19 party.

20 (2) If obtaining additional information results in a delay in paying a  
21 claim, the insurer or nonprofit health service plan shall pay interest in accordance  
22 with the provisions of § 15-1005(d) of this subtitle.

23 (e) The Commissioner may impose a penalty not exceeding \$500 on an insurer  
24 or nonprofit health service plan that violates this section.

25 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
26 October 1, 1999.