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## By: **Senators Dorman and Astle** Introduced and read first time: February 5, 1999 Assigned to: Finance

Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 18, 1999

CHAPTER\_\_\_\_\_

1 AN ACT concerning

2

## **Continuity of Patient Care Act**

3 FOR the purpose of requiring a health maintenance organization that allows a

- 4 member or subscriber to receive certain emergency medical services, under
- 5 certain circumstances, to reimburse a physician in an urgent care facility
- 6 certain health care provider who provides certain medically necessary follow-up
- 7 care to a member or subscriber of the health maintenance organization;
- 8 prohibiting a health maintenance organization, under certain circumstances,
- 9 from imposing on a member or subscriber any co-payment or other cost-sharing
- 10 requirement that exceeds what the member or subscriber is required to pay for
- 11 services rendered by a physician health care provider who is a member of the
- 12 provider panel of the health maintenance organization; providing for the
- 13 application of this Act; and generally relating to health maintenance
- 14 organizations.

15 BY adding to

- 16 Article Health General
- 17 Section <del>19 712.7</del> <u>19-712.5(f)</u>
- 18 Annotated Code of Maryland
- 19 (1996 Replacement Volume and 1998 Supplement)

20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

21 MARYLAND, That the Laws of Maryland read as follows:

2	SENATE BILL 475
1	Article - Health - General
2 <del>19 712.7.</del>	
4 OR OTHERWISE 5 ORGANIZATION 6 CARE SERVICES	I MAINTENANCE ORGANIZATION AUTHORIZES, DIRECTS, REFERS, ALLOWS A MEMBER OR SUBSCRIBER OF THE HEALTH MAINTENANCE TO USE A MEDICAL FACILITY THAT PROVIDES IMMEDIATE URGENT FOR A CONDITION THAT READILY NECESSITATES A SURGICAL IE HEALTH MAINTENANCE ORGANIZATION:
	SHALL REIMBURSE A PHYSICIAN IN THE URGENT CARE FACILITY ANY MEDICALLY NECESSARY FOLLOW UP CARE RELATED TO THE WHICH THE SURGICAL PROCEDURE WAS PERFORMED; AND
13 MEMBER OR SU	MAY NOT IMPOSE ON THE MEMBER OR SUBSCRIBER ANY OR OTHER COST SHARING REQUIREMENT THAT EXCEEDS WHAT THE OBSCRIBER IS REQUIRED TO PAY FOR SERVICES RENDERED BY A OF A MEMBER OF THE PROVIDER PANEL OF THE HEALTH ORGANIZATION.
16 <u>19-712.5.</u>	
18 <u>REFERS, OR OTI</u> 19 <u>EMERGENCY F</u> A	HEALTH MAINTENANCE ORGANIZATION AUTHORIZES, DIRECTS, HERWISE ALLOWS A MEMBER OR SUBSCRIBER TO ACCESS A HOSPITAL ACILITY OR OTHER URGENT CARE FACILITY FOR A MEDICAL AT REQUIRES EMERGENCY SURGERY, THE HEALTH MAINTENANCE I:
22 <u>(1)</u> 23 <u>OR PODIATRIST</u> 24 <u>CARE THAT IS:</u>	SHALL REIMBURSE THE PHYSICIAN, ORAL SURGEON, PERIODONTIST, WHO PERFORMED THE SURGICAL PROCEDURE, FOR FOLLOW-UP
25	(I) MEDICALLY NECESSARY;
26 27 <u>SURGICAL PROC</u>	(II) DIRECTLY RELATED TO THE CONDITION FOR WHICH THE CEDURE WAS PERFORMED; AND
28 29 <u>SUBSCRIBER'S F</u>	(III) PROVIDED IN CONSULTATION WITH THE MEMBER'S OR PRIMARY CARE PHYSICIAN; AND
32 THAT EXCEEDS 33 SERVICES RENI	MAY NOT IMPOSE ON THE MEMBER OR SUBSCRIBER ANY OR OTHER COST-SHARING REQUIREMENT FOR ANY FOLLOW-UP CARE WHAT A MEMBER OR SUBSCRIBER IS REQUIRED TO PAY FOR DERED BY A PHYSICIAN, ORAL SURGEON, PERIODONTIST, OR HO IS A MEMBER OF THE PROVIDER PANEL OF THE HEALTH ORGANIZATION.
	AND BE IT FURTHER ENACTED, That this Act shall apply to all and health benefit plans issued, delivered, or renewed in the State

## **SENATE BILL 475**

- <u>on or after October 1, 1999.</u> Any policy or health benefit plan in effect before October
  <u>1, 1999</u>, shall comply with the provisions of this Act no later than October 1, 2000.
- 3 SECTION <del>2.</del> <u>3.</u> AND BE IT FURTHER ENACTED, That this Act shall take 4 effect October 1, 1999.