

**Department of Legislative Services**  
Maryland General Assembly  
1999 Session

**FISCAL NOTE**  
**Revised**

House Bill 572 (Delegates Barve and Goldwater)

Economic Matters

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**Patient Protection Act**

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This bill requires insurers, nonprofit health service plans, HMOs, and dental plan organizations (carriers) to provide health care providers with (1) a schedule of applicable fees for up to the 20 most common services billed by a health care practitioner in that specialty; (2) a description of the coding guidelines that are applicable to the services billed by a health care practitioner in that specialty; and (3) information about the practitioner and methodology that the carrier uses to determine reimbursements and incentive-based bonuses. The bill requires a carrier to provide these documents at the time it contracts with the provider; 30 days before the carrier changes the fee schedule or coding guidelines; and upon request of the health care practitioner. The Maryland Insurance Administration may adopt regulations to carry out the bill's requirements.

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**Fiscal Summary**

**State Effect:** None. The promulgation of regulations could be handled with existing Maryland Insurance Administration resources.

**Local Effect:** None.

**Small Business Effect:** None.

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## Fiscal Analysis

**State Expenditures:** No effect on the State Employee Health Benefits Plan. CareFirst Blue Cross Blue Shield indicates that the bill would have no effect on claims and therefore premiums would not increase. CareFirst expects a minimal increase in its administrative costs (approximately \$10,000), which is not expected to be passed on as increased premiums.

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**Information Source(s):** Department of Health and Mental Hygiene (Health Care Access and Cost Commission, Medicaid), CareFirst Blue Cross Blue Shield, Department of Legislative Services

**Fiscal Note History:** First Reader - February 23, 1999  
ncs/jr Revised - House Third Reader - March 26, 1999  
Revised - Enrolled Bill - May 4, 1999

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