

Department of Legislative Services
Maryland General Assembly
1999 Session

FISCAL NOTE
Revised

House Bill 767 (Delegate McHale. *et al.*)

Economic Matters

Health Insurance - Access to the 911 Emergency System

This bill prohibits an insurer, nonprofit health service plan, or HMO (carrier) from establishing or promoting an emergency medical transportation system that competes with Maryland's 911 system. A carrier may use an alternate transportation system, however, for use in non-emergency situations. A carrier may not use false or misleading language in any materials provided to enrollees to discourage or prohibit enrollees from accessing the 911 system for "an emergency medical condition." In addition, a carrier may not require an enrollee to obtain prior authorization before accessing the 911 system.

Fiscal Summary

State Effect: Indeterminate minimal expenditure increase for the State Employee Health Benefits Plan beginning in FY 2000. No effect on revenues.

Local Effect: Expenditures for local jurisdiction employee health benefits could increase depending upon the current type of health care coverage offered and the number of enrollees. Revenues would not be affected.

Small Business Effect: Potential minimal. Health insurance costs for small businesses and self-employed persons could increase if carriers increase their premiums as a result of this bill.

Fiscal Analysis

State Effect: Expenditures for the State Employee Health Benefits Plan could increase by an indeterminate minimal amount beginning in fiscal 2000. Revenues would not be affected. Under the State plan, an ambulance is covered when an enrollee is experiencing a life-threatening situation. In non-life threatening situations, HMO enrollees must call their plan first to obtain approval for ambulance services. The bill requires carriers to permit enrollee access to the 911 system in an “emergency medical condition.” These situations are generally the same as the State plan’s current “life-threatening condition” requirement, but may possibly expand coverage. If so, carriers thus may incur additional costs under the bill’s requirements, which may then be passed on to the State plan as increased premiums.

Information Source(s): Department of Health and Mental Hygiene (Medicaid), Maryland Insurance Administration, Department of Budget and Management (Employee Benefits Division), Department of Legislative Services

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