

SENATE BILL 295

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2000 Regular Session
(01r1108)

ENROLLED BILL
-- Finance/Economic Matters --

Introduced by **Senators Roesser, Teitelbaum, Hogan, Ruben, Van Hollen, and Forehand**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance - Requirements for Providers to Serve on Provider Panels**

3 FOR the purpose of prohibiting a carrier that offers coverage for health care services
4 through health benefit plans or contracts with providers to offer health care
5 services through provider panels from requiring a provider, as a condition of
6 participation or continuation on a provider panel, to serve on another provider
7 panel under certain circumstances; requiring a certain provider to give notice to
8 a certain carrier of the provider's intention to terminate participation on a
9 provider panel; requiring a certain provider to continue to provide health care
10 services to certain individuals for a certain period of time; authorizing a certain
11 carrier to require a provider to serve on a provider panel of a managed care
12 organization under certain circumstances; defining certain terms; and generally
13 relating to requirements for providers to serve on provider panels.

14 BY repealing and reenacting, without amendments,
15 Article - Insurance

1 Section 15-112(a)
2 Annotated Code of Maryland
3 (1997 Volume and 1999 Supplement)

4 BY adding to
5 Article - Insurance
6 Section 15-112(l)
7 Annotated Code of Maryland
8 (1997 Volume and 1999 Supplement)

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

11 **Article - Insurance**

12 15-112.

13 (a) (1) In this section the following words have the meanings indicated.

14 (2) (i) "Carrier" means:

- 15 1. an insurer;
- 16 2. a nonprofit health service plan;
- 17 3. a health maintenance organization;
- 18 4. a dental plan organization; or
- 19 5. any other person that provides health benefit plans
20 subject to regulation by the State.

21 (ii) "Carrier" includes an entity that arranges a provider panel for a
22 carrier.

23 (3) "Enrollee" means a person entitled to health care benefits from a
24 carrier.

25 (4) "Provider" means a health care practitioner or group of health care
26 practitioners licensed, certified, or otherwise authorized by law to provide health care
27 services.

28 (5) (i) "Provider panel" means the providers that contract with a
29 carrier to provide health care services to the carrier's enrollees under the carrier's
30 health benefit plan.

31 (ii) "Provider panel" does not include an arrangement in which any
32 provider may participate solely by contracting with the carrier to provide health care
33 services at a discounted fee-for-service rate.

1 (L) (1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE
2 MEANINGS INDICATED.

3 (II) "HEALTH BENEFIT PLAN" HAS THE MEANING STATED IN §
4 15-1201 OF THIS TITLE.

5 (III) "PROVIDER PANEL" INCLUDES AN ARRANGEMENT IN WHICH
6 ANY PROVIDER MAY PARTICIPATE SOLELY BY CONTRACTING WITH THE CARRIER TO
7 PROVIDE HEALTH CARE SERVICES AT A DISCOUNTED FEE-FOR-SERVICE RATE.

8 (2) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, A
9 CARRIER THAT OFFERS COVERAGE FOR HEALTH CARE SERVICES THROUGH ONE OR
10 MORE HEALTH BENEFIT PLANS OR CONTRACTS WITH PROVIDERS TO OFFER HEALTH
11 CARE SERVICES THROUGH ONE OR MORE PROVIDER PANELS MAY NOT REQUIRE A
12 PROVIDER, AS A CONDITION OF PARTICIPATION OR CONTINUATION ON A PROVIDER
13 PANEL FOR ONE HEALTH BENEFIT PLAN OF A CARRIER, TO SERVE ALSO ON A
14 PROVIDER PANEL OF ANOTHER HEALTH BENEFIT PLAN OF THE CARRIER.

15 (3) SUBJECT TO § 15-102.5 OF THE HEALTH - GENERAL ARTICLE, A
16 CARRIER THAT OFFERS HEALTH CARE SERVICES AS A MANAGED CARE
17 ORGANIZATION AS DEFINED UNDER § 15-101(F) OF THE HEALTH - GENERAL ARTICLE,
18 MAY REQUIRE A PROVIDER, AS A CONDITION OF PARTICIPATION ON A PROVIDER
19 PANEL FOR ONE OR MORE HEALTH BENEFIT PLANS OF THE CARRIER, TO SERVE ON A
20 PROVIDER PANEL OF THE MANAGED CARE ORGANIZATION.

21 (4) IF A PROVIDER ELECTS TO TERMINATE PARTICIPATION ON THE
22 PROVIDER PANEL OF A HEALTH BENEFIT PLAN, THE PROVIDER SHALL:

23 (I) NOTIFY THE CARRIER AT LEAST 90 DAYS BEFORE THE DATE OF
24 TERMINATION; AND

25 (II) FOR AT LEAST 90 DAYS AFTER THE DATE OF THE NOTICE OF
26 TERMINATION, CONTINUE TO FURNISH HEALTH CARE SERVICES TO AN ENROLLEE
27 OF THE CARRIER FOR WHOM THE PROVIDER WAS RESPONSIBLE FOR THE DELIVERY
28 OF HEALTH CARE SERVICES PRIOR TO THE NOTICE OF TERMINATION.

29 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
30 October 1, 2000.