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CHAPTER

1 AN ACT concerning

2 Health Maintenance Organizations - Patient Access to Choice of Provider

- FOR the purpose of altering certain standards of care for health maintenance 3
- organizations to make them apply to services of nurse practitioners in addition 4
- to physicians; requiring health maintenance organizations to allow for the 5
- designation by a member or subscriber of a nurse practitioner as a primary care 6
- 7 provider; requiring a health maintenance organization to individually credential
- a nurse practitioner under certain circumstances; requiring that the number of 8
- 9 nurse practitioners on the health maintenance organization's panel of providers
- may not exceed a certain amount; providing that this Act does not limit a 10
- member's or subscriber's selection of providers from those made available on the 11
- 12 health maintenance organization's panel of providers; prohibiting a health
- 13 maintenance organization from limiting to nurse practitioners the choice of a
- 14 provider by subscribers and members; providing that health maintenance
- organizations are not required to include nurse practitioners on the panel of 15
- providers; requiring the State Board of Nursing to create and maintain an 16
- individual profile on each nurse practitioner certified by the Board; providing 17
- for the contents of the profile; requiring the Board to make the profiles available 18
- 19 on written request and on the Internet; requiring the Board to make available to
- each licensee the licensee's profile; requiring the Board to provide a reasonable 20
- 21 period to correct factual inaccuracies in the profile; providing that the
- 22 availability of the profile does not otherwise limit the Board's authority to
- 23 disclose information otherwise legally required to be disclosed; altering a
- definition; and generally relating to health maintenance organizations and 24
- 25 nurse practitioners.

- 1 BY repealing and reenacting, without amendments,
- 2 Article Health General
- 3 Section 19-701(a), (h), and (i)
- 4 Annotated Code of Maryland
- 5 (2000 Replacement Volume)
- 6 BY repealing and reenacting, with amendments,
- 7 Article Health General
- 8 Section 19-701(f), 19-705.1(b), and 19-729
- 9 Annotated Code of Maryland
- 10 (2000 Replacement Volume)
- 11 BY adding to
- 12 Article Health General
- 13 Section 19-705.1(g), (h), and (i)
- 14 Annotated Code of Maryland
- 15 (2000 Replacement Volume)
- 16 BY repealing and reenacting, with amendments,
- 17 Article Health Occupations
- 18 Section 8-306
- 19 <u>Annotated Code of Maryland</u>
- 20 (2000 Replacement Volume)
- 21 Preamble
- WHEREAS, The 1997 federal budget bill contains provisions allowing direct
- 23 Medicare reimbursement to nurse practitioners regardless of geographic setting; and
- 24 WHEREAS, The new Maryland Medicaid Program, known as "HealthChoice",
- 25 has recognized nurse practitioners as primary care providers; and
- WHEREAS, In 1995, the Maryland General Assembly passed the "Patient
- 27 Access Act", which provided health maintenance organization (HMO) members or
- 28 subscribers greater access and choice of providers; and
- WHEREAS, It is the intent of the Maryland General Assembly to support health
- 30 care providers who are practicing as their licenses allow; and
- 31 WHEREAS, It is the intent of the Maryland General Assembly to allow
- 32 members or subscribers of HMOs the greatest amount of choice in selecting a primary
- 33 care provider; and
- 34 WHEREAS, It is the intent of the Maryland General Assembly to effect both of
- 35 these goals without interfering with the current relationship between physicians and
- 36 nurse practitioners; and

3	WHEREAS, It is the intent of the Maryland General Assembly to clarify the laws of Maryland as they relate to allowing members or subscribers of HMOs the greatest amount of choice in selecting a primary care provider who can best provide for their health care needs; now, therefore,
5 6	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
7	Article - Health - General
8	19-701.
9	(a) In this subtitle the following words have the meanings indicated.
10 11	(f) "Health maintenance organization" means any person, including a profit or nonprofit corporation organized under the laws of any state or country, that:
12	(1) Operates or proposes to operate in this State;
15 16 17 18	(2) Except as provided in § 19-703(b) and (f) of this subtitle, provides or otherwise makes available to its members health care services that include at least physician, hospitalization, laboratory, X-ray, emergency, and preventive services, out-of-area coverage, and any other health care services that the Commissioner determines to be available generally on an insured or prepaid basis in the area serviced by the health maintenance organization, and, at the option of the health maintenance organization, may provide additional coverage;
	(3) Except for any copayment or deductible arrangement, is compensated only on a predetermined periodic rate basis for providing to members the minimum services that are specified in item (2) of this subsection;
25 26	(4) Assures its subscribers and members, the Commissioner, and the Department that one clearly specified legal and administrative focal point or element of the health maintenance organization has the responsibility of providing the availability, accessibility, quality, and effective use of comprehensive health care services; and
28	(5) Primarily provides services of physicians OR NURSE PRACTITIONERS:
29 30	(i) Directly through physicians OR NURSE PRACTITIONERS who are either employees or partners of the health maintenance organization; or
	(ii) Under arrangements with one or more groups of physicians OR NURSE PRACTITIONERS, who are organized on a group practice or individual practice basis, under which each group:
34 35	1. Is compensated for its services primarily on the basis of an aggregate fixed sum or on a per capita basis; and

	2. Is provided with an effective incentive to avoid unnecessary inpatient use, whether the individual physician OR NURSE PRACTITIONER members of the group are paid on a fee-for-service or other basis.
4 5	(h) "Provider" means any person, including a physician or hospital, who is licensed or otherwise authorized in this State to provide health care services.
8	(i) "Subscriber" means a person who makes a contract with a health maintenance organization, either directly or through an insurer or marketing organization, under which the person or other designated persons are entitled to the health care services.
10	19-705.1.
11	(b) The standards of quality of care shall include:
14	(1) (i) A requirement that a health maintenance organization shall provide for regular hours during which a member may receive services, including providing for services to a member in a timely manner that takes into account the immediacy of need for services; and
	(ii) Provisions for assuring that all covered services, including any services for which the health maintenance organization has contracted, are accessible to the enrollee with reasonable safeguards with respect to geographic locations;
21	(2) A requirement that a health maintenance organization shall have a system for providing a member with 24-hour access to a physician in cases where there is an immediate need for medical services, and for promoting timely access to and continuity of health care services for members, including:
	(i) Providing 24-hour access by telephone to a person who is able to appropriately respond to calls from members and providers concerning after-hours care; and
26 27	(ii) Providing a 24-hour toll free telephone access system for use in hospital emergency departments in accordance with § 19-705.7 of this subtitle;
	(3) A requirement that any nonparticipating provider shall submit to the health maintenance organization the appropriate documentation of the medical complaint of the member and the services rendered;
31 32	(4) A requirement that a health maintenance organization shall have a physician available at all times to provide diagnostic and treatment services;
33 34	(5) A requirement that a health maintenance organization shall assure that:
35 36	(i) Each member who is seen for a medical complaint is evaluated under the direction of a physician OR NURSE PRACTITIONER; and

	is under the direct medical management of a health maintenance organization physician OR NURSE PRACTITIONER who provides continuing medical management;
	(6) A requirement that each member shall have an opportunity to select a primary physician OR NURSE PRACTITIONER from among those available to the health maintenance organization; and
9 10 11	(7) A requirement that a health maintenance organization print, in any directory of participating providers or hospitals, in a conspicuous manner, the address, telephone number, and facsimile number of the State agency that members, enrollees, and insureds may call to discuss quality of care issues, life and health insurance complaints, and assistance in resolving billing and payment disputes with the health plan or health care provider, as follows:
13 14	(i) For quality of care issues and life and health care insurance complaints, the Maryland Insurance Administration; and
	(ii) For assistance in resolving a billing or payment dispute with the health plan or a health care provider, the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General; AND
	(8) A REQUIREMENT THAT A HEALTH MAINTENANCE ORGANIZATION SHALL INDIVIDUALLY CREDENTIAL EACH NURSE PRACTITIONER WHO SERVES AS A PRIMARY CARE PROVIDER FOR THE HEALTH MAINTENANCE ORGANIZATION.
	(G) THE NUMBER OF NURSE PRACTITIONERS ON THE PROVIDER PANEL OF A HEALTH MAINTENANCE ORGANIZATION MAY NOT EXCEED 50% OF THE TOTAL NUMBER OF PRIMARY CARE PROVIDERS ON THE PROVIDER PANEL.
26 27 28	(G) (H) NOTWITHSTANDING SUBSECTION (B)(4) AND (5) OF THIS SECTION, THIS SECTION DOES NOT PREVENT A MEMBER OR SUBSCRIBER OF A HEALTH MAINTENANCE ORGANIZATION FROM SELECTING A PHYSICIAN OR NURSE PRACTITIONER OF THE MEMBER'S OR SUBSCRIBER'S CHOICE FROM AMONG THOSE PHYSICIANS AND NURSE PRACTITIONERS MADE AVAILABLE ON THE PROVIDER PANEL MAINTAINED BY THE HEALTH MAINTENANCE ORGANIZATION.
	(I) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE THAT A HEALTH MAINTENANCE ORGANIZATION INCLUDE NURSE PRACTITIONERS ON THE PROVIDER PANEL AS PRIMARY CARE PROVIDERS.
33	19-729.
34	(a) A health maintenance organization may not:
35 36	(1) Violate any provision of this subtitle or any rule or regulation adopted under it;
37 38	(2) Fail to fulfill its obligations to provide the health care services specified in its contracts with subscribers;

1 (3)Make any false statement with respect to any report or statement 2 required by this subtitle or by the Commissioner under this subtitle; 3 Advertise, merchandise, or attempt to merchandise its services in a 4 way that misrepresents its services or capacity for service; 5 Engage in a deceptive, misleading, unfair, or unauthorized practice 6 as to advertising or merchandising; 7 Prevent or attempt to prevent the Commissioner or the Department 8 from performing any duty imposed by this subtitle; (7)Fraudulently obtain or fraudulently attempt to obtain any benefit 10 under this subtitle; 11 (8)Fail to fulfill the basic requirements to operate as a health 12 maintenance organization as provided in § 19-710 of this subtitle; 13 (9)Violate any applicable provision of Title 15, Subtitle 12 of the 14 Insurance Article; Fail to provide services to a member in a timely manner as provided 15 (10)16 in § 19-705.1(b)(1) of this subtitle; Fail to comply with the provisions of Title 15, Subtitle 10A, 10B, or 17 (11)18 10C or § 2-112.2 of the Insurance Article; [or] 19 (12)Violate any provision of § 19-712.5 of this subtitle; OR REQUIRE OR ATTEMPT TO REQUIRE A MEMBER OR SUBSCRIBER TO 20 (13)21 SELECT OR BE SEEN BY A NURSE PRACTITIONER UNDER § 19-705.1(B) OF THIS 22 SUBTITLE. 23 If any health maintenance organization violates this section, the (b) 24 Commissioner may pursue any one or more of the courses of action described in § 25 19-730 of this subtitle. 26 **Article - Health Occupations** 27 8-306. An applicant qualifies for certification as a certified nurse practitioner 28 29 only if the applicant passes a Board-approved examination. 30 (B) THE BOARD SHALL CREATE AND MAINTAIN AN INDIVIDUAL PROFILE ON 31 EACH NURSE PRACTITIONER CERTIFIED BY THE BOARD THAT INCLUDES THE 32 FOLLOWING INFORMATION:

7	HOUSE BILL 473
	(1) A DESCRIPTION OF ANY DISCIPLINARY ACTION TAKEN BY THE BOARD AGAINST THE NURSE PRACTITIONER WITHIN THE MOST RECENT 10-YEAR PERIOD;
	(2) A DESCRIPTION OF ANY FINAL DISCIPLINARY ACTION TAKEN BY A LICENSING BOARD IN ANY OTHER STATE OR JURISDICTION AGAINST THE NURSE PRACTITIONER WITHIN THE MOST RECENT 10-YEAR PERIOD;
	(3) THE NAME OF ANY SCHOOL PROVIDING ADVANCED MEDICAL TRAINING THAT THE NURSE PRACTITIONER ATTENDED AND THE DATE ON WHICH THE NURSE PRACTITIONER GRADUATED FROM THE SCHOOL;
10 11	(4) A DESCRIPTION OF ANY SPECIALTY CERTIFICATION OF THE NURSE PRACTITIONER BY A RECOGNIZED NURSING BOARD;
12 13	(5) THE NAME OF ANY HOSPITAL WHERE THE NURSE PRACTITIONER HAS STAFF OR HOSPITAL PRIVILEGES;
14 15	(6) THE LOCATION OF THE NURSE PRACTITIONER'S PRIMARY PRACTICE SETTING; AND
16 17	(7) WHETHER THE NURSE PRACTITIONER PARTICIPATES IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM.
	(C) IN ADDITION TO THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION, THE BOARD SHALL PROVIDE APPROPRIATE AND ACCESSIBLE INTERNET LINKS FROM THE BOARD'S INTERNET SITE:
23 24	(1) TO THE EXTENT AVAILABLE, TO THE APPROPRIATE PORTION OF THE INTERNET SITE OF EACH HEALTH MAINTENANCE ORGANIZATION LICENSED IN THIS STATE WHICH WILL ALLOW THE PUBLIC TO ASCERTAIN THE NAMES OF THE NURSE PRACTITIONERS AFFILIATED WITH THE HEALTH MAINTENANCE ORGANIZATION; AND
26 27	(2) TO THE APPROPRIATE PORTION OF THE INTERNET SITE OF THE AMERICAN NURSES ASSOCIATION.
28	(D) THE BOARD:
	(1) ON RECEIPT OF A WRITTEN REQUEST FOR A NURSE PRACTITIONER'S PROFILE FROM ANY PERSON, SHALL FORWARD A WRITTEN COPY OF THE PROFILE TO THE PERSON; AND
32 33	(2) SHALL MAKE ALL PROFILES AVAILABLE TO THE PUBLIC ON THE BOARD'S INTERNET SITE.

34 (E) SUBJECT TO SUBSECTION (F) OF THIS SECTION, BEFORE MAKING A
35 PROFILE INITIALLY AVAILABLE TO THE PUBLIC UNDER SUBSECTION (D) OF THIS

36 SECTION, THE BOARD SHALL:

- 1 (1) UNLESS THE NURSE PRACTITIONER AUTHORIZES AND REQUESTS A
- 2 COPY OF THE PROFILE BY ELECTRONIC MEANS, PROVIDE EACH NURSE
- 3 PRACTITIONER WITH A WRITTEN COPY OF THE NURSE PRACTITIONER'S PROFILE;
- 4 <u>AND</u>
- 5 <u>(2)</u> PROVIDE A REASONABLE PERIOD FOR THE NURSE PRACTITIONER TO
- 6 CORRECT ANY FACTUAL INACCURACIES IN THE PROFILE.
- 7 (F) THE BOARD SHALL INCLUDE ADDITIONAL INFORMATION RELATING TO A
- 8 FINAL DISCIPLINARY ACTION TAKEN BY THE BOARD AGAINST A NURSE
- 9 PRACTITIONER IN THE NURSE PRACTITIONER'S PROFILE WITHIN 10 DAYS AFTER THE
- 10 ACTION BECOMES FINAL.
- 11 (G) THIS SECTION DOES NOT LIMIT THE BOARD'S AUTHORITY TO DISCLOSE
- 12 INFORMATION OTHERWISE REQUIRED TO BE DISCLOSED UNDER STATE OR FEDERAL
- 13 <u>LAW.</u>
- 14 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 15 October 1, 2001.