

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL NO. 656

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and F. Turner” and substitute “F. Turner, Benson, Bromwell, Donoghue, Haynes, Murray, Nathan-Pulliam, Oaks, and V. Turner”; in line 4, after “rendered” insert “by a provider under contract with the health maintenance organization when obtained in accordance with the terms of the enrollee’s benefit contract or by a noncontracting provider when obtained in accordance with the terms of the enrollee’s benefit contract or”; in line 5, after “term;” insert “repealing a certain definition; making a certain conforming change;”; and in line 27, after “Section” insert “19-710(p)(3) and”.

AMENDMENT NO. 2

On page 2, strike in their entirety lines 23 through 34, inclusive, and substitute:

“(D) “COVERED SERVICE” MEANS A HEALTH CARE SERVICE INCLUDED IN THE BENEFIT PACKAGE OF THE HEALTH MAINTENANCE ORGANIZATION AND RENDERED TO A MEMBER OR SUBSCRIBER OF THE HEALTH MAINTENANCE ORGANIZATION BY:

(1) A PROVIDER UNDER CONTRACT WITH THE HEALTH MAINTENANCE ORGANIZATION, WHEN THE SERVICE IS OBTAINED IN ACCORDANCE WITH THE TERMS OF THE BENEFIT CONTRACT OF THE MEMBER OR SUBSCRIBER; OR

(2) A NONCONTRACTING PROVIDER UNDER § 19-710.1 OF THIS SUBTITLE, WHEN THE SERVICE IS:

(I) OBTAINED IN ACCORDANCE WITH THE TERMS OF THE BENEFIT CONTRACT OF THE MEMBER OR SUBSCRIBER;

(Over)

(II) OBTAINED PURSUANT TO A VERBAL OR WRITTEN REFERRAL BY:

1. THE HEALTH MAINTENANCE ORGANIZATION OF THE MEMBER OR SUBSCRIBER; OR

2. A PROVIDER UNDER WRITTEN CONTRACT WITH THE HEALTH MAINTENANCE ORGANIZATION OF THE MEMBER OR SUBSCRIBER; OR

(III) PREAUTHORIZED OR OTHERWISE APPROVED EITHER VERBALLY OR IN WRITING BY:

1. THE HEALTH MAINTENANCE ORGANIZATION OF THE MEMBER OR SUBSCRIBER; OR

2. A PROVIDER UNDER WRITTEN CONTRACT WITH THE HEALTH MAINTENANCE ORGANIZATION OF THE MEMBER OR SUBSCRIBER.

19-710.

(p) (3) Notwithstanding any other provision of this subsection, a health care provider or representative of a health care provider may collect or attempt to collect from a subscriber or enrollee:

(i) Any copayment or coinsurance sums owed by the subscriber or enrollee to a health maintenance organization issued a certificate of authority to operate in this State for covered services provided by the health care provider; or

(ii) Any payment or charges for services [not covered under the subscriber's contract] THAT ARE NOT COVERED SERVICES.'".