C3 6lr3688 CF HB 897

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By: Senator Klausmeier

Constitutional Requirements Complied with for Introduction in the last 35 Days of

Session

Introduced and read first time: March 10, 2006

Assigned to: Rules

Re-referred to: Finance, April 5, 2006

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: April 3, 2006

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CHAPTER\_\_\_\_

## 1 AN ACT concerning

- Health Insurance Contracts of Carriers with Providers, <u>Ambulatory</u>
  <u>Surgical Facilities</u>, or Hospitals Prohibited Provisions
- 4 FOR the purpose of prohibiting carriers from including in contracts with providers,
- 5 <u>ambulatory surgical facilities</u>, or hospitals certain terms or conditions relating
- 6 to reimbursement rates and reimbursement arrangements; making a violation
- of this Act an unfair and deceptive practice for purposes of insurance; and
- 8 generally relating to contracts of carriers with providers, ambulatory surgical
- 9 <u>facilities</u>, and hospitals under health insurance.
- 10 BY adding to
- 11 Article Health General
- 12 <u>Section 19-706(ggg)</u>
- 13 Annotated Code of Maryland
- 14 (2005 Replacement Volume and 2005 Supplement)
- 15 BY repealing and reenacting, without amendments,
- 16 Article Insurance
- 17 Section 15-112(a)
- 18 Annotated Code of Maryland
- 19 (2002 Replacement Volume and 2005 Supplement)
- 20 BY adding to
- 21 Article Insurance

"Enrollee" means a person entitled to health care benefits from

"HOSPITAL" HAS THE MEANING STATED IN § 19-301 OF THE HEALTH -

"Provider" means a health care practitioner or group of health

23 carrier.

25 a carrier.

30 care services.

<del>(3)</del>

(5)

27 GENERAL ARTICLE.

(4)

29 care practitioners licensed, certified, or otherwise authorized by law to provide health

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	(5) (7) (i) "Provider panel" means the providers that contract either directly or through a subcontracting entity with a carrier to provide health care services to the carrier's enrollees under the carrier's health benefit plan.
	(ii) "Provider panel" does not include an arrangement in which any provider may participate solely by contracting with the carrier to provide health care services at a discounted fee-for-service rate.
7 8	(M) A CARRIER MAY NOT INCLUDE IN A CONTRACT WITH A PROVIDER, AMBULATORY SURGICAL FACILITY, OR HOSPITAL A TERM OR CONDITION THAT:
	(1) PROHIBITS THE PROVIDER, <u>AMBULATORY SURGICAL FACILITY</u> , OF HOSPITAL FROM OFFERING TO PROVIDE SERVICES TO THE ENROLLEES OF ANOTHER CARRIER AT A LOWER RATE OF REIMBURSEMENT;
14 15	(2) REQUIRES THE PROVIDER, <u>AMBULATORY SURGICAL FACILITY</u> , OR HOSPITAL TO PROVIDE THE CARRIER WITH THE SAME REIMBURSEMENT ARRANGEMENT THAT THE PROVIDER, <u>AMBULATORY SURGICAL FACILITY</u> , OR HOSPITAL HAS WITH ANOTHER CARRIER IF THE REIMBURSEMENT ARRANGEMENT WITH THE OTHER CARRIER IS FOR A LOWER RATE OF REIMBURSEMENT; OR
19 20 21	(3) REQUIRES THE PROVIDER, AMBULATORY SURGICAL FACILITY, OR HOSPITAL TO CERTIFY TO THE CARRIER THAT THE REIMBURSEMENT RATE BEING PAID BY THE CARRIER TO THE PROVIDER, AMBULATORY SURGICAL FACILITY, OR HOSPITAL IS NOT HIGHER THAN THE REIMBURSEMENT RATE BEING RECEIVED BY THE PROVIDER, AMBULATORY SURGICAL FACILITY, OR HOSPITAL FROM ANOTHER CARRIER.
23	27-222.
24	A PERSON MAY NOT VIOLATE § 15-112(M) OF THIS ARTICLE.

25 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 26 October 1, 2006.