

HOUSE BILL 947

C3

71r2275
CF SB 601

By: **Delegates Kach, Kipke, Kullen, Morhaim, Nathan-Pulliam, and Riley**
Introduced and read first time: February 9, 2007
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Health Care Providers – Reimbursement by Carriers**

3 FOR the purpose of prohibiting certain carriers from requiring certain health care
4 providers that deliver health care services through a group practice or other
5 health care entity to accept the reimbursement fee schedule applicable under
6 the contract between the group practice or other health care entity and the
7 carrier for certain health care services delivered by the health care provider;
8 and generally relating to reimbursement of health care providers by carriers.

9 BY repealing and reenacting, without amendments,
10 Article – Insurance
11 Section 15–112(a)(1), (3), (4), and (6)
12 Annotated Code of Maryland
13 (2006 Replacement Volume and 2006 Supplement)

14 BY adding to
15 Article – Insurance
16 Section 15–112(o)
17 Annotated Code of Maryland
18 (2006 Replacement Volume and 2006 Supplement)

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

21 **Article – Insurance**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 15-112.

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

3 (3) (i) "Carrier" means:

4 1. an insurer;

5 2. a nonprofit health service plan;

6 3. a health maintenance organization;

7 4. a dental plan organization; or

8 5. any other person that provides health benefit plans
9 subject to regulation by the State.

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

12 (4) "Enrollee" means a person entitled to health care benefits from a
13 carrier.

14 (6) "Provider" means a health care practitioner or group of health care
15 practitioners licensed, certified, or otherwise authorized by law to provide health care
16 services.

17 **(O) A CARRIER MAY NOT REQUIRE A PROVIDER THAT DELIVERS**
18 **HEALTH CARE SERVICES THROUGH A GROUP PRACTICE OR OTHER HEALTH**
19 **CARE ENTITY TO ACCEPT THE REIMBURSEMENT FEE SCHEDULE APPLICABLE**
20 **UNDER THE CONTRACT BETWEEN THE GROUP PRACTICE OR OTHER HEALTH**
21 **CARE ENTITY AND THE CARRIER FOR HEALTH CARE SERVICES THE PROVIDER**
22 **DELIVERS:**

23 **(1) TO ENROLLEES OF THE CARRIER THROUGH A SEPARATE**
24 **INDIVIDUAL, GROUP, OR OTHER HEALTH CARE PRACTICE ARRANGEMENT; AND**

25 **(2) USING A DIFFERENT FEDERAL TAX IDENTIFICATION NUMBER**
26 **THAN THAT USED BY THE GROUP PRACTICE OR OTHER HEALTH CARE ENTITY.**

27 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
28 October 1, 2007.