

Department of Legislative Services
Maryland General Assembly
2007 Session

FISCAL AND POLICY NOTE
Revised

House Bill 519

(Delegate Bromwell, *et al.*)

Health and Government Operations

Finance

Health Insurance - Carrier Provider Panels - Nonphysician Specialists

This bill requires each health insurance “carrier” to establish and implement a procedure by which a member may request a referral to a nonphysician specialist who is not part of the carrier’s provider panel.

The bill applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2007.

Fiscal Summary

State Effect: Any additional carrier contract filings with the Maryland Insurance Administration could be handled with existing budgeted resources. No effect on revenues.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary: A nonphysician specialist is a health care provider who: (1) is not a physician; (2) is licensed or certified under the Health Occupations Article; and (3) is certified or trained to treat or provide health care services for a specified condition or disease in a manner that is within the scope of the license or certification of the health care provider.

Current Law: Each health insurance carrier is required to establish and implement a procedure by which a member may request a referral to a specialist who is not part of the carrier's provider panel. A specialist is a physician who is certified or trained to practice in a specified field of medicine and who is not designated as a primary care provider by the carrier. The referral procedure shall provide a referral to a specialist who is not part of the carrier's provider panel if: (1) the member is diagnosed with a condition or disease that requires specialized medical care; and (2) the carrier does not have in its provider panel a specialist with the professional training and expertise to treat the condition or disease. Chapter 597 of 2006 further specified that such a referral must be provided if the carrier cannot provide access to such a specialist without unreasonable delay or travel. Also pursuant to Chapter 597, carriers must treat services received by a specialist under such a referral as if the service was provided within the panel for purposes of member cost sharing. A decision by a carrier to deny access to or coverage of treatment by a specialist who is not part of the provider panel for whom a referral has been requested constitutes an adverse decision if the decision is based on a finding that the proposed service is not medically necessary, appropriate, or efficient.

Additional Information

Prior Introductions: None.

Cross File: SB 263 (Senator Klausmeier, *et al.*) – Finance.

Information Source(s): Department of Health and Mental Hygiene, Maryland Insurance Administration, Department of Legislative Services

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