

HOUSE BILL 818

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8lr2827
CF SB 744

By: **Delegates Tarrant and Hubbard, Nathan-Pulliam, Hubbard, Donoghue, Mizeur, Montgomery, Riley, and V. Turner**

Introduced and read first time: February 6, 2008

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 16, 2008

CHAPTER _____

1 AN ACT concerning

2 **Task Force on Health Care Access and Reimbursement – Additional Duties**

3 FOR the purpose of altering the charge to the Task Force on Health Care Access and
4 Reimbursement to develop certain recommendations; and generally relating to
5 the recommendations of the Task Force on Health Care Access and
6 Reimbursement.

7 BY repealing and reenacting, with amendments,
8 Article – Health – General
9 Section 19–710.3(f)
10 Annotated Code of Maryland
11 (2005 Replacement Volume and 2007 Supplement)

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

14 **Article – Health – General**

15 19–710.3.

16 (f) The Task Force shall develop recommendations regarding:

17 (1) Specific options that are available, given limitations of the federal
18 ERISA law, to change physician and other health care provider reimbursements, if
19 needed;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 (2) The sufficiency of present statutory formulas for the
2 reimbursement of noncontracting physicians and other health care providers by health
3 maintenance organizations;

4 (3) Whether the Maryland Insurance Administration and the Attorney
5 General currently have sufficient authority to regulate rate setting and
6 market-related practices of health insurance carriers that may have the effect of
7 unreasonably reducing reimbursements;

8 (4) Whether there is a need to enhance the ability of physicians and
9 other health care providers to negotiate reimbursement rates with health insurance
10 carriers, without unduly impairing the ability of the carriers to appropriately manage
11 their provider networks;

12 (5) Whether there is a need to establish a rate-setting system for
13 physicians and other health care providers similar to the system established to set
14 hospital rates in Maryland;

15 (6) The advisability of the use of payment methods linked to quality of
16 care or outcomes; [and]

17 (7) The need to prohibit a health insurance carrier from requiring
18 health care providers who join a provider network of the carrier to also serve on a
19 provider network of a different carrier; ~~AND~~

20 (8) **WHETHER THERE IS A NEED TO PROVIDE INCENTIVES FOR**
21 **PHYSICIANS AND OTHER HEALTH CARE PROVIDERS TO BE AVAILABLE TO**
22 **PROVIDE CARE ON EVENINGS AND ON WEEKENDS; AND**

23 (9) **THE ABILITY OF PRIMARY CARE PHYSICIANS TO BE**
24 **REIMBURSED FOR MENTAL HEALTH SERVICES PERFORMED WITHIN THEIR**
25 **SCOPE OF PRACTICE.**

26 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
27 June 1, 2008.