

**HB0141/786585/1**

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 141  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “Contracts” in line 2 down through “Prohibitions” in line 3 and substitute “Insurer Provider Panels – Health Care Providers”; strike beginning with “and” in line 4 down through “circumstances” in line 11 and substitute “from using an insurer provider panel if the provider contract for the insurer provider panel requires a provider to participate on the insurer provider panel as a condition of participating on a health maintenance organization provider panel or a non-health maintenance organization provider panel”; strike beginning with “insurers” in line 11 down through “insurers” in line 12 and substitute “an entity arranging an insurer provider panel”; and in line 14, strike “contracts between insurers” and substitute “insurer provider panels”.

AMENDMENT NO. 2

On pages 2 and 3, strike in their entirety the lines beginning with line 1 on page 2 through line 11 on page 3, inclusive, and substitute:

**“(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**

**(2) “HEALTH CARE PROVIDER” MEANS AN INDIVIDUAL WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES.**

**(3) “HMO PROVIDER PANEL” MEANS A PROVIDER PANEL FOR ONE OR MORE HEALTH MAINTENANCE ORGANIZATIONS.**

(Over)

(4) “INSURER PROVIDER PANEL” MEANS A PROVIDER PANEL FOR ONE OR MORE INSURERS ENGAGED IN THE BUSINESS OF CASUALTY INSURANCE OR PROPERTY INSURANCE.

(5) “NON-HMO PROVIDER PANEL” MEANS A PROVIDER PANEL FOR ONE OR MORE NONPROFIT HEALTH SERVICE PLANS OR INSURERS.

(6) “PROVIDER CONTRACT” MEANS A CONTRACT BETWEEN A HEALTH CARE PROVIDER AND AN ENTITY THAT CONTRACTS WITH A HEALTH CARE PROVIDER TO SERVE ON AN INSURER PROVIDER PANEL, AN HMO PROVIDER PANEL, OR A NON-HMO PROVIDER PANEL.

(B) (1) AN INSURER MAY NOT USE AN INSURER PROVIDER PANEL IF THE PROVIDER CONTRACT FOR THE INSURER PROVIDER PANEL REQUIRES A PROVIDER TO PARTICIPATE ON THE INSURER PROVIDER PANEL AS A CONDITION OF PARTICIPATING ON AN HMO PROVIDER PANEL OR A NON-HMO PROVIDER PANEL.

(2) AN ENTITY ARRANGING AN INSURER PROVIDER PANEL SHALL PROVIDE A HEALTH CARE PROVIDER A SCHEDULE OF APPLICABLE FEES FOR UP TO THE 50 MOST COMMON SERVICES BILLED BY A HEALTH CARE PROVIDER IN THE SPECIALTY OF THE HEALTH CARE PROVIDER:

(I) IN WRITING AT THE TIME OF EXECUTION OF A PROVIDER CONTRACT;

(II) IN WRITING OR ELECTRONICALLY 30 DAYS BEFORE A CHANGE IN THE SCHEDULE OF APPLICABLE FEES; AND

(III) IN WRITING OR ELECTRONICALLY ON REQUEST OF THE  
HEALTH CARE PROVIDER.”