

HB0145/187473/1

BY: Finance Committee

AMENDMENTS TO HOUSE BILL 145
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “repealing” in line 3 down through “circumstances;” in line 10 and substitute “prohibiting a provider contract from containing a provision that requires a provider, as a condition of participating in a fee-for-service dental provider panel, to participate in a capitated dental provider panel; requiring the Maryland Insurance Administration to conduct a certain review and report its findings and certain recommendations to certain committees of the General Assembly on or before a certain date; defining a certain term; altering a certain definition;”; in line 10, after “of” insert “certain provisions of”; and in line 11, strike “date” and substitute “dates”.

On page 2, after line 1, insert:

“(2) “CAPITATED DENTAL PROVIDER PANEL” MEANS A PROVIDER PANEL FOR ONE OR MORE DENTAL PLAN ORGANIZATIONS OFFERING CONTRACTS ONLY FOR DENTAL SERVICES REIMBURSED ON A CAPITATED BASIS FOR CERTAIN SERVICES.”;

in lines 2, 7, 10, 12, 14, 16, 18, 20, and 25, strike “(2)”, “(3)”, “(4)”, “(5)”, “(6)”, “(7)”, “(8)”, “(9)”, and “(10)”, respectively, and substitute “**(3)**”, “**(4)**”, “**(5)**”, “**(6)**”, “**(7)**”, “**(8)**”, “**(9)**”, “**(10)**”, and “**(11)**”, respectively; in line 7, strike “Dental” and substitute “**FEE-FOR-SERVICE DENTAL**”; in line 9, after “services” insert “**REIMBURSED ON A FULL OR DISCOUNTED FEE-FOR-SERVICE BASIS**”; in line 29, strike the first comma and substitute “:

(1)”;

(Over)

and in line 30, strike “HMO provider panel or dental provider panel” and substitute “HMO PROVIDER PANEL; OR

(II) AS A CONDITION OF PARTICIPATING IN A FEE-FOR-SERVICE DENTAL PROVIDER PANEL, TO PARTICIPATE IN A CAPITATED DENTAL PROVIDER PANEL”.

AMENDMENT NO. 2

On page 3, in lines 5, 7, 9, 11, 15, 19, and 20, in each instance, strike the bracket; in line 11, strike “(1)”; in line 15, strike “(2)”; in line 19, strike “(3)”; in line 20, strike “A”; after line 31, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Insurance Administration shall conduct a review of dental provider contracts, the terms and conditions of the contracts, and the impact that the contracts have on the dental profession.

(b) (1) On or before December 31, 2009, the Administration shall report its findings, in accordance with § 2-1246 of the State Government Article, to the House Health and Government Operations Committee and the Senate Finance Committee.

(2) In the report required under this subsection, the Administration shall provide recommendations to the committees concerning whether the provisions of § 15-112.2(c) and (d) of the Insurance Article should apply to provider contracts for dental provider panels.”;

in line 32, strike “2.” and substitute “3.”; in the same line, after “That” insert “Section 1 of”; strike beginning with “July” in line 33 down through the first “2010” in line 34 and substitute “October 1, 2009”; in line 34, strike “July 1, 2010” and substitute

“October 1, 2009”; and in lines 35 and 36, in each instance, strike “July 1, 2011” and substitute “October 1, 2010”.

On page 4, in line 1, strike “3.” and substitute “4.”; in the same line, after “That” insert “Section 1 of”; in line 2, strike “July 1, 2010” and substitute “October 1, 2009”; in the same line, strike “contingent on the taking effect” and substitute “the effective date”; in line 3, strike “on or before July 1, 2010”; in line 4, strike “to be later than July 1, 2010”; and after line 5, insert:

“SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section 4 of this Act, this Act shall take effect June 1, 2009.”.