HOUSE BILL 1715

8 lr 3541

By: **Delegate West** Introduced and read first time: February 16, 2018 Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

Health Insurance – Health Care Provider Panels – Provider Contracts – Prohibited Provisions

- FOR the purpose of prohibiting a certain provider contract from containing a provision
 requiring a certain carrier to include a certain provider in certain provider panels or
 tiers within certain provider panels; providing for the application of this Act; and
 generally relating to health insurance provider contracts.
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- 8 BY repealing and reenacting, without amendments,
- 9 Article Insurance
- 10 Section 15–112.2(a)
- 11 Annotated Code of Maryland
- 12 (2017 Replacement Volume)

13 BY repealing and reenacting, with amendments,

- 14 Article Insurance
- 15 Section 15–112.2(b)
- 16 Annotated Code of Maryland
- 17 (2017 Replacement Volume)

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

- 20 Article Insurance
- 21 15–112.2.
- 22 (a) (1) In this section the following words have the meanings indicated.
- 23 (2) "Capitated dental provider panel" means a provider panel for one or 24 more dental plan organizations offering contracts only for dental services reimbursed on a

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



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1	capitated basis for certain services.			
2	(3)) "Carr	"Carrier" means:	
3		(i)	an insurer;	
4		(ii)	a nonprofit health service plan;	
5		(iii)	a health maintenance organization; or	
6		(iv)	a dental plan organization.	
7 8	(4) carrier.) "Enro	llee" means a person entitled to health care benefits from a	
9 10 11	or more denta	(5) "Fee-for-service dental provider panel" means a provider panel for one re dental plan organizations, insurers, or nonprofit health service plans offering cts only for dental services reimbursed on a full or discounted fee-for-service basis.		
12 13	(6) "HMO provider panel" means a provider panel for one or more health maintenance organizations.			
$\begin{array}{c} 14 \\ 15 \end{array}$	(7) "Managed care organization" has the meaning stated in § 15–101 of the Health – General Article.			
$\begin{array}{c} 16 \\ 17 \end{array}$	(8) "Non–HMO provider panel" means a provider panel for one or more nonprofit health service plans or insurers.			
18 19	(9) Article.) "Prov	ider" has the meaning stated in § 19–701 of the Health – General	
20	(1	0) "Prov	ider contract" means a contract:	
$\begin{array}{c} 21 \\ 22 \end{array}$	(i) between a provider and a carrier, an affiliate of a carrier, or an entity that contracts with a provider to serve a carrier; and			
$\frac{23}{24}$	to enrollees.	(ii)	under which the provider agrees to provide health care services	
$\begin{array}{c} 25\\ 26 \end{array}$	(11) "Provider panel" means the providers that contract either directly or through a subcontracting entity with a carrier to provide health care services to enrollees.			
$\begin{array}{c} 27\\ 28 \end{array}$	(b) (1) provider:) A pro	ovider contract may not contain a provision that requires a	
29 30	(i) as a condition of participating in a non–HMO provider panel, to participate in an HMO provider panel; or			

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1 (ii) as a condition of participating in a fee-for-service dental 2 provider panel, to participate in a capitated dental provider panel.

3 (2) Notwithstanding paragraph (1) of this subsection, a provider contract 4 may contain a provision that requires a provider, as a condition of participating in a 5 non–HMO provider panel, an HMO provider panel, or a dental provider panel, to 6 participate in a managed care organization.

7 (3) A PROVIDER CONTRACT MAY NOT CONTAIN A PROVISION THAT 8 REQUIRES A CARRIER TO INCLUDE A PROVIDER IN EACH OF THE:

- 9 (I) CARRIER'S HMO PROVIDER PANELS;
- 10 (II) CARRIER'S NON-HMO PROVIDER PANELS; OR
- 11 (III) TIERS WITHIN THOSE PANELS.

12 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all 13 provider contracts issued, renewed, or amended in the State on or after July 1, 2018, or, for 14 provider contracts in effect in the State on July 1, 2018, but not subject to renewal before 15 July 1, 2018, no later than July 1, 2019.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July1, 2018.