

HOUSE BILL 11

J5, J4

(PRE-FILED)

5lr1407
CF SB 902

By: ~~Delegate Sample Hughes~~ Delegates Sample-Hughes, Alston, Bagnall, Bhandari, Chisholm, Cullison, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, Lopez, Martinez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Szeliga, Taveras, White Holland, Woods, and Woorman

Requested: October 18, 2024

Introduced and read first time: January 8, 2025

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 22, 2025

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Access to Nonparticipating Providers – Referrals, Additional**
3 **Assistance, and Coverage**

4 FOR the purpose of repealing the termination date for certain provisions of law related to
5 referrals to and reimbursement of specialists and nonphysician specialists who are
6 not part of a carrier's provider panel; requiring that a certain referral procedure
7 required to be established and implemented by certain insurers, nonprofit health
8 service plans, and health maintenance organizations require the carrier to provide
9 certain assistance to a member in identifying and arranging coverage for a specialist
10 or nonphysician specialist for treatment of a mental health or substance use disorder
11 ~~services~~; prohibiting certain carriers from imposing ~~prior authorization~~
12 ~~requirements for scheduling, reimbursing, or continuing an established treatment~~
13 ~~plan by certain nonparticipating providers~~ utilization review requirements other
14 than what would be required if the covered benefit was provided by a provider on the
15 carrier's provider panel under certain circumstances; ~~requiring the Maryland Health~~
16 ~~Care Commission to establish certain reimbursement rates for nonparticipating~~
17 ~~providers~~; and generally relating to access to nonparticipating providers.

18 BY repealing and reenacting, without amendments,

19 Article – Insurance

20 Section 15-830(a)

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 Annotated Code of Maryland
2 (2017 Replacement Volume and 2024 Supplement)

3 BY repealing and reenacting, with amendments,
4 Article – Insurance
5 Section 15–830(d) and (e)
6 Annotated Code of Maryland
7 (2017 Replacement Volume and 2024 Supplement)

8 BY repealing and reenacting, with amendments,
9 Chapter 271 of the Acts of the General Assembly of 2022
10 Section 4

11 BY repealing and reenacting, with amendments,
12 Chapter 272 of the Acts of the General Assembly of 2022
13 Section 4

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

16 **Article – Insurance**

17 15–830.

18 (a) (1) In this section the following words have the meanings indicated.

19 (2) “Carrier” means:

20 (i) an insurer that offers health insurance other than long-term
21 care insurance or disability insurance;

22 (ii) a nonprofit health service plan;

23 (iii) a health maintenance organization;

24 (iv) a dental plan organization; or

25 (v) except for a managed care organization as defined in Title 15,
26 Subtitle 1 of the Health – General Article, any other person that provides health benefit
27 plans subject to State regulation.

28 (3) (i) “Member” means an individual entitled to health care benefits
29 under a policy or plan issued or delivered in the State by a carrier.

30 (ii) “Member” includes a subscriber.

31 (4) “Nonphysician specialist” means a health care provider:

- 1 (i) 1. who is not a physician;
- 2 2. who is licensed or certified under the Health Occupations
3 Article; and
- 4 3. who is certified or trained to treat or provide health care
5 services for a specified condition or disease in a manner that is within the scope of the
6 license or certification of the health care provider; or

7 (ii) that is licensed as a behavioral health program under § 7.5–401
8 of the Health – General Article.

9 (5) (i) “Provider panel” means the providers that contract with a carrier
10 either directly or through a subcontracting entity to provide health care services to
11 enrollees of the carrier.

12 (ii) “Provider panel” does not include an arrangement in which any
13 provider may participate solely by contracting with the carrier to provide health care
14 services at a discounted fee-for-service rate.

15 (6) “Specialist” means a physician who is certified or trained to practice in
16 a specified field of medicine and who is not designated as a primary care provider by the
17 carrier.

18 (d) (1) Each carrier shall establish and implement a procedure by which a
19 member may request a referral to a specialist or nonphysician specialist who is not part of
20 the carrier’s provider panel in accordance with this subsection.

21 (2) The procedure shall provide for a referral to a specialist or nonphysician
22 specialist who is not part of the carrier’s provider panel if:

23 (i) 1. the member is diagnosed with ~~OR SEEKING CARE FOR~~ a
24 condition or disease that requires specialized health care services or medical care; and

25 ~~(ii)~~ 2. A. the carrier does not have in its provider panel a
26 specialist or nonphysician specialist with the professional training and expertise to treat or
27 provide health care services for the condition or disease; or

28 2. B. the carrier cannot provide reasonable access to a specialist
29 or nonphysician specialist with the professional training and expertise to treat or provide
30 health care services for the condition or disease ~~[without unreasonable delay or travel]~~,
31 INCLUDING WITHIN THE REASONABLE APPOINTMENT WAITING TIME AND TRAVEL
32 DISTANCE STANDARDS ESTABLISHED IN REGULATION FOR MENTAL HEALTH AND
33 SUBSTANCE USE DISORDER SERVICES; OR

1 **(II) 1. THE MEMBER IS SEEKING MENTAL HEALTH OR**
 2 **SUBSTANCE USE DISORDER CARE; AND**

3 **2. THE CARRIER CANNOT PROVIDE REASONABLE**
 4 **ACCESS TO A SPECIALIST OR NONPHYSICIAN SPECIALIST WITHIN THE REASONABLE**
 5 **APPOINTMENT WAITING TIME AND TRAVEL DISTANCE STANDARDS ESTABLISHED IN**
 6 **REGULATION FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.**

7 (3) The procedure shall ensure that a request to obtain a referral to a
 8 specialist or nonphysician specialist who is not part of the carrier's provider panel is
 9 addressed in a timely manner that is:

10 (i) appropriate for the member's condition; and

11 (ii) in accordance with the timeliness requirements for
 12 determinations made by private review agents under § 15-10B-06 of this title.

13 **(4) IF A MEMBER CANNOT ACCESS MENTAL HEALTH OR SUBSTANCE**
 14 **USE DISORDER SERVICES THROUGH THE REFERRAL REQUIREMENTS UNDER**
 15 **PARAGRAPHS (2) AND (3) OF THIS SUBSECTION, THE PROCEDURE SHALL REQUIRE**
 16 **THE CARRIER TO PROVIDE ADDITIONAL ASSISTANCE TO THE MEMBER IN**
 17 **IDENTIFYING AND ARRANGING COVERAGE OF MENTAL HEALTH OR SUBSTANCE USE**
 18 **DISORDER SERVICES BY A SPECIALIST OR NONPHYSICIAN SPECIALIST WHO IS NOT**
 19 **PART OF THE CARRIER'S PROVIDER PANEL.**

20 **~~(5) THE PROCEDURE MAY NOT REQUIRE PRIOR AUTHORIZATION FOR~~**
 21 **~~PURPOSES OF:~~**

22 **~~(I) SCHEDULING AN APPOINTMENT WITH A SPECIALIST OR~~**
 23 **~~NONPHYSICIAN SPECIALIST WHO IS NOT PART OF THE CARRIER'S PROVIDER PANEL;~~**

24 **~~(II) REIMBURSING A SPECIALIST OR NONPHYSICIAN SPECIALIST~~**
 25 **~~WHO IS NOT PART OF THE CARRIER'S PROVIDER PANEL; OR~~**

26 **~~(III) CONTINUING AN ESTABLISHED TREATMENT PLAN WITH A~~**
 27 **~~SPECIALIST OR NONPHYSICIAN SPECIALIST WHO IS NOT PART OF THE CARRIER'S~~**
 28 **~~PROVIDER PANEL~~ **IF A CARRIER APPROVES A MEMBER'S REQUEST FOR A REFERRAL****
 29 **MADE IN ACCORDANCE WITH THIS SUBSECTION, THE CARRIER MAY NOT REQUIRE**
 30 **UTILIZATION REVIEW OTHER THAN WHAT WOULD BE REQUIRED IF THE COVERED**
 31 **BENEFIT WERE PROVIDED BY A PROVIDER ON THE CARRIER'S PROVIDER PANEL.**

32 **[(4)] (6)** The procedure may not be used by a carrier as a substitute for
 33 establishing and maintaining a sufficient provider network in accordance with § 15-112 of
 34 this title.

1 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July
2 1, 2022. [It shall remain effective for a period of 3 years and, at the end of June 30, 2025,
3 this Act, with no further action required by the General Assembly, shall be abrogated and
4 of no further force and effect.]

5 SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall
6 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the
7 State on or after January 1, 2026.

8 SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take
9 effect January 1, 2026.

10 SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section
11 4 of this Act, this Act shall take effect June 1, 2025.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.