

# SENATE BILL 902

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CF HB 11

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By: **Senator Augustine**

Introduced and read first time: January 28, 2025

Assigned to: Finance

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## A BILL ENTITLED

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 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; requiring the Maryland Health Care  
14 Commission to establish certain reimbursement rates for nonparticipating  
15 providers; and generally relating to access to nonparticipating providers.

16 BY repealing and reenacting, without amendments,  
17 Article – Insurance  
18 Section 15–830(a)  
19 Annotated Code of Maryland  
20 (2017 Replacement Volume and 2024 Supplement)

21 BY repealing and reenacting, with amendments,  
22 Article – Insurance  
23 Section 15–830(d) and (e)  
24 Annotated Code of Maryland  
25 (2017 Replacement Volume and 2024 Supplement)

26 BY repealing and reenacting, with amendments,  
27 Chapter 271 of the Acts of the General Assembly of 2022  
28 Section 4

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,  
2 Chapter 272 of the Acts of the General Assembly of 2022  
3 Section 4

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

6 **Article – Insurance**

7 15–830.

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

9 (2) “Carrier” means:

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

12 (ii) a nonprofit health service plan;

13 (iii) a health maintenance organization;

14 (iv) a dental plan organization; or

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

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

20 (ii) “Member” includes a subscriber.

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

22 (i) 1. who is not a physician;

23 2. who is licensed or certified under the Health Occupations  
24 Article; and

25 3. who is certified or trained to treat or provide health care  
26 services for a specified condition or disease in a manner that is within the scope of the  
27 license or certification of the health care provider; or

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

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

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

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

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

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

15               (i) the member is diagnosed with **OR SEEKING CARE FOR** a  
16 condition or disease that requires specialized health care services or medical care; and

17               (ii) 1. the carrier does not have in its provider panel a specialist  
18 or nonphysician specialist with the professional training and expertise to treat or provide  
19 health care services for the condition or disease; or

20               2. the carrier cannot provide reasonable access to a specialist  
21 or nonphysician specialist with the professional training and expertise to treat or provide  
22 health care services for the condition or disease [without unreasonable delay or travel]  
23 **WITHIN THE REASONABLE APPOINTMENT WAITING TIME AND TRAVEL DISTANCE**  
24 **STANDARDS ESTABLISHED IN REGULATION.**

25          (3) The procedure shall ensure that a request to obtain a referral to a  
26 specialist or nonphysician specialist who is not part of the carrier’s provider panel is  
27 addressed in a timely manner that is:

28               (i) appropriate for the member’s condition; and

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

31          **(4) IF A MEMBER CANNOT ACCESS MENTAL HEALTH OR SUBSTANCE**  
32 **USE DISORDER SERVICES THROUGH THE REFERRAL REQUIREMENTS UNDER**  
33 **PARAGRAPHS (2) AND (3) OF THIS SUBSECTION, THE PROCEDURE SHALL REQUIRE**  
34 **THE CARRIER TO PROVIDE ADDITIONAL ASSISTANCE TO THE MEMBER IN**

1 IDENTIFYING AND ARRANGING COVERAGE OF MENTAL HEALTH OR SUBSTANCE USE  
2 DISORDER SERVICES BY A SPECIALIST OR NONPHYSICIAN SPECIALIST WHO IS NOT  
3 PART OF THE CARRIER'S PROVIDER PANEL.

4 (5) THE PROCEDURE MAY NOT REQUIRE PRIOR AUTHORIZATION FOR  
5 PURPOSES OF:

6 (I) SCHEDULING AN APPOINTMENT WITH A SPECIALIST OR  
7 NONPHYSICIAN SPECIALIST WHO IS NOT PART OF THE CARRIER'S PROVIDER PANEL;

8 (II) REIMBURSING A SPECIALIST OR NONPHYSICIAN SPECIALIST  
9 WHO IS NOT PART OF THE CARRIER'S PROVIDER PANEL; OR

10 (III) CONTINUING AN ESTABLISHED TREATMENT PLAN WITH A  
11 SPECIALIST OR NONPHYSICIAN SPECIALIST WHO IS NOT PART OF THE CARRIER'S  
12 PROVIDER PANEL.

13 [(4)] (6) The procedure may not be used by a carrier as a substitute for  
14 establishing and maintaining a sufficient provider network in accordance with § 15-112 of  
15 this title.

16 [(5)] (7) Each carrier shall:

17 (i) have a system in place that documents all requests to obtain a  
18 referral to receive a covered service from a specialist or nonphysician specialist who is not  
19 part of the carrier's provider panel;

20 (ii) inform members of the procedure to request a referral under  
21 paragraph (1) of this subsection; and

22 (iii) provide the information documented under item (i) of this  
23 paragraph to the Commissioner on request.

24 (e) (1) Except as provided in paragraph (2) of this subsection, for purposes of  
25 calculating any deductible, copayment amount, or coinsurance payable by the member, a  
26 carrier shall treat services received in accordance with subsection (d) of this section as if  
27 the service was provided by a provider on the carrier's provider panel.

28 (2) A carrier shall ensure that services received in accordance with  
29 subsection (d) of this section for mental health or substance use disorders are provided **FOR**  
30 **THE DURATION OF THE TREATMENT PLAN** at no greater cost to the covered individual  
31 than if the covered benefit were provided by a provider on the carrier's provider panel.

32 (3) (I) **SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, AND**  
33 **NOT LATER THAN JANUARY 1, 2026, THE MARYLAND HEALTH CARE COMMISSION**

1 SHALL ESTABLISH A REIMBURSEMENT FORMULA TO DETERMINE THE  
2 REIMBURSEMENT RATE FOR NONPARTICIPATING PROVIDERS WHO DELIVER  
3 SERVICES UNDER PARAGRAPH (2) OF THIS SUBSECTION.

4 (II) THE MARYLAND HEALTH CARE COMMISSION SHALL HOLD  
5 PUBLIC MEETINGS WITH CARRIERS, MENTAL HEALTH AND SUBSTANCE USE  
6 DISORDER PROVIDERS, CONSUMERS OF MENTAL HEALTH AND SUBSTANCE USE  
7 DISORDER SERVICES, AND OTHER INTERESTED PARTIES TO DETERMINE THE  
8 REIMBURSEMENT FORMULA.

9 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read  
10 as follows:

11 **Chapter 271 of the Acts of 2022**

12 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
13 1, 2022. [It shall remain effective for a period of 3 years and, at the end of June 30, 2025,  
14 this Act, with no further action required by the General Assembly, shall be abrogated and  
15 of no further force and effect.]

16 **Chapter 272 of the Acts of 2022**

17 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
18 1, 2022. [It shall remain effective for a period of 3 years and, at the end of June 30, 2025,  
19 this Act, with no further action required by the General Assembly, shall be abrogated and  
20 of no further force and effect.]

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

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

26 SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section  
27 4 of this Act, this Act shall take effect June 1, 2025.