

# SENATE BILL 902

J5, J4

5lr2854  
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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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: February 21, 2025

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## 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)  
21 Annotated Code of Maryland  
22 (2017 Replacement Volume and 2024 Supplement)

23 BY repealing and reenacting, with amendments,

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### 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 Article – Insurance  
2 Section 15–830(d) and (e)  
3 Annotated Code of Maryland  
4 (2017 Replacement Volume and 2024 Supplement)

5 BY repealing and reenacting, with amendments,  
6 Chapter 271 of the Acts of the General Assembly of 2022  
7 Section 4

8 BY repealing and reenacting, with amendments,  
9 Chapter 272 of the Acts of the General Assembly of 2022  
10 Section 4

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

13 **Article – Insurance**

14 15–830.

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

16 (2) “Carrier” means:

17 (i) an insurer that offers health insurance other than long–term  
18 care insurance or disability insurance;

19 (ii) a nonprofit health service plan;

20 (iii) a health maintenance organization;

21 (iv) a dental plan organization; or

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

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

27 (ii) “Member” includes a subscriber.

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

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

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

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

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

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

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

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

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

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

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

24   ~~(ii)~~    ~~1.~~ **A.**     the carrier does not have in its provider panel a  
25 specialist or nonphysician specialist with the professional training and expertise to treat or  
26 provide health care services for the condition or disease; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 ~~(3) (i) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, AND~~  
17 ~~NOT LATER THAN JANUARY 1, 2026, THE MARYLAND HEALTH CARE COMMISSION~~  
18 ~~SHALL ESTABLISH A REIMBURSEMENT FORMULA TO DETERMINE THE~~  
19 ~~REIMBURSEMENT RATE FOR NONPARTICIPATING PROVIDERS WHO DELIVER~~  
20 ~~SERVICES UNDER PARAGRAPH (2) OF THIS SUBSECTION.~~

21 ~~(ii) THE MARYLAND HEALTH CARE COMMISSION SHALL HOLD~~  
22 ~~PUBLIC MEETINGS WITH CARRIERS, MENTAL HEALTH AND SUBSTANCE USE~~  
23 ~~DISORDER PROVIDERS, CONSUMERS OF MENTAL HEALTH AND SUBSTANCE USE~~  
24 ~~DISORDER SERVICES, AND OTHER INTERESTED PARTIES TO DETERMINE THE~~  
25 ~~REIMBURSEMENT FORMULA.~~

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

### 28 Chapter 271 of the Acts of 2022

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

### 33 Chapter 272 of the Acts of 2022

34 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
35 1, 2022. [It shall remain effective for a period of 3 years and, at the end of June 30, 2025,

1 this Act, with no further action required by the General Assembly, shall be abrogated and  
2 of no further force and effect.]

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

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

8 SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section  
9 4 of this Act, this Act shall take effect June 1, 2025.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.