

(II) THE MANNER IN WHICH THE ECONOMIC PRACTICE PROFILE IS USED TO EVALUATE THE PROVIDER.

(3) THE INFORMATION PROVIDED UNDER THIS SUBSECTION MAY NOT BE USED TO CREATE A NEW CAUSE OF ACTION.

(4) A HEALTH MAINTENANCE ORGANIZATION MAY NOT TERMINATE A PROVIDER CONTRACT OR THE PROVIDER'S EMPLOYMENT WITH THE HEALTH MAINTENANCE ORGANIZATION SOLELY ON THE BASIS OF AN ECONOMIC A PRACTICE PROFILE WITHOUT FIRST INFORMING THE PROVIDER OF THE FINDINGS OF THE ECONOMIC PRACTICE PROFILE PRIOR TO THE TERMINATION AND THE PROVIDER SPECIFIC DATA UNDERLYING THOSE FINDINGS.

(S) A HEALTH MAINTENANCE ORGANIZATION MAY NOT BY CONTRACT, OR IN ANY OTHER MANNER, REQUIRE A PROVIDER TO INDEMNIFY THE HEALTH MAINTENANCE ORGANIZATION OR HOLD THE HEALTH MAINTENANCE ORGANIZATION HARMLESS FROM OR AGAINST ANY LIABILITY ARISING FROM COVERAGE DECISIONS MADE BY THE HEALTH MAINTENANCE ORGANIZATION OR FROM THE CONDUCT OF ANY OTHER PERSON OTHER THAN THE HEALTH CARE PROVIDER OR THE HEALTH CARE PROVIDER'S AGENTS OR EMPLOYEES. A COVERAGE DECISION OR NEGLIGENT ACT OF THE HEALTH MAINTENANCE ORGANIZATION.

#### Chapter 577 of the Acts of 1995

SECTION 2. AND BE IT FURTHER ENACTED, That the Insurance Commissioner, when developing [the uniform provider voucher form] the uniform laboratory referral form[,], and the uniform consultation referral form under Article 48A, § 490BB of the Code, shall consult with the Department of Health and Mental Hygiene, the Health Care Access and Cost Commission, the Office on Aging, Blue Cross and Blue Shield of Maryland, Blue Cross and Blue Shield of the National Capital Area, the Health Insurance Association of America, the League of Life and Health Insurers, the Maryland Hospital Association, the Medical and Chirurgical Faculty of Maryland, the Medical Group Management Association, a representative of the medical laboratory industry in the State, the Maryland Association of Health Maintenance Organizations, and a nonphysician health care provider association. The forms developed under this section shall be capable of electronic transfer.

SECTION 3. AND BE IT FURTHER ENACTED, That the Insurance Commissioner, when developing the forms in accordance with the requirements of Section 2 of this Act, shall assess any existing uniformity of forms currently being used within the health care delivery and finance industries, and shall examine any uniformity of forms that may be required in other states. IN ADDITION TO THE REQUIREMENTS OF SECTION 2 OF THIS ACT, THE INSURANCE COMMISSIONER, IN CONSULTATION WITH THE REPRESENTATIVES OF THE AGENCIES, ASSOCIATIONS, AND ORGANIZATIONS DESCRIBED UNDER SECTION 2 OF THIS ACT, SHALL STUDY THE FEASIBILITY OF A UNIFORM VOUCHER FORM FOR HEALTH CARE PROVIDERS.

SECTION 2. AND BE IT FURTHER ENACTED, That: