

489.

For the purposes of health and accident, sickness and other insurance policies, a [chiropractic physician, duly] CHIROPRACTOR licensed to practice in the State of Maryland[,] shall be entitled to compensation for those services which he is licensed to perform under the provisions of TITLE 3 OF THE HEALTH OCCUPATIONS Article [43] and which he has rendered to any insured.

490A-2.

Notwithstanding any provision of a group or individual policy, or contract, or any certificate issued thereunder, of health and/or sickness, and/or accident, and/or disability insurance which is written on an expense incurred basis, delivered within the State, or issued to a group which is incorporated or has a main office located in the State, or covering persons who reside or work within the State, whenever such policy, contract, or certificate provides for reimbursement for any service which is within the lawful scope of practice of a [duly] LICENSED OR certified nurse midwife, the insured, or any other person covered by the policy, contract, or certificate, shall be entitled to reimbursement for such service, whether the service is performed by a doctor of medicine or a [duly] LICENSED OR certified nurse midwife. The provisions of this section shall apply to all such policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued on or after July 1, 1979.

490B.

(a) Every insurer providing professional liability insurance to a [practitioner of medicine] PHYSICIAN licensed in Maryland in accordance with TITLE 14 OF THE HEALTH OCCUPATIONS Article [43, title "Health," subtitle "Practitioners of Medicine,"], or to a hospital, nurse, dentist, osteopath, podiatrist, optometrist, chiropractor, or blood bank licensed under Article 43 OR THE HEALTH OCCUPATIONS ARTICLE, and every self-insured hospital shall report periodically, but in no event less than once each year, any claim or action for damages for personal injuries claimed to have been caused by an error, omission, or negligence in the performance of the insured's professional services, or based on a claimed performance of professional services without consent, if the claim resulted in:

(1) A final judgment in any amount;

(2) A settlement in any amount;

(3) A final disposition not resulting in payment on behalf of the insured. Reports shall be filed no later than March 15th of the year following the occurrence of (1), (2) or (3) above.