

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

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

(i) the member is diagnosed with a condition or disease that requires specialized medical care; AND

(ii) 1. the carrier does not have in its provider panel a specialist with the professional training and expertise to treat the condition or disease; OR

2. THE CARRIER CANNOT PROVIDE REASONABLE ACCESS TO A SPECIALIST WITH THE PROFESSIONAL TRAINING AND EXPERTISE TO TREAT THE CONDITION OR DISEASE WITHOUT UNREASONABLE DELAY OR TRAVEL [and

(iii) the specialist agrees to accept the same reimbursement as would be provided to a specialist who is part of the carrier's provider panel].

(E) FOR PURPOSES OF CALCULATING ANY DEDUCTIBLE, COPAYMENT AMOUNT, OR COINSURANCE PAYABLE BY THE MEMBER A CARRIER SHALL TREAT SERVICES RECEIVED IN ACCORDANCE WITH SUBSECTION (D) OF THIS SECTION AS IF THE SERVICE WAS PROVIDED BY A PROVIDER ON THE CARRIER'S PROVIDER PANEL.

[(e)] (F) A decision by a carrier not to provide access to or coverage of treatment by a specialist in accordance with this section constitutes an adverse decision as defined under Subtitle 10A of this title if the decision is based on a finding that the proposed service is not medically necessary, appropriate, or efficient.

[(f)] (G) Each carrier shall file with the Commissioner a copy of each of the procedures required under this section.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before January 1, 2007, the Maryland Insurance Administration, in consultation with the Department of Health and Mental Hygiene's Office of Health Care Quality and other interested and affected parties, shall adopt regulations to implement the provisions of § 15-112(b)(1)(i)1 of the Insurance Article, as enacted by Section 1 of this Act, with respect to insurers, nonprofit health service plans, and dental plan organizations.

(b) In developing the regulations required under subsection (a) of this section, the Administration shall take into consideration the standards and procedures adopted by national accrediting organizations for preferred provider organizations and the laws of other states.

(c) Each insurer, nonprofit health service plan, and dental plan organization offering preferred provider organization benefit plans in the State shall comply with the regulations on or before July 1, 2007.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before January 1, 2008, the Maryland Insurance Administration shall: