

Senate Bill No. 686 .

AN ACT concerning

Health Insurance - Carrier Provider Panels - Participation by Providers

FOR the purpose of requiring a health insurance carrier that uses a provider panel to maintain standards in accordance with certain regulations if the carrier is an insurer, nonprofit health service plan, or dental plan organization; requiring a health insurance carrier that uses a provider panel to adhere to certain standards for accessibility of covered services if the carrier is a health maintenance organization; requiring a health insurance carrier that uses a provider panel to establish procedures to verify with each provider on the carrier's provider panel, at a certain time certain times, whether the provider is accepting new patients and to promptly update certain information on participating providers; requiring the carrier to establish procedures to ensure that there is a sufficient number of certain providers on the carrier's provider panel to guarantee certain access by an enrollee to covered services; providing that it is an unfair trade practice under certain provisions of law for a carrier to fail to accurately maintain and provide certain information to enrollees or to fail to maintain a certain number of providers on the carrier's provider panel; providing that certain provisions of this Act may not be construed to require a carrier to allow a provider to take a certain action; requiring a carrier to update certain provider information within a certain time period; altering the procedure for referral to a specialist who is not part of a carrier's provider panel; requiring a carrier to treat a certain service in a certain manner, for certain purposes; altering a certain definition; requiring the Maryland Insurance Administration, in consultation with certain parties, to adopt certain regulations on or before a certain date, and to take into consideration certain standards and procedures in adopting the regulations; requiring certain insurers, nonprofit health service plans, and dental plan organizations to comply with the regulations on or before a certain date; requiring the Administration, on or before a certain date, to conduct a certain study and report on the findings and recommendations of its study to certain legislative committees; and generally relating to health insurance carrier provider panels.

BY repealing and reenacting, with amendments,

Article - Insurance

Section 15-112(b) and (j) and 15-830

Annotated Code of Maryland

(2002 Replacement Volume and 2005 Supplement)

BY adding to

Article - Insurance

Section 15-112(m)

Annotated Code of Maryland

(2002 Replacement Volume and 2005 Supplement)