

Dear Mr. President:

In accordance with Article II, Section 17 of the Maryland Constitution, I have today vetoed Senate Bill 1058.

This bill requires any profit and nonprofit health insurer or health service plan that issues or delivers any individual or group policy, contract, or certificate within this State to make reimbursement within 30 days of filing of a claim whenever liability and amount are reasonably clear.

House Bill 659, which was passed by the General Assembly and signed by me on May 27, 1986, accomplishes the same purpose. Therefore, it is not necessary for me to sign Senate Bill 1058.

Sincerely,  
Harry Hughes  
Governor

Senate Bill No. 1058

AN ACT concerning

Health Insurance - Payments to Physicians Prompt  
Payment of Claims

~~FOR the purpose of requiring the insurer of a nonprofit health service plan or an individual or a group or blanket health insurance policy to promptly deliver to a physician a certain periodic interim payment on receipt of the physician's claim for payment; and generally relating to health insurers' payments to physicians.~~

~~BY adding to~~

~~Article 48A - Insurance Code  
Section 361H, 470Y, and 477GG  
Annotated Code of Maryland  
{1979 Replacement Volume and 1985 Supplement}~~

FOR the purpose of requiring any profit and nonprofit insurer or health service plan that issues or delivers any individual or group policy, contract, or certificate within this State to reimburse certain persons within a certain period of time after a claim is filed; providing for the payment of certain interest if an insurer fails to comply with this Act; providing for the amount of interest; providing for certain exceptions; and generally relating to the payment of health insurance claims.

BY repealing and reenacting, with amendments,

Article 48A - Insurance Code