

(3) CONTRACT WITH OR DELEGATE TO A HOSPITAL UTILIZATION REVIEW PROGRAM APPROVED UNDER § 19-319(D) OF THE HEALTH - GENERAL ARTICLE.

(B) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, FOR CLAIMS WHERE THE MEDICAL NECESSITY OF THE PROVISION OF A COVERED BENEFIT IS DISPUTED, AN INSURER THAT DOES NOT MEET THE REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION SHALL PAY ANY PERSON OR HOSPITAL ENTITLED TO REIMBURSEMENT UNDER THE POLICY, CONTRACT, OR CERTIFICATE IN ACCORDANCE WITH THE DETERMINATION OF MEDICAL NECESSITY BY THE HOSPITAL UTILIZATION REVIEW PROGRAM APPROVED UNDER SECTION 19-319(D) OF THE HEALTH - GENERAL ARTICLE.

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(A) EVERY HEALTH INSURER PROPOSING TO ISSUE OR DELIVER IN THIS STATE A GROUP OR BLANKET HEALTH INSURANCE POLICY OR ADMINISTER A HEALTH BENEFIT PROGRAM WHICH PROVIDES FOR THE COVERAGE OF HOSPITAL BENEFITS AND THE UTILIZATION REVIEW OF SUCH BENEFITS SHALL: ~~MEET THE REQUIREMENTS OF SUBTITLE 13 OF TITLE 19 OF THE HEALTH - GENERAL ARTICLE.~~

(1) HAVE A CERTIFICATE IN ACCORDANCE WITH SUBTITLE 13 OF TITLE 19 OF THE HEALTH - GENERAL ARTICLE;

(2) CONTRACT WITH A PRIVATE REVIEW AGENT THAT HAS A CERTIFICATE IN ACCORDANCE WITH SUBTITLE 13 OF TITLE 19 OF THE HEALTH - GENERAL ARTICLE; OR

(3) CONTRACT WITH OR DELEGATE TO A HOSPITAL UTILIZATION REVIEW PROGRAM APPROVED UNDER § 19-319(D) OF THE HEALTH - GENERAL ARTICLE.

(B) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, FOR CLAIMS WHERE THE MEDICAL NECESSITY OF THE PROVISION OF A COVERED BENEFIT IS DISPUTED, A HEALTH INSURER THAT DOES NOT MEET THE REQUIREMENTS OF SUBSECTION (A) OF THIS SECTION SHALL PAY ANY PERSON OR HOSPITAL ENTITLED TO REIMBURSEMENT UNDER THE POLICY, CONTRACT, OR CERTIFICATE IN ACCORDANCE WITH THE DETERMINATION OF MEDICAL NECESSITY BY THE HOSPITAL UTILIZATION REVIEW PROGRAM APPROVED UNDER SECTION 19-319(D) OF THE HEALTH - GENERAL ARTICLE.

SECTION 2. AND BE IT FURTHER ENACTED, That the Department of Health and Mental Hygiene report to the General Assembly by November 1, 1988 and each year thereafter on the number of private review agents conducting utilization review, and the type of criteria used to perform utilization review, the feasibility of adopting uniform standards for one or more aspects of utilization review including standardized forms for data collection and the medical procedures for which preauthorization and second surgical opinions would be required.