

(E) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, A HOSPITAL EMERGENCY FACILITY OR PROVIDER OR A HEALTH MAINTENANCE ORGANIZATION THAT HAS REIMBURSED A PROVIDER MAY COLLECT OR ATTEMPT TO COLLECT PAYMENT FROM A MEMBER OR SUBSCRIBER FOR HEALTH CARE SERVICES PROVIDED FOR A MEDICAL CONDITION THAT IS DETERMINED NOT TO BE AN EMERGENCY AS DEFINED IN § 19-701(D) OF THIS SUBTITLE.

19-716.

Annually, each health maintenance organization shall provide to its members and make available to the general public, in clear, readable, and concise form:

(1) A summary of the most recent financial report that the health maintenance organization submits to the Commissioner under § 19-717 of this subtitle;

(2) A description of the benefit packages available and the nongroup rates required by the Commissioner;

(3) A description of the accessibility and availability of services, including where and how to obtain them;

(4) A STATEMENT OF THE POTENTIAL RESPONSIBILITY OF A MEMBER FOR PAYMENT FOR SERVICES THE MEMBER SEEKS TO OBTAIN FROM A PROVIDER, INCLUDING A PHYSICIAN OR HOSPITAL, THAT DOES NOT HAVE A WRITTEN CONTRACT WITH THE HEALTH MAINTENANCE ORGANIZATION;

(5) A DESCRIPTION OF PROCEDURES TO BE FOLLOWED FOR EMERGENCY SERVICES, INCLUDING:

(I) THE APPROPRIATE USE OF HOSPITAL EMERGENCY FACILITIES;

(II) THE APPROPRIATE USE, LOCATION, AND HOURS OF OPERATION OF ANY URGENT CARE FACILITIES OPERATED BY THE HEALTH MAINTENANCE ORGANIZATION; AND

(III) THE POTENTIAL RESPONSIBILITY OF SUBSCRIBERS AND ENROLLEES FOR PAYMENT FOR EMERGENCY SERVICES OR NONEMERGENCY SERVICES RENDERED IN A HOSPITAL EMERGENCY FACILITY;

[(4)](6) A statement that shows, by category, the percentage of members assisted by public funds;

[(5)](7) The information required to be disclosed by Article 48A, § 703(c) of the Code; and

[(6)](8) Any other information that the Commissioner or the Department requires by rule or regulation.

SECTION 2: 4. AND BE IT FURTHER ENACTED, That the Health Services Cost Review Commission shall conduct a study to determine what effect, if any, the provisions of this Act regarding the obligation of carriers to pay for medical screenings performed to meet the requirements of the federal Emergency Medical Treatment and Active Labor Act have on the billing patterns of hospitals and emergency physicians. The Commission shall report the results