

D. AN ORDINANCE OR RESOLUTION ADOPTED UNDER THIS SECTION MAY RESERVE TO THE COUNTY COMMISSIONERS THE RIGHT TO PROVIDE IN A SOLICITATION FOR COMPETITIVE BIDS THAT A LOCAL PERCENTAGE PREFERENCE IS NOT AVAILABLE UNDER THE CONTRACT.

E. A LOCAL PREFERENCE IS NOT AVAILABLE UNDER ANY CONTRACT IF THE COUNTY COMMISSIONERS DETERMINE THAT THE PREFERENCE WOULD BE INCONSISTENT WITH THE PROVISIONS OF ANY APPLICABLE FEDERAL OR STATE GRANT OR PROGRAM.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1997.

Approved May 22, 1997.

CHAPTER 590

(Senate Bill 465)

AN ACT concerning

Health Insurance – Reimbursement of Service Providers

FOR the purpose of ~~providing that any time limit for submitting claim information imposed by an insurer, nonprofit health service plan, or health maintenance organization on certain providers of health care services does not begin to run until the insurer, nonprofit health service plan, or health maintenance organization gives a certain notice to the provider of the health care service requiring a health maintenance organization, insurer, or nonprofit health service plan to permit a provider a minimum of 6 months to submit a claim for reimbursement; requiring a health maintenance organization, insurer, or nonprofit health service plan to reimburse a provider within a certain time, under certain circumstances, after receiving certain documentation;~~ and generally relating to reimbursement of health care service providers.

BY repealing and reenacting, with amendments,

Article – Health – General

Section 19-712.1

Annotated Code of Maryland

(1996 Replacement Volume and 1996 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15-1005

Annotated Code of Maryland

(1995 Volume and 1996 Supplement)

(As enacted by Chapter __ (H.B. 11) of the Acts of the General Assembly of 1997)