

“organization” is deleted as included in the defined term “person”.

Defined terms: “Insurer” § 1-101

“Person” § 1-101

15-117. INDEMNIFICATION OF INSURERS AND NONPROFIT HEALTH SERVICE PLANS.

(A) SCOPE OF SECTION.

THIS SECTION APPLIES TO INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT ISSUE OR DELIVER INDIVIDUAL HOSPITAL OR MAJOR MEDICAL INSURANCE POLICIES OR GROUP OR BLANKET HEALTH INSURANCE POLICIES IN THE STATE.

(B) REQUIREMENT TO INDEMNIFY PROHIBITED.

AN ENTITY SUBJECT TO THIS SECTION, BY CONTRACT OR IN ANY OTHER MANNER, MAY NOT REQUIRE A HEALTH CARE PROVIDER TO INDEMNIFY THE ENTITY OR HOLD THE ENTITY HARMLESS FROM A COVERAGE DECISION OR NEGLIGENT ACT OF THE ENTITY.

REVISOR’S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 354RR, 470HH, and 477RR.

In subsection (a) of this section, the reference to “insurers and nonprofit health service plans that issue or deliver individual hospital or major medical insurance policies or group or blanket health insurance policies in the State” is substituted for the former references to “nonprofit health service plan[s]”, “hospital or major medical insurer[s]”, and “group or blanket health insurer[s]” to clarify the applicability of this section.

Defined terms: “Health insurance” § 1-101

“Insurance” § 1-101

“Insurer” § 1-101

“Policy” § 1-101

15-118. COINSURANCE PAYMENTS FOR HEALTH CARE SERVICES.

(A) DEFINITIONS.

(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “HEALTH CARE SERVICE” MEANS A HEALTH OR MEDICAL CARE PROCEDURE OR SERVICE RENDERED BY A PROVIDER THAT:

(I) PROVIDES TESTING, DIAGNOSIS, OR TREATMENT OF HUMAN DISEASE OR DYSFUNCTION; OR

(II) DISPENSES DRUGS, MEDICAL DEVICES, MEDICAL APPLIANCES, OR MEDICAL GOODS FOR THE TREATMENT OF HUMAN DISEASE OR DYSFUNCTION.

(3) “PROVIDER” MEANS A PHYSICIAN, HOSPITAL, OR OTHER PERSON THAT IS LICENSED OR OTHERWISE AUTHORIZED TO PROVIDE HEALTH CARE SERVICES.