

termination of coverage for that individual has been received by the carrier; and generally relating to coverage determinations by insurers and retroactive adverse decisions based on such determinations.

BY repealing and reenacting, with amendments,

Article - Insurance

Section 15-10B-07(c)

Annotated Code of Maryland

(1997 Volume and 1998 Supplement)

BY adding to

Article - Insurance

Section 15-303(f)

Annotated Code of Maryland

(1997 Replacement Volume and 1998 Supplement)

BY adding to

Article - Health - General

Section 19-706(ff)

Annotated Code of Maryland

(1996 Replacement Volume and 1998 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Insurance

15-303.

(F) EACH POLICY OF GROUP HEALTH INSURANCE SHALL CONTAIN A PROVISION THAT REQUIRES THE EMPLOYER, LABOR UNION, ASSOCIATION, OR OTHER ENTITY TO WHICH A POLICY OF GROUP HEALTH INSURANCE HAS BEEN ISSUED TO CONTINUE TO PAY THE PREMIUM FOR AN EMPLOYEE, MEMBER, OR DEPENDENT UNDER THE POLICY UNTIL NOTICE OF TERMINATION OF COVERAGE HAS BEEN RECEIVED BY THE INSURER

15-10B-07.

(c) (1) Except as provided in paragraph (2) of this subsection, if a course of treatment has been preauthorized or approved for a patient, a private review agent may not retrospectively render an adverse decision regarding the preauthorized or approved services delivered to that patient.

(2) A private review agent may retrospectively render an adverse decision regarding preauthorized or approved services delivered to a patient if:

(i) [the patient, on the date the services were rendered, was not insured by or an enrollee, subscriber, or member of the entity that the private review agent is affiliated with, under contract with, or acting on behalf of;