

(ii) a third party that [provides] PAYS FOR, PROVIDES, or administers [hospital benefits] HEALTH CARE SERVICES to citizens of this State[, including:

1. a health maintenance organization issued a certificate of authority in accordance with Title 19, Subtitle 7 of the Health – General Article; or

2. a health insurer, nonprofit health service plan, health insurance service organization, or preferred provider organization authorized to offer health insurance policies or contracts in this State in accordance with this article]; or

(2) any person or entity including a hospital-affiliated person performing utilization review for the purpose of making claims or payment decisions FOR HEALTH CARE SERVICES on behalf of the employer's or labor union's health insurance plan under an employee assistance program for employees other than the employees EMPLOYED BY:

(i) [employed by] the hospital; or

(ii) [employed by] a business wholly owned by the hospital.

[(h)] (L) "Significant beneficial interest" means the ownership of any financial interest that is greater than the lesser of:

(1) 5 percent of the whole; or

(2) \$5,000.

[(i)] (M) "Utilization review" means a system for reviewing the appropriate and efficient allocation of health care RESOURCES AND services given or proposed to be given to a patient or group of patients.

[(j)] (N) "Utilization review plan" means a description of the standards governing utilization review activities performed by a private review agent.

15-10B-02.

The purpose of this subtitle is to:

(1) promote the delivery of quality health care in a cost effective manner;

(2) foster greater coordination between payors and providers conducting utilization review activities;

(3) protect patients, business, and providers by ensuring that private review agents are qualified to perform utilization review activities and to make informed decisions on the appropriateness of medical care; and

(4) ensure that private review agents maintain the confidentiality of medical records in accordance with applicable State and federal laws.

15-10B-03.

(d) (1) The Commissioner, after consultation with payors, including the Health Insurance Association of America, the League of Life and Health Insurers of