- (i) be provided in accordance with generally accepted standards of nursing practice for home care of a mother and newborn child;
- (ii) be provided by a registered nurse with at least 1 year of experience in maternal and child health nursing or in community health nursing with an emphasis on maternal and child health; and
 - (iii) include any services required by the attending provider.
- (e) (1) The private review agent or health maintenance organization may not require additional documentation from, require additional utilization review of, or otherwise provide financial disincentives for an attending provider who orders care for which coverage is required to be provided under this section, § 19–703 of the Health General Article, or § 15–811 of this article.
- (2) The private review agent, hospital, or health maintenance organization may not deny, limit, or otherwise impair the participation of an attending provider under a contract or any privilege granted an attending provider who advocates more than 48 hours of inpatient hospital care following a complicated vaginal delivery or more than 96 hours of inpatient hospital care following a complicated cesarean section.

15-10B-09.1.

A GRIEVANCE DECISION SHALL BE MADE BASED ON THE PROFESSIONAL JUDGMENT OF:

- (1) A PHYSICIAN, OR A PANEL OF OTHER APPROPRIATE HEALTH CARE SERVICE REVIEWERS WITH AT LEAST ONE PHYSICIAN ON THE PANEL WHO IS BOARD CERTIFIED OR ELIGIBLE IN THE SAME SPECIALTY AS THE TREATMENT UNDER REVIEW;
- (2) WHEN THE ADVERSE GRIEVANCE DECISION INVOLVES A DENTAL SERVICE, A LICENSED DENTIST, OR A PANEL OF APPROPRIATE HEALTH CARE SERVICE REVIEWERS WITH AT LEAST ONE DENTIST ON THE PANEL WHO IS A LICENSED DENTIST WHO SHALL CONSULT WITH A DENTIST WHO IS BOARD CERTIFIED OR ELIGIBLE IN THE SAME SPECIALTY AS THE SERVICE UNDER REVIEW; OR
- (3) WHEN THE ADVERSE GRIEVANCE DECISION INVOLVES A MENTAL HEALTH OR SUBSTANCE ABUSE SERVICE, A LICENSED PHYSICIAN, OR A PANEL OF OTHER APPROPRIATE HEALTH CARE SERVICE REVIEWERS WITH AT LEAST ONE PHYSICIAN, SELECTED BY THE PRIVATE REVIEW AGENT WHO:
- (I) IS BOARD CERTIFIED OR ELIGIBLE IN THE SAME SPECIALTY AS THE TREATMENT UNDER REVIEW, OR
- $\underline{\rm (II)}$ $\,$ IS ACTIVELY PRACTICING OR HAS DEMONSTRATED EXPERTISE IN THE ALCOHOL, DRUG ABUSE, OR MENTAL HEALTH SERVICE OR TREATMENT UNDER REVIEW.