

vetoed Senate Bill 636 – Medicaid Managed Care Organizations – Continuity of Care.

This bill requires the Department of Health and Mental Hygiene to adopt regulations that allow a Medicaid enrollee to choose the Medicaid managed care organization in which to enroll and the primary care provider to whom the enrollee is assigned.

House Bill 1227, which was passed by the General Assembly and signed by me, accomplishes the same purpose. Therefore, it is not necessary for me to sign Senate Bill 636.

Sincerely,  
Parris N. Glendening  
Governor

**Senate Bill No. 636**

AN ACT concerning

**Medicaid Managed Care Organizations – Continuity of Care**

FOR the purpose of providing that a HealthChoice Program recipient has the right to choose the managed care organization with which the recipient is enrolled and the primary care provider to whom the recipient is assigned within the managed care organization; ~~authorizing the Program, under certain conditions, to assign a recipient to a managed care organization that contracts with the recipient's most recent primary care provider and requiring the Department of Health and Mental Hygiene to identify the primary care provider to the managed care organization at the time of assignment; requiring the Department to establish mechanisms for maintaining a database that identifies each Program recipient's current primary care provider and managed care organization; expanding the conditions under which a managed care organization must assign a recipient to a managed care provider requiring the Department of Health and Mental Hygiene to reassign a disenrolled recipient to a certain managed care organization under certain circumstances; requiring a managed care organization to assign a certain primary care provider to a disenrolled recipient under certain circumstances; requiring a managed care organization that is withdrawing from the HealthChoice Program to provide a certain written notice to a recipient within a certain time; requiring a managed care organization to provide the Department with a certain list of recipients and their primary care providers by a certain time; requiring the Department to provide the list provided by the managed care organization to the enrollment broker and other managed care organizations for certain purposes; requiring the Department to make a certain report;~~ and generally relating to the HealthChoice Program and the selection or assignment of managed care organizations and primary care providers for Program recipients.

BY repealing and reenacting, with amendments,  
Article – Health – General  
Section 15-103(b)(23) ~~and (f)~~  
Annotated Code of Maryland