

(ii) If a health maintenance organization requires a trauma physician to include a provider number on the uniform claim form in accordance with subparagraph (i) of this paragraph, the health maintenance organization shall assign a provider number to a trauma physician not under contract with the health maintenance organization at the request of the physician.

(4) A trauma center, on request from a health maintenance organization, shall verify that a licensed physician is credentialed or otherwise designated by the trauma center to provide trauma care.

### Chapter 275 of the Acts of 2000

SECTION 5. AND BE IT FURTHER ENACTED, That Sections 2 and 4 of this Act shall take effect October 1, 2000. ~~Sections 2 and 4 of this Act shall remain effective for a period of 1 year and 9 months and, at the end of June 30, 2002, 2005,~~ with no further action required by the General Assembly, Sections 2 and 4 of this Act shall be abrogated and of no further force and effect.‡

### Chapter 423 of the Acts of 2001

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2001. ‡It shall remain effective until the taking effect of the termination provision specified in Section 5 of Chapter 275 of the Acts of the General Assembly of 2000. If that termination provision takes effect, this Act shall be abrogated and of no further force and effect. This Act may not be interpreted to have any effect on that termination provision.‡

#### SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Care Commission and the Health Services Cost Review Commission shall jointly study and make recommendations to the House Economic Matters and Senate Finance Committees regarding health care provider reimbursements by commercial insurers, including health maintenance organizations, and self-pay patients in the State.

(b) In performing the study, the Commissions shall develop recommendations on the following issues:

(i) whether the State should maintain a prohibition against the balance billing of health maintenance organization subscribers for ~~noncovered~~ covered services;

(ii) the feasibility and desirability of the development of a provider rate setting system that would establish both minimum and maximum reimbursement levels for health care services delivered in the State;

(iii) the feasibility and desirability of expanding the hospital rate setting system to include reimbursement of hospital-based and university-based physicians;

(iv) the feasibility of establishing an uncompensated care fund to subsidize reimbursements to providers that deliver a disproportionate amount of uncompensated care to State residents, including emergency room physicians,