(1) gender, race, age, religion, national origin, or a protected category under the federal Americans with Disabilities Act;

(2) the type or number of appeals that the provider files under [Title 19, Subtitle 13 of the Health – General Article] SUBTITLE 10B OF THIS TITLE; [or]

(3) THE NUMBER OF GRIEVANCES OR COMPLAINTS THAT THE PROVIDER FILES ON BEHALF OF A PATIENT UNDER SUBTITLE 10A OF THIS TITLE; OR

[(3)] (4) the type or number of complaints or grievances that the provider files or requests for review under the carrier's internal review system established under subsection (h) of this section.

(g) A carrier may not terminate participation on its provider panel or otherwise penalize a provider for:

(1) advocating the interests of a patient through the carrier's internal review system established under subsection (h) of this section; [or]

(2) filing an appeal under [Title 19, Subtitle 13 of the Health – General Article] SUBTITLE 10B OF THIS TITLE; OR

(3) FILING A GRIEVANCE OR COMPLAINT ON BEHALF OF A PATIENT UNDER SUBTITLE 10A OF THIS TITLE.

15–1001.

(a) This section applies to insurers and nonprofit health service plans that propose to issue or deliver individual, group, or blanket health insurance policies or contracts in the State or to administer health benefit programs that provide for the coverage of hospital benefits and the utilization review of those benefits.

(b) Each entity subject to this section shall:

(1) have a certificate issued under [Title 19, Subtitle 13 of the Health – General Article] SUBTITLE 10B OF THIS TITLE;

(2) contract with a private review agent that has a certificate issued under [Title 19, Subtitle 13 of the Health – General Article] SUBTITLE 10B OF THIS TITLE; or

(3) contract with or delegate utilization review to a hospital utilization review program approved under § 19–319(d) of the Health – General Article.

(c) Notwithstanding any other provision of this article, if the medical necessity of providing a covered benefit is disputed, an entity subject to this section that does not meet the requirements of subsection (b) of this section shall pay any person entitled to reimbursement under the policy, contract, or certificate in accordance with the determination of medical necessity by the hospital utilization review program approved under § 19–319(d) of the Health – General Article.