

SECTION 4. AND BE IT FURTHER ENACTED, That the Health Education and Advocacy Unit, in conjunction with other affected State government agencies, shall study and make recommendations to the Legislative Policy Committee, the Senate Finance Committee, the House Economic Matters Committee, and the House Environmental Matters Committee by October 1, 1999, about the feasibility and advisability of requiring all carriers to have a uniform internal grievance review process for members in accordance with regulations adopted by the Maryland Insurance Commissioner.

SECTION 5. AND BE IT FURTHER ENACTED, That the Maryland Insurance Administration, as part of the annual report required under § 15-10A-06 of the Insurance Article, shall report the number of complaints filed against ~~carriers~~ each carrier related to a hospital length of stay or a requirement to have a service performed on an outpatient basis, and the extent to which the complaints are related to a certain clinical practice guideline.

~~SECTION 6. AND BE IT FURTHER ENACTED, That the Maryland Insurance Administration shall conduct a 2 year study of the relationship between the number of complaints involving each carrier and the health care regulatory assessment paid by each carrier for the costs attributable to the implementation of Title 16, Subtitle 10A of the Insurance Article, as enacted by Section 2 of this Act, and shall report the results of its study to the Senate Finance Committee, the House Economic Matters Committee, and the House Environmental Matters Committee by October 1, 2001.~~

SECTION 6. AND BE IT FURTHER ENACTED, That:

(a) On or before January 1, 2000, the Insurance Commissioner shall submit a report to the Governor and, subject to § 2-1246 of the State Government Article, the General Assembly, assessing the implementation of Title 15, Subtitles 10A, 10B, and 10C of the Insurance Article, as enacted by Section 2 of this Act; and

(b) The report shall include an evaluation of:

(1) the correlation between the health care regulatory assessment collected by the Insurance Commissioner from each carrier under § 2-112.2 of the Insurance Article, as enacted by this Act, and the costs incurred by the Maryland Insurance Administration in implementing Title 15, Subtitles 10A, 10B, and 10C of the Insurance Article;

(2) whether the provisions of Title 15, Subtitle 10A of the Insurance Article should be expanded to include complaints based on adverse decisions made by carriers and not just those adverse decisions arising from utilization review determinations, as provided in § 15-10A-01 of the Insurance Article, as enacted by this Act; and

(3) whether Title 15, Subtitle 10A of the Insurance Article should be altered to exclude those types of complaints involving adverse decisions made by carriers that offer fixed indemnity or indemnity health insurance products.