- (4) the appropriate use of industry guidelines in reviewing the unique health care service requirements of individual patients; and
- (5) the cooperation of health insurance carriers and health care providers in hospital discharge planning.
- (b) The Commissioner shall report the findings and recommendations of the study to the Senate Finance Committee, House Economic Matters Committee, and House Environmental Matters Committee on or before December 1, 1998.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1 July 1, 1998.

Approved May 21, 1998.

CHAPTER 611

(House Bill 556)

AN ACT concerning

Health - Utilization Review

- FOR the purpose of altering the time frame when a private review agent must authorize or certify an extended stay in a health care facility or additional health care services; altering the contents of a utilization review plan; altering a certain definition; altering the circumstances under which a private review agent may retrospectively render an adverse decision regarding the preauthorized or approved services delivered to a patient; altering the penalties for certain violations; and generally relating to utilization review.
- FOR the purpose of requiring the Insurance Commissioner, in consultation with the Maryland Hospital Association, the Maryland Association of Health Maintenance Organizations, the League of Life and Health Insurers, the Medical-Chirurgical Faculty of Maryland, and other interested organizations representing health care providers and health insurance carriers, to study hospital utilization review and report to certain legislative committees by a certain date.

BY repealing and reenacting, with amendments,

Article Health General

Section 19 1301(e), 19 1305(a), 19 1305.2(e), 19 1305.3(a) and (b), and 19 1312

Annotated Code of Maryland

(1996 Replacement Volume and 1997 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows: