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**HEADLINE:** Bills give health care shot in arm Major legislation OK'd during assembly session

**BODY:**

Your doctor wants to keep you in the hospital an extra day or send you to a specialist, but your health insurer refuses to pay for it. Where do you go for help?

Under a law passed during the recent General Assembly session, the state insurance commissioner may be the one to turn to.

One of the major health care bills approved this year sets up a new system to help patients do battle with giant managed care organiza

tions and gives the commissioner the power to order recalcitrant insurers to pay up.

It was one of about 150 health care bills introduced during a session in which lawmakers approved a major new health insurance program for poor children, created a mechanism to handle conversion of nonprofit community hospitals into for-profit hospitals and approved a law that is aimed at making more organs avail

able for patients needing a transplant.

While the children's health plan got much of the publicity during the session, Del. Michael Busch, D-Annapolis, said the process for handling patient complaints about adverse insurance rulings is the most significant health care bill of the session.

"We probably have the most farreaching appeals and grievances processes to help consumers in the nation," he said.

The law, which takes effect next Jan. 1., will require health maintenance organizations and other in

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urers to have an in-house ombudsman to handle consumer complaints. If a patient files a grievance and the insurer still refuses to pay, the insurance commissioner can order that payment be made for the treatment.

The new law will not help everyone. Many Marylanders work for large and medium-sized companies that provide their own insurance, and federal law restricts state control over those health plans.

But Sen. Paula Hollinger, D-Baltimore County, said for the hundreds of thousands of Marylanders covered by the law, it will give them "some ability to take action against HMOs." The new law is also important because it guarantees for the first time that health maintenance organizations must provide an office where patients can go to air their grievances, she said.

The organ-transplant bill requires hospital officials to contact appropriate organ-transplant agencies when people die or are near death so they can ask relatives to allow the organs to be used for transplants.

A similar bill in Pennsylvania increased donations by 30 percent, so Maryland officials are optimistic that the bill will reduce Maryland's transplant waiting list.

"If we are as successful as Pennsylvania, we can get the 2,000 on the waiting list down by about 600, and that would be great," said Mrs. Hollinger, who sponsored the bill.

The bill expanding health coverage will provide care for an estimated 60,000 children and pregnant women in low-income families across Maryland at a cost of about \$ 29 million to the state and \$ 47 million to the federal government.

Income ceilings for eligibility are about \$ 32,000 for a family of four and about \$ 21,700 for a family of two. Some families with higher incomes will have to pay premiums, but the insurance will be free for most.

Mr. Busch and Ms. Hollinger said the bill dealing with hospital conversions is needed because of a trend in the industry for community, nonprofit hospitals to be taken over by hospital chains.

The bill is intended to make sure communities continue to have access to health care and to protect a community's investment in its hospital.

Another bill Mr. Busch said is significant will require health organizations and insurers to pay for treatment that is provided as part of clinical trials testing new ways to fight a disease.

That will help major research and teaching hospitals, such as the Uni

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versity of Maryland Medical and Johns Hopkins, and "keeps us on the forefront of cutting-edge medicine and teaching," Mr. Busch said.

He said there was one big failure this year in the health care field, loss of a bill to combine three regulatory agencies into one. Backers of the bill hoped to reduce the regulatory burden on the health care industry and save money by getting rid of the overlapping bu

reaucracy, but the measure died as the result of squabbling within the industry.

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