

West's Annotated Code of Maryland

Health--General

Title 19. Health Care Facilities (Refs & Annos)

Subtitle 1. Health Care Planning and Systems Regulation (Refs & Annos)

Part III. Medical Care Data Collection

MD Code, Health - General, § 19-132

§ 19-132. Definitions

Effective: March 14, 2021

Currentness

In general

(a) In this Part III of this subtitle the following words have the meanings indicated.

Ambulatory surgical facility

(b) “Ambulatory surgical facility” has the meaning stated in § 19-3B-01 of this title.

Carrier

(c) “Carrier” means:

(1) An insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State in accordance with the Insurance Article; or

(2) A health maintenance organization that holds a certificate of authority in the State.

Comprehensive standard health benefit plan

(d) “Comprehensive standard health benefit plan” means the comprehensive standard health benefit plan adopted in accordance with § 15-1207 of the Insurance Article.

Health benefit plan

(e)(1) “Health benefit plan” means a hospital or medical policy, contract, or certificate issued by a carrier.

(2) “Health benefit plan” does not include:

(i) Coverage for accident or disability income insurance;

(ii) Coverage issued as a supplement to liability insurance;

(iii) Liability insurance, including general liability insurance and automobile liability insurance;

(iv) Workers’ compensation or similar insurance;

(v) Automobile or property medical payment insurance;

(vi) Credit-only insurance;

(vii) Coverage for on-site medical clinics;

(viii) Dental or vision insurance;

(ix) Long-term care insurance or benefits for nursing home care, home health care, community-based care, or any combination of these;

(x) Coverage only for a specified disease or illness;

(xi) Hospital indemnity or other fixed indemnity insurance; or

(xii) The following benefits if offered as a separate insurance policy:

1. Medicare supplemental health insurance, as defined in § 1882(g)(1) of the Social Security Act;
2. Coverage supplemental to the coverage provided under Chapter 55 of Title 10 of the United States Code; or
3. Similar supplemental coverage provided to coverage under an employer sponsored plan.

Health care practitioner

(f) “Health care practitioner” means any individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

Health care provider

(g)(1) “Health care provider” means:

- (i) A person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program; or
- (ii) A facility where health care is provided to patients or recipients, including:
 1. A facility, as defined in § 10-101(g) of this article;
 2. A hospital, as defined in § 19-301 of this title;
 3. A related institution, as defined in § 19-301 of this title;
 4. A health maintenance organization, as defined in § 19-701(g) of this title;

5. An outpatient clinic; and

6. A medical laboratory.

(2) “Health care provider” includes the agents and employees of a facility who are licensed or otherwise authorized to provide health care, the officers and directors of a facility, and the agents and employees of a health care provider who are licensed or otherwise authorized to provide health care.

Health care service

(h) “Health care service” means any health or medical care procedure or service rendered by a health care practitioner that:

(1) Provides testing, diagnosis, or treatment of human disease or dysfunction; or

(2) Dispenses drugs, medical devices, medical appliances, or medical goods for the treatment of human disease or dysfunction.

Hospital

(i) “Hospital” has the meaning stated in § 19-301 of this title.

Mandated health insurance service

(j)(1) “Mandated health insurance service” means a legislative proposal or statute that would require a particular health care service to be provided or offered in a health benefit plan, by a carrier or other organization authorized to provide health benefit plans in the State.

(2) “Mandated health insurance service”, as applicable to all carriers, does not include services enumerated to describe a health maintenance organization under § 19-701(g)(2) of this title.

Nursing facility

(k) “Nursing facility” has the meaning stated in § 19-1401 of this title.

Office facility

(1)(1) “Office facility” means the office of one or more health care practitioners in which health care services are provided to individuals.

(2) “Office facility” includes a facility that provides:

(i) Ambulatory surgery;

(ii) Radiological or diagnostic imagery; or

(iii) Laboratory services.

(3) “Office facility” does not include any office, facility, or service operated by a hospital and regulated under Part II of this subtitle.

Payor

(m) “Payor” means:

(1) A health insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State in accordance with this article or the Insurance Article;

(2) A health maintenance organization that holds a certificate of authority in the State; or

(3) For the purposes of this Part III of this subtitle only, a person that is registered as an administrator under Title 8, Subtitle 3 of the Insurance Article.

Credits

Added as Health-General § 19-1501 by Acts 1993, c. 9, § 1, eff. July 1, 1993. Amended by Acts 1994, c. 3, § 1, eff. Feb. 28, 1994; Acts 1994, c. 258, § 1, eff. July 1, 1994; Acts 1995, c. 462, § 1, eff. June 1, 1995; Acts 1997, c. 14, § 20, eff. April 8, 1997; Acts 1997, c. 70, § 4, eff. Oct. 1, 1997; Acts 1997, c. 134, § 1, eff. June 1, 1997; Acts 1999, c. 34, § 7, eff. April 13, 1999; Acts 1999, c. 382, § 2, eff. Oct. 1, 1999; Acts 1999, c. 582, § 1, eff. July 1, 1999; Acts 1999, c. 657, § 1, eff. Oct. 1,

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1999. Renumbered as Health-General § 19-133 and amended by Acts 1999, c. 702, § 2, eff. Oct. 1, 1999. Amended by Acts 1999, c. 34, § 7, eff. April 13, 1999; Acts 2000, c. 61, § 1, eff. April 25, 2000. Renumbered as Health-General § 19-132 by Acts 2001, c. 565, § 2, eff. July 1, 2001. Amended by Acts 2003, c. 21, § 6, eff. April 8, 2003; Acts 2004, c. 25, § 1, eff. April 13, 2004; Acts 2007, c. 5, § 7, eff. March 22, 2007; Acts 2011, c. 11, § 1, eff. July 1, 2011; Acts 2015, c. 22, § 5; Acts 2021, c. 4, § 1, eff. March 13, 2021; Acts 2021, c. 28, § 1, eff. March 14, 2021.

MD Code, Health - General, § 19-132, MD HEALTH GEN § 19-132

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