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3 **Title: Non-payment of “Authorized” Medical Services**  
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5 **Introduced by: Domenic R. Federico, MD, for the Kent County Delegation**  
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7 **Original Author: Patrick J. Droste, MS, MD**  
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9 **Referred to: Reference Committee B**  
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11 **House Action:**

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14 **Whereas, many patient visits require “authorization” by their insurance**  
15 **carrier prior to the rendering of services, and**

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17 **Whereas, authorization granted by the insurance carrier for medical**  
18 **consultations, emergency room visits, out of network services, or subspecialty**  
19 **services are subsequently denied for payment, and**

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21 **Whereas, insurance carriers that require authorization for specific**  
22 **services state that “authorization is not a guarantee of payment;” therefore be it**  
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24 **RESOLVED: That MSMS work for legislation that provides for all of the**  
25 **following:**

- 26 **1) Authorization for specific service(s) is associated with payment for**  
27 **services rendered.**  
28 **2) Reimbursement for services rendered is received within 30 days.**  
29 **3) Services with “authorization” cannot be denied retrospectively with**  
30 **request for return payment.**

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33 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**