

HB0684/193820/1

BY: Health Committee

AMENDMENTS TO HOUSE BILL 684
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 22, strike the first “and” and substitute a comma; and in the same line, after “(c)(2)” insert “, and (m)”.

AMENDMENT NO. 2

On page 3, in line 8, after “SUBSECTION” insert “BY SUBMITTING A UNIFORM FORM DEVELOPED BY THE COMMISSIONER UNDER SUBSECTION (Y)(4) OF THIS SECTION”; and in line 11, strike “FROM ENROLLEES ABOUT CARRIERS”.

On page 4, after line 34, insert:

“(m) (1) For at least 90 days after the date of the notice of termination of a primary care provider OR A PROVIDER OF BEHAVIORAL HEALTH CARE SERVICES from a carrier’s provider panel for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status, the [primary care] provider shall furnish health care services to each enrollee:

(i) who was receiving health care services from the [primary care] provider before the notice of termination; and

(ii) who, after receiving notice under subsection (b) of this section of the termination of the [primary care] provider, requests to continue receiving health care services from the [primary care] provider.

(2) A carrier shall reimburse a [primary care] provider that furnishes health care services under this subsection in accordance with the [primary care] provider’s agreement with the carrier.

(3) A PROVIDER THAT FURNISHES HEALTH CARE SERVICES UNDER THIS SUBSECTION IN ACCORDANCE WITH A PROVIDER’S AGREEMENT WITH A CARRIER SHALL ACCEPT AS PAYMENT IN FULL FOR THE SERVICES PAYMENT FROM THE CARRIER AND COST-SHARING FROM THE PATIENT, AS APPLICABLE.”.

On page 5, in line 8, strike “(I)”; in lines 11 and 13, strike “1.” and “2.”, respectively, and substitute “(I)” and “(II)”, respectively; strike in their entirety lines 15 through 22, inclusive; and in line 28, after “TERMS” insert “AND PATIENT BALANCE BILLING PROTECTIONS”.

On page 6, in line 15, strike “(1)” and substitute “(2)”; and after line 15, insert:

“(4) THE COMMISSIONER SHALL DEVELOP A UNIFORM FORM THAT CARRIERS, PROVIDERS, AND HEALTH SYSTEMS SHALL USE FOR REQUESTS TO CONTINUE TO RECEIVE HEALTH CARE SERVICES IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION OR 42 U.S.C. § 300GG-113.”.

On page 8, in line 4, after “ON” insert “:

1.”;

in line 5, after “PANEL” insert “;OR

2. IF THE CONSUMER DID NOT RECEIVE NOTICE OF THE TERMINATION BEFORE THE TERMINATION DATE, THE DATE OF THE NOTICE OF TERMINATION”;

in line 16, after “THE” insert “INDIVIDUAL SHALL SELECT IF”; and in line 17, after “EFFECTIVE” insert “:

**(I) ON THE FIRST DAY OF THE MONTH FOLLOWING THE DATE
THE HEALTH BENEFIT PLAN WAS SELECTED; OR**

(II)".