SB0521/603222/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 521
(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 33, 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)".