

# PROPOSED AMENDMENT

## SB 249 # 2

### DIGEST

Material change language. Changes language back to allowing the commissioner, instead of requiring the commissioner, to provide an order directing discontinuance of certain practices. Removes language concerning prohibiting a plan from requiring a participating provider to obtain prior authorization for a health care service if the provider meets certain requirements. Removes language concerning discipline of a physician who is an employee of an insurer and is reviewing medical records for the insurer. Removes language that prohibited an insurer from denying a clean claim solely based on the location of where the service is provided. Deletes language that would have required a health plan to file information with the department of insurance concerning the amount of administrative fees charged. Deletes language concerning notice of material changes to an agreement with a contracted provider or participating provider.

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- 1 Page 2, line 2, reset in roman "may,".
  - 2 Page 2, line 2, delete "shall,".
  - 3 Page 4, delete lines 25 through 42.
  - 4 Page 5, delete lines 1 through 27.
  - 5 Page 7, delete lines 18 through 22.
  - 6 Page 7, line 23, delete "(2)" and insert "**(1)**".
  - 7 Page 7, line 26, delete "(3)" and insert "**(2)**".
  - 8 Page 7, line 29, delete "(4)" and insert "**(3)**".
  - 9 Page 7, line 32, delete "(5)" and insert "**(4)**".
  - 10 Page 9, line 37, delete "An".
  - 11 Page 9, delete lines 38 through 42.
  - 12 Page 10, delete lines 1 through 2.
  - 13 Page 10, line 3, delete "(c)" and insert "**(b)**".
  - 14 Page 11, delete lines 28 through 42.
  - 15 Delete page 12.
  - 16 Page 13, delete lines 1 through 33.
  - 17 Page 14, delete lines 26 through 42.
  - 18 Delete pages 15 and 16.
  - 19 Renumber all SECTIONS consecutively.  
(Reference is to SB 249 as introduced.)