## PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1475

Page 1, line 5, remove "to"

- Page 1, line 6, remove "provide a statement of legislative intent;"
- Page 1, line 6, remove "declare an"
- Page 1, line 6, replace "emergency" with "provide for application"
- Page 2, line 18, replace "legislative management" with "employee benefits programs committee"
- Page 2, line 18, remove "the legislative"
- Page 2, line 19, replace "management" with "this committee"
- Page 2, line 26, replace "legislative management" with "employee benefits programs committee"
- Page 3, line 4, remove "<u>A provision that a determination by the board that the carrier breached</u> <u>a material</u>"
- Page 3, replace lines 5 through 13 with "<u>In the case of health insurance benefits coverage,</u> <u>other than self-insurance under section 54-52.1-04.2 or health insurance benefits</u> <u>coverage for retired employees eligible for medicare, a provision requiring performance</u> <u>guarantees and liquidated damages, as necessary, as determined by the board.</u>"
- Page 3, line 14, replace "<u>a.</u> <u>A</u>" with "<u>In the case of a</u>"
- Page 3, line 15, after "coverage" insert ":
  - a. The contract"
- Page 3, line 16, after the underscored period insert:

## "<u>b.</u>"

- Page 3, line 17, replace "legislative management" with "employee benefits programs committee"
- Page 3, line 18, replace "the legislative management" with "that committee"
- Page 3, line 21, replace "b." with "c."
- Page 3, line 21, replace "legislative management" with "employee benefits programs committee"
- Page 3, line 22, after "confidential" insert "or closed"
- Page 3, line 22, replace "the legislative management" with "that committee"
- Page 3, line 23, after "confidential" insert "or closed"
- Page 3, line 23, after "<u>record</u>" insert "<u>and the records retain this confidential or closed status in</u> <u>the hands of the committee</u>"

Page 3, line 24, replace "<u>c.</u>" with "<u>d.</u>"

- Page 3, line 24, replace "legislative management" with "employee benefits programs committee"
- Page 3, line 24, after "confidential" insert "or closed"
- Page 3, line 26, after the underscored period insert "<u>The board shall notify the employee</u> <u>benefits programs committee if the board opens to the public a previously closed</u> <u>record the board provided to the committee and upon receipt of such notice the record</u> <u>is no longer a closed record in the hands of the committee.</u>"
- Page 3, remove line 27
- Page 4, line 4, remove "<u>The contract must require the carrier process in-house its claims under the</u>"
- Page 4, remove line 5
- Page 4, line 6, remove "b."
- Page 4, line 6, remove the underscored colon
- Page 4, remove lines 7 through 9
- Page 4, line 10, replace "(2) The" with "the"
- Page 4, line 11, replace "or" with an underscored comma
- Page 4, line 11, after "provider" insert ", or any other identified provider of services, unless the board has preapproved such marketing"
- Page 4, line 11, remove "This paragraph limits a"
- Page 4, remove line 12
- Page 4, line 13, replace "<u>market services</u>" with "<u>In determining whether to approve a marketing</u> request under this subdivision, the board shall ensure the carrier is not unfairly favoring one provider over another. This subdivision does not prevent a carrier from marketing that is directly related to the health plan design or coverage"
- Page 4, line 14, replace "c." with "b."
- Page 4, line 15, after "coverage" insert ", as determined by the board"
- Page 4, line 16, replace "If the" with "The"
- Page 4, line 16, remove "enters a"
- Page 4, line 17, replace "with a carrier that has common ownership with a health care delivery entity," with "must provide:
  - <u>a. That</u>"
- Page 4, line 18, replace "negotiated" with "preferred"
- Page 4, line 18, replace "discount rates" with "arrangements"
- Page 4, line 18, remove the underscored colon
- Page 4, remove lines 19 through 25

- Page 4, line 26, replace "<u>related health care delivery entity that is not a critical access hospital</u>" with "<u>, the carrier shall comply with chapter 26.1-47, regarding preferred provider</u> organizations; and
  - b. That for purposes of the carrier's preauthorization and prior approval processes, the carrier shall comply with section 26.1-36-03.1"
- Page 4, line 27, replace "applies to all policies that become effective after June 30, 2015" with "does not prevent the board from implementing managed care options, such as an exclusive provider organization, health maintenance organization, or other closed system, provided the insured's participation in the system is voluntary.
  - 4. This section does not apply to a contract for a self-insurance plan under section 54-52.1-04.2 or health insurance benefits coverage for retired employees eligible for medicare"
- Page 5, line 1, remove "legislative"

Page 5, line 2, replace "management" with "employee benefits programs committee"

- Page 5, line 8, remove the underscored period
- Page 5, remove lines 9 through 19
- Page 5, line 20, replace "(a) <u>A</u>" with", including a"
- Page 5, line 22, replace "(b) An" with "an"
- Page 5, remove lines 24 through 26
- Page 5, line 28, replace "preauthorization" with "covered services from an in-network provider"
- Page 5, line 30, after "out-of-state" insert an underscored comma
- Page 5, line 31, replace the second "a" with "an in-network"
- Page 6, line 1, remove "<u>May not have a process for prior approval or preauthorization before</u> <u>benefits are</u>"
- Page 6, remove lines 2 and 3
- Page 6, line 4, remove "f."
- Page 6, line 6, after "<u>2.</u>" insert "<u>Notwithstanding subsection 1, a carrier may advise an insured</u> of a provider's network status and of a provider's center of excellence status."

<u>3.</u>"

- Page 6, line 10, replace "legislative management" with "employee benefits programs committee"
- Page 6, line 12, replace "3." with "4."
- Page 6, line 12, replace "applies to all policies that become effective after June 30, 2015" with "does not prevent the board from implementing managed care options, such as an exclusive provider organization, health maintenance organization, or other closed system, provided the insured's participation in the system is voluntary.

5. This section does not apply to a contract for a self-insurance plan under section 54-52.1-04.2 or health insurance benefits coverage for retired employees eligible for medicare"

Page 6, remove lines 13 through 21

Page 6, line 22, replace "This" with "During the 2015 legislative session, this"

Page 6, after line 23, insert:

"SECTION 6. APPLICATION. Sections 1 through 4 of this Act apply to all contracts entered on or after the effective date of this Act."

Page 6, remove line 24

Renumber accordingly