

SENATE BILL NO. 197

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - FIRST SESSION

BY SENATORS DONLEY, Taylor, Ellis, Duncan

Introduced: 5/7/97

Referred: Health, Education and Social Services

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to health care services provided by, and practices of, a health
2 maintenance organization; and prohibiting health maintenance organizations from
3 limiting free speech of health care providers."

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 * **Section 1.** AS 21.86.070(c) is amended to read:

6 (c) An evidence of coverage

7 (1) may not contain a provision or statement that is unjust, unfair,
8 inequitable, misleading, deceptive, or encourages misrepresentation, or that is untrue,
9 misleading, or prohibited under AS 21.86.150; and

10 (2) must contain a clear and concise statement [,] if a contract, or a
11 reasonably complete summary [,] if a certificate, of

12 (A) the health care services and the insurance or other benefits,
13 if any, to which the enrollee is entitled;

14 (B) limitations on the services, kind of services, benefits, or

1 kind of benefits, to be provided, including a deductible or copayment feature;

2 (C) where, and in what manner, information is available as to
3 how services may be obtained;

4 (D) the total amount of payment for health care services and the
5 indemnity or service benefits, if any, that the enrollee is obligated to pay with
6 respect to individual contracts; [AND]

7 (E) the health maintenance organization's method for resolving
8 enrollee complaints; **and**

9 **(F) guidelines explaining when treatment may be denied.**

10 * **Sec. 2.** AS 21.86 is amended by adding a new section to read:

11 **Sec. 21.86.075. Chiropractic health care services.** (a) An enrollee may use
12 the services of a licensed chiropractor of the enrollee's choosing and may not be
13 required to obtain the prior approval of the enrollee's health maintenance organization,
14 a gatekeeper, or primary care physician. Within 10 days after an enrollee's first visit,
15 a chiropractor shall transmit a report containing the enrollee's primary complaint,
16 related history, examination findings, initial diagnosis, and treatment plan to the
17 enrollee's health maintenance organization. If the enrollee and the enrollee's
18 chiropractor determine that the condition of the enrollee has not improved within 30
19 days after the initial treatment, the chiropractor shall refer the enrollee back to the
20 enrollee's health maintenance organization for examination and possible concurrent
21 care.

22 (b) If the enrollee's chiropractor recommends chiropractic treatment beyond
23 30 days, the chiropractor shall conduct a second examination and transmit the findings
24 to the enrollee's health maintenance organization. The transmitted information must
25 include the enrollee's current status regarding the primary complaint, the progress of
26 a revised treatment plan, and the objectives for continued care.

27 (c) After receiving a 30-day treatment report from a chiropractor under (b) of
28 this section, the enrollee's health maintenance organization may request a review by
29 another chiropractor. The reviewing chiropractor shall conduct a physical examination
30 of the enrollee. The findings of the reviewing chiropractor must be disclosed to the
31 enrollee and the enrollee's chiropractor. Charges for additional chiropractic care

1 recommended by the reviewing chiropractor must be included as covered health care
2 services provided by the health maintenance organization.

3 (d) If the enrollee's treating chiropractor and the reviewing chiropractor
4 determine that the enrollee's condition has stabilized, ongoing preventative or
5 maintenance care is limited to two chiropractic visits a month. If the treating
6 chiropractor and the reviewing chiropractor disagree on the enrollee's continued
7 treatment, the enrollee and the health maintenance organization shall jointly select a
8 third chiropractor to review the enrollee's chiropractic treatment. Selection of a third
9 chiropractor must occur not more than 60 days after the date of the enrollee's initial
10 treatment by the enrollee's treating chiropractor. Until the third chiropractor's opinion
11 is received in writing by the enrollee and the health maintenance organization, the
12 enrollee may receive chiropractic treatment recommended by the treating chiropractor.
13 The opinion of the third chiropractor as to continued chiropractic treatment is binding
14 on the enrollee and the health maintenance organization. This subsection does not
15 apply if a new documented injury or a substantial exacerbation of the enrollee's
16 previous primary complaint occurs.

17 * **Sec. 3.** AS 21.86.150 is amended by adding a new subsection to read:

18 (g) A health maintenance organization, including a health maintenance
19 organization operating a managed care plan, or a representative of a health
20 maintenance organization may not cause, request, or knowingly permit

21 (1) the imposition of limits regarding

22 (A) criticism by a health care provider of health care services
23 provided by the health maintenance organization; or

24 (B) written or oral communications between a health care
25 provider and an enrollee regarding health care services;

26 (2) the employment of a health care provider to be terminated unless
27 the provider receives written notice of the cause for the termination before being
28 terminated;

29 (3) denial of health care coverage for an enrollee unless the enrollee
30 has been examined by at least two physicians; or

31 (4) financial incentives to be given or offered to a provider for denying

1 or delaying health care services.