

SENATE BILL NO. 37

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY SENATOR KELLY

Introduced: 1/12/01

Referred: Judiciary, Finance

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to collective negotiation by physicians with health benefit plans; and to**
2 **health benefit plan contracts with individual competing physicians."**

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

4 * **Section 1.** AS 23 is amended by adding a new chapter to read:

5 **Chapter 50. Collective Negotiation by Physicians.**

6 **Sec. 23.50.010. Legislative findings.** (a) The legislature finds that permitting
7 competing physicians to engage in collective negotiation of certain terms and
8 conditions of contracts with a health benefit plan will benefit competition, so long as
9 the physicians do not engage in an express or implied threat of retaliatory collective
10 action, including boycotts or strikes.

11 (b) The legislature finds that permitting physicians to engage in collective
12 negotiations over fee-related terms may, in some circumstances, yield anti-competitive
13 effects. There are, however, instances in which a health benefit plan dominates the
14 market to the degree that fair negotiations between physicians and the health benefit

1 plan are not possible in the absence of joint action on behalf of the physicians. In
 2 those circumstances, the health benefit plan can virtually dictate the terms of the
 3 contracts that it offers to physicians.

4 (c) The legislature finds that it is appropriate and necessary to authorize
 5 collective negotiations between competing physicians and health benefit plans on fee-
 6 related and other issues when the imbalances in bargaining capacity described in this
 7 section exist.

8 **Sec. 23.50.020. Collective action by physicians.** (a) Competing physicians
 9 may meet and communicate in order to collectively negotiate with a health benefit
 10 plan concerning any of the contract terms and conditions described in this subsection.
 11 Competing physicians may not engage in a boycott related to these terms and
 12 conditions. Competing physicians may meet and communicate concerning

13 (1) clinical practice guidelines and coverage criteria;

14 (2) the respective liability of physicians and the health benefit plan for
 15 the treatment or lack of treatment of insured or enrolled persons;

16 (3) administrative procedures, including methods and timing of the
 17 payment of services to physicians;

18 (4) procedures for the resolution of disputes between the health benefit
 19 plan and physicians;

20 (5) patient referral procedures;

21 (6) the formulation and application of reimbursement methodology;

22 (7) quality assurance programs;

23 (8) health service utilization review procedures; and

24 (9) criteria to be used by health benefit plans for the selection and
 25 termination of physicians, including whether to engage in selective contracting.

26 (b) Except as provided in (c) of this section, competing physicians may not
 27 meet and communicate for the purpose of collectively negotiating the following terms
 28 and conditions with a health benefit plan:

29 (1) the fees or prices for services, including fees or prices arrived at by
 30 applying any reimbursement methodology procedures;

31 (2) the conversion factor in a resource-based relative value scale

1 reimbursement methodology or similar methodologies;

2 (3) the amount of any discount on the price of services to be rendered
3 by the physicians;

4 (4) the dollar amount for capitation or fixed payment for each person
5 covered by the health benefit plan for health services rendered by physicians to a
6 health benefit plan's insureds, beneficiaries, or enrollees; or

7 (5) the inclusion or alteration of terms and conditions to the extent that
8 they are prohibited or required by law; however, this paragraph does not limit
9 physician rights to collectively petition the government for a change in the law.

10 (c) Competing physicians within the service area of a health benefit plan may
11 collectively negotiate with a health benefit plan the terms and conditions of contracts
12 described in (b) of this section if the health benefit plan has substantial market power.
13 If the attorney general receives notice under (f) of this section that an authorized third
14 party intends to negotiate with a health benefit plan, the attorney general shall provide
15 written notice of the intended negotiation to the health benefit plan. A health benefit
16 plan is rebuttably presumed to have substantial market power.

17 (d) A health benefit plan may rebut the presumption of substantial market
18 power described under (c) of this section by providing proof satisfactory to the
19 attorney general that the health benefit plan's market share does not exceed 15 percent

20 (1) as measured by the number of covered lives at the end of the most
21 recently completed calendar year or by the actual number of consumers of prepaid
22 comprehensive health services at the end of the most recently completed calendar
23 quarter divided by the total population of the geographic service area as of the most
24 recent census; or

25 (2) within a particular geographic service area when its market
26 segments are added together for all types of health insurance insureds, beneficiaries, or
27 enrollees and for Medicare and Medicaid beneficiaries.

28 (e) In exercising the collective rights granted by (a) and (c) of this section,

29 (1) physicians may communicate with each other with respect to the
30 contractual terms and conditions to be negotiated with a health benefit plan;

31 (2) physicians may communicate with an authorized third party

1 regarding the terms and conditions of contracts allowed under this section;

2 (3) the authorized third party is the sole party authorized to negotiate
3 with a health benefit plan on behalf of a defined group of physicians;

4 (4) physicians can be bound by the terms and conditions negotiated by
5 the authorized third party that represents their interests;

6 (5) a health benefit plan communicating or negotiating with the
7 authorized third party may contract with, or offer different contract terms and
8 conditions to, individual competing physicians;

9 (6) an authorized third party may not represent more than 30 percent of
10 the market of practicing physicians for the provision of services in the geographic
11 service area or proposed geographic service area, if the health benefit plan has less
12 than a five percent market share as determined by the number of covered lives as
13 reported by the director of insurance for the most recently completed calendar year or
14 by the actual number of consumers of prepaid comprehensive health services;

15 (7) the attorney general may limit the percentage of practicing
16 physicians represented by an authorized third party; however, the limitation may not
17 be less than 30 percent of the market of practicing physicians in the geographic service
18 area or proposed geographic service area; when determining whether to impose a
19 limitation described under this paragraph, the attorney general shall consider the
20 provisions described under (h), (i), and (j) of this section; this paragraph does not
21 apply if the market of practicing physicians in the geographic service area or proposed
22 geographic service area consists of 40 or fewer individuals; and

23 (8) the authorized third party shall comply with the provisions of (f) of
24 this section.

25 (f) A person acting or proposing to act as an authorized third party under this
26 section shall,

27 (1) before engaging in collective negotiations with a health benefit
28 plan,

29 (A) file with the attorney general the information that identifies
30 the authorized third party, the authorized third party's plan of operation, and
31 the authorized third party's procedures to ensure compliance with this section;

1 (B) furnish to the attorney general, for the attorney general's
2 approval, a brief report that identifies the proposed subject matter of the
3 negotiations or discussions with a health benefit plan and that contains an
4 explanation of the efficiencies or benefits that are expected to be achieved
5 through the collective negotiations; the attorney general may not approve the
6 report if the proposed negotiations exceed the authority granted in this chapter
7 and, if they do, shall enter an order prohibiting the collective negotiations from
8 proceeding; the authorized third party shall provide supplemental information
9 to the attorney general as new information becomes available that indicates
10 that the subject matter of negotiations with the health benefit plan has changed
11 or will change;

12 (2) within 14 days after receiving a health benefit plan's decision to
13 decline to negotiate or to terminate negotiations, or within 14 days after requesting
14 negotiations with a health benefit plan that fails to respond within that time, report to
15 the attorney general that negotiations have ended or have been declined;

16 (3) before reporting the results of negotiations with a health benefit
17 plan and before giving physicians an evaluation of any offer made by a health benefit
18 plan, provide to the attorney general, for the attorney general's approval, a copy of all
19 communications to be made to physicians related to the negotiations, discussions, and
20 health benefit plan offers.

21 (g) The attorney general shall either approve or disapprove the contract that
22 was the subject of the collective negotiation within 30 days after receiving the reports
23 required under (f) of this section. If the contract is disapproved, the attorney general
24 shall furnish a written explanation of any deficiencies along with a statement of
25 specific remedial measures that would correct any identified deficiencies. An
26 authorized third party who fails to obtain the attorney general's approval is considered
27 to be acting outside the authority of this section.

28 (h) The attorney general shall approve a collective negotiation if

29 (1) the competitive and other benefits of the contract terms outweigh
30 any anticompetitive effects; and

31 (2) the contract terms are consistent with other applicable laws and

1 regulations.

2 (i) The competitive and other benefits of joint negotiations or negotiated
3 provider contract terms may include

4 (1) restoration of the competitive balance in the market for health care
5 services;

6 (2) protections for access to quality patient care;

7 (3) promotion of health care infrastructure and medical advancement;

8 or

9 (4) improved communications between health care providers and
10 health care insurers.

11 (j) When weighing the anticompetitive effects of contract terms, the attorney
12 general may consider whether the terms

13 (1) provide for excessive payments; or

14 (2) contribute to the escalation of the cost of providing health care
15 services.

16 (k) This section does not authorize competing physicians to act in concert in
17 response to a report issued by an authorized third party related to the authorized third
18 party's discussion or negotiations with a health benefit plan. The authorized third
19 party shall advise the physicians of the provisions of this subsection and shall warn
20 them of the potential for legal action against those who violate state or federal anti-
21 trust laws by exceeding the authority granted under this section.

22 (l) A contract allowed under this section may not exceed a term of five years.

23 (m) The documents relating to a collective negotiation described under this
24 section that are in the possession of the Department of Law are confidential and not
25 open to public inspection.

26 (n) In this section,

27 (1) "covered lives" means the total number of individuals who are
28 entitled to benefits under the health benefit plan;

29 (2) "geographic service area" means the geographic area of the
30 physicians seeking to jointly negotiate.

31 **Sec. 23.50.030. Fee for registration of authorized third parties.** (a) The

1 attorney general shall adopt regulations that establish the amount and manner of
 2 payment of a registration fee for authorized third parties. The attorney general shall
 3 establish the fee level so that the total amount of fees collected from authorized third
 4 parties approximately equals the actual regulatory costs for the oversight of joint
 5 negotiations between physicians and health benefit plans. The attorney general shall
 6 annually review the fee level to determine whether the regulatory costs are
 7 approximately equal to fee collections. If the review indicates that the fee collections
 8 and regulatory costs are not approximately equal, the attorney general shall calculate
 9 fee adjustments and adopt regulations under this subsection to implement the
 10 adjustments. In January of each year, the attorney general shall report on the fee level
 11 and revisions for the previous year under this subsection to the office of management
 12 and budget.

13 (b) In this section, "regulatory costs" means costs of the Department of Law
 14 that are attributable to oversight of joint negotiations between physicians and health
 15 benefit plans.

16 **Sec. 23.50.040. Regulations.** The attorney general may adopt regulations
 17 necessary to implement this chapter.

18 **Sec. 23.50.099. Definitions.** In this chapter,

19 (1) "authorized third party" means a person authorized by the
 20 physicians to negotiate on their behalf with a health benefit plan under this chapter;

21 (2) "health benefit plan" has the meaning given in AS 21.54.500.

22 * **Sec. 2.** AS 45.50.572 is amended by adding a new subsection to read:

23 (k) AS 45.50.562 - 45.50.596 do not forbid the existence or operation of
 24 organizations of physicians acting in accordance with AS 23.50, or forbid or restrain
 25 members of those organizations from lawfully carrying out the legitimate objectives of
 26 them; nor are these organizations or members illegal combinations or conspiracies in
 27 restraint of trade under the provisions of AS 45.50.562 - 45.50.596.

28 * **Sec. 3.** AS 23.50.010, 23.50.020, 23.50.030, 23.50.040, 23.50.099; and AS 45.50.572(k)
 29 are repealed July 1, 2006.