

SB

197

HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: February 25, 1998

FURTHER REFERRALS:

Date of Committee Action: 4/29/98

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

CSSB 197(RLS) am

CS FOR SENATE BILL NO. 197(RLS) am

REGULATING HEALTH MAINTENANCE ORGS.

"An Act relating to health care services provided by, and practices of, a health maintenance organization; providing that an enrollee in a health maintenance organization has the right to select a treating chiropractor; specifying certain chiropractic health care reports, examinations, and limits on treatment; and prohibiting health maintenance organizations from limiting free speech of health care providers."

recommends it be replaced with the following committee substitute HCS CS SB 197 (HES) the same title a new title

additional referral to _____ Committee

attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept) _____

APPROVES PREVIOUS: (Dep./Date) _____

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) C+ED/1-21-98

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>Paul D. ...</i>			<input checked="" type="checkbox"/>	
<i>Bryant D. Porter</i>			<input checked="" type="checkbox"/>	
<i>Con ...</i>	<input checked="" type="checkbox"/>			
<i>Joseph ...</i>			<input checked="" type="checkbox"/>	

CHAIR'S SIGNATURE *Con Beck*

HOUSE CS FOR CS FOR SENATE BILL NO. 197(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): SENATORS DONLEY, Taylor, Ellis, Duncan

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to health care services provided by, and practices of, a health
2 maintenance organization; providing that an enrollee in a health maintenance
3 organization has the right to select a treating chiropractor; specifying certain
4 chiropractic health care reports, examinations, and limits on treatment; and
5 prohibiting health maintenance organizations from limiting free speech of health
6 care providers."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. AS 21.36.090(d) is amended to read:

9 (d) Except to the extent necessary to comply with AS 21.42.365 and AS 21.56,
10 a person may not practice or permit unfair discrimination against a person who
11 provides a service covered under a group health insurance policy that extends coverage
12 on an expense incurred basis, or under a group service or indemnity type contract
13 issued by a health maintenance organization or a nonprofit corporation, if the

1 service is within the scope of the provider's occupational license. In this subsection,
 2 "provider" means a state licensed physician, dentist, osteopath, optometrist,
 3 chiropractor, nurse midwife, advanced nurse practitioner, naturopath, physical therapist,
 4 occupational therapist, psychologist, psychological associate, or licensed clinical social
 5 worker, or certified direct-entry midwife.

6 * Sec. 2. AS 21.86.060(a) is amended to read:

7 (a) A health maintenance organization may provide provider [PHYSICIAN]
 8 services directly, through provider [PHYSICIAN] employees, or may provide the
 9 services under arrangements with individual providers [PHYSICIANS] or one or more
 10 groups of providers [PHYSICIANS].

11 * Sec. 3. AS 21.86.070(c) is amended to read:

12 (c) An evidence of coverage

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

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

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

20 (B) limitations on the services, kind of services, benefits, or
 21 kind of benefits, to be provided, including a deductible or copayment feature;

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

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

27 (E) the health maintenance organization's method for resolving
 28 enrollee complaints; and

29 (F) guidelines explaining when treatment may be denied.

30 * Sec. 4. AS 21.86 is amended by adding new sections to read:

31 **Sec. 21.86.075. Chiropractic health care services.** (a) An enrollee may use

1 the services of a licensed chiropractor of the enrollee's choosing and may not be
2 required to obtain the prior approval of the enrollee's health maintenance organization,
3 a gatekeeper, or primary care physician. Within 10 days after an enrollee's first visit,
4 a chiropractor shall transmit a report containing the enrollee's primary complaint,
5 related history, examination findings, initial diagnosis, and treatment plan to the
6 enrollee's health maintenance organization. If the enrollee and the enrollee's
7 chiropractor determine that the condition of the enrollee has not improved within 30
8 days after the initial treatment, the chiropractor shall refer the enrollee back to the
9 enrollee's health maintenance organization for examination and possible concurrent
10 care.

11 (b) If the enrollee's chiropractor recommends chiropractic treatment beyond
12 30 days, the chiropractor shall conduct a second examination and transmit the findings
13 to the enrollee's health maintenance organization. The transmitted information must
14 include the enrollee's current status regarding the primary complaint, the progress of
15 a revised treatment plan, and the objectives for continued care.

16 (c) After receiving a 30-day treatment report from a chiropractor under (b) of
17 this section, the enrollee's health maintenance organization may request a review by
18 another chiropractor. The reviewing chiropractor shall conduct a physical examination
19 of the enrollee. The findings of the reviewing chiropractor must be disclosed to the
20 enrollee and the enrollee's chiropractor. Charges for additional chiropractic care
21 recommended by the reviewing chiropractor must be included as covered health care
22 services provided by the health maintenance organization.

23 (d) If the enrollee's treating chiropractor and the reviewing chiropractor
24 determine that the enrollee's condition has stabilized, ongoing preventative or
25 maintenance care is limited to two chiropractic visits a month. If the treating
26 chiropractor and the reviewing chiropractor disagree on the enrollee's continued
27 treatment, the enrollee and the health maintenance organization shall jointly select a
28 third chiropractor to review the enrollee's chiropractic treatment. Selection of a third
29 chiropractor must occur not more than 60 days after the date of the enrollee's initial
30 treatment by the enrollee's treating chiropractor. Until the third chiropractor's opinion
31 is received in writing by the enrollee and the health maintenance organization, the

1 enrollee may receive chiropractic treatment recommended by the treating chiropractor.
2 The opinion of the third chiropractor as to continued chiropractic treatment is binding
3 on the enrollee and the health maintenance organization. This subsection does not
4 apply if a new documented injury or a substantial exacerbation of the enrollee's
5 previous primary complaint occurs.

6 **Sec. 21.86.078. Choice of health care provider.** (a) A health maintenance
7 organization shall offer to every enrollee a point-of-service plan option that would
8 allow a covered person to receive covered services from an out-of-network health care
9 provider without obtaining a referral or prior authorization from the health maintenance
10 organization. The point-of-service plan option may require that an enrollee pay a
11 higher deductible or copayment and higher premium for the plan.

12 (b) A health maintenance organization shall provide each enrollee with an
13 opportunity at the time of enrollment and during the annual open enrollment period to
14 enroll in the point-of-service plan option. The health maintenance organization shall
15 provide written notice of the point-of-service plan option to each enrollee and shall
16 include in that notice a detailed explanation of the financial costs to be incurred by an
17 enrollee who selects that option.

18 * **Sec. 5.** AS 21.86.150 is amended by adding new subsections to read:

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

22 (1) the imposition of limits regarding

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

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

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

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

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(4) financial incentives to be given or offered to a provider for denying or delaying health care services.

(j) A utilization review decision to deny, reduce, or terminate a health care benefit or to deny payment for a health care service because that service is not medically necessary may only be made by a health care provider trained in that specialty or subspecialty and licensed to practice in this state after consultation with the covered person's health care provider.

adopt

AMENDMENT #2

OFFERED IN THE HOUSE
CSSB 197(RLS)

BY Representative Con Bunde

PAGE 3⁴ after line 6 - add a new section 4

INSERT: A utilization review decision to deny, reduce, or terminate a health care benefit to deny payment for a health care service because that service is not medically necessary may only be made by a health care provider trained in that speciality or subspeciality and licensed to practice in the state after consultation with the covered person's health care provider.



SENATOR DAVE DONLEY
ALASKA STATE LEGISLATURE

MEMORANDUM

To: Representative Con Bunde
Chair, House Health, Education & Social Services Committee

From: Senator Dave Donley *DD*

Date: March 24, 1998

Re: **Restore Unfair Discrimination language to CSSB 197(RLS)am**

After a confusing Senate Floor debate on amendments to SB197, I made an amendment to remove the unfair discrimination language contained in section 1 of the CSSB197(RLS) version. My amendment was successful and CSSB 197(RLS) am passed the Senate by 17-1 without the unfair discrimination language. **I would appreciate your consideration of the attached amendment in the House HESS Committee which would restore the intent of that unfair discrimination language in what I believe is a non-controversial way.**

The Alaska Psychological Association contacted me initially asking that unfair discrimination language be added to CSSB 197(RLS) am. The attached amendment requires HMOs that cover specific types of care, such as 'mental health' cover claims by all providers licensed in that field, such as psychologists and psychiatrists.

CSSB 197(RLS) am currently:

- bans HMOs from having gag orders which prohibit physicians from discussing alternative treatment options, financial incentives or second opinions with patients,
- requires HMOs clearly identify treatments that may be denied a patient,
- allows an enrollee the option of a point of service plan through their HMO,
- allows patients direct access to chiropractic care with a licensed chiropractor of their choice,
- allows HMOs to provide medical services through health care providers.

If you would like more information, please contact myself or Karen Brand of my staff at 3892.

DD/kb

January-May: STATE CAPITOL • JUNEAU, AK • 99801-1182 • (907) 465-3892 • FAX: (907) 465-6595
June-December: 716 W. 4TH AVE. • STE. 430 • ANCHORAGE, AK • 99501 • (907) 258-8181 • FAX: (907) 258-1648

MEMBER: Senate Finance Committee • Legislative Budget & Audit Committee
• Senate Community & Regional Affairs Committee

A M E N D M E N T

OFFERED IN THE HOUSE

TO: CSSB 197(RLS) am

1 Page 1, following line 7:

2 Insert a new bill section to read:

3 **** Section 1.** AS 21.36.090(d) is amended to read:

4 (d) Except to the extent necessary to comply with AS 21.42.365 and
5 AS 21.56, a person may not practice or permit unfair discrimination against a person
6 who provides a service covered under a group health insurance policy that extends
7 coverage on an expense incurred basis, or under a group service or indemnity type
8 contract issued by a health maintenance organization or a nonprofit corporation, if
9 the service is within the scope of the provider's occupational license. In this
10 subsection, "provider" means a state licensed physician, dentist, osteopath, optometrist,
11 chiropractor, nurse midwife, advanced nurse practitioner, naturopath, physical
12 therapist, occupational therapist, psychologist, psychological associate, or licensed
13 clinical social worker, or certified direct-entry midwife."

14 Page 1, line 8:

15 Delete "Section 1."

16 Insert "Sec. 2."

17 Renumber the following bill sections accordingly.



SENATOR DAVE DONLEY

ALASKA STATE LEGISLATURE

SPONSOR STATEMENT - CSSB 197(RLS) am

Prohibiting HMOs from having gag orders on physicians, requiring HMOs identify medical treatments that may be denied, requiring HMOs offer a point of service plan option, allowing HMOs to provide medical services through health care providers and clarifying access to chiropractic care

Tension between quality medical care and cost containment has been growing in the health care industry. Serious problems have developed in the use of Health Maintenance Organizations (HMOs). Public concern has grown about HMO gag clauses that prohibit physicians from discussing alternative treatment options, financial incentives or second opinions with patients. Some HMOs have not clearly identified medical services that may be denied coverage and guidelines on access to chiropractic care are oftentimes unclear or non-existent. Senate Bill 197 was introduced in response to these concerns and bans gag clauses between physicians and patients, requires HMOs identify treatments that may be denied and clarifies guidelines on access to chiropractic care. SB 197 was amended to require HMOs offer a point of service plan option to enrollees and to allow HMOs to provide medical services through health care providers.

SB 197 bans HMOs from having gag orders which prohibit physicians from discussing alternative treatment options, financial incentives or second opinions with patients. The practice by HMOs of hindering open patient-physician communications was exposed in a December 1995 editorial in the New England Journal of Medicine, and later in a January, 1996 Time magazine cover story. President Clinton has urged Congress, doctors, nurses, health care professionals, and consumers to craft legislation banning gag orders for Americans in HMOs. State legislatures responded and by January, 1998 all but 12 states had enacted legislation or passed rules banning gag clauses. Ten of the remaining states, including Alaska with SB 197, have introduced legislation banning gag orders.

To prevent confusion about treatments that are not covered, SB 197 requires HMOs clearly identify treatments that may be denied a patient. This prevents the HMO from denying coverage to a patient after treatment has been performed but cost is not covered. In an April, 1997 issue of California Medicine, the California Physician's Alliance identified this problem as a primary abuse by HMOs.

January-May: STATE CAPITOL • JUNEAU, AK • 99801-1182 • (907) 465-3807 • FAX: (907) 465-6505
June-December: 716 W. 4TH AVE. • STE. 430 • ANCHORAGE, AK • 99501 •

MEMBER: Senate Finance Committee • Legislative Budget •
• Senate Community & Regional Affairs Comm

Sponsor Statement

Sponsor Statement
Page Two
CSSB 197(RLS) am

SB 197 allows patients direct access to chiropractic care with a licensed chiropractor of their choice and does not require prior consent of a gatekeeper. HMOs attempt to control costs by requiring all patients initially see a gatekeeper, either a Medical Doctor or Registered Nurse, who refers the patient to an appropriate health care provider. Many times a gatekeeper will not recommend chiropractic care, even if the HMO covers chiropractic services.

To allow patients more freedom of choice of their health care provider, SB 197 requires HMOs offer a point of service plan (POSP) option to enrollees. A POSP allows an enrollee to obtain medical services from health care providers of their choice without prior approval of the HMO but may cost an enrollee of the plan a higher deductible. The bill also allows HMOs more freedom to provide medical services through health care providers.

The concept behind SB 197 is widely supported by the American public, the Federal government, chiropractors and many medical doctors. Although there are no HMOs currently operating in Alaska, SB 197 bans HMOs from having gag orders on physicians, requires HMOs identify treatments that may be denied and clarifies access to chiropractic care.

If you have further questions, please contact Karen Brand of my staff at (907) 465-3892.

DD/kb 2/26/98

Alaska Chiropractic Society

P.O. Box 111507 • Anchorage, Alaska 99511-1507

January 12, 1998

Senator Dave Donley
State Capitol
Juneau, AK 99801

Dear Senator Donley:

On behalf of Alaska's chiropractic community, I want to thank you for introducing Senate Bill 197.

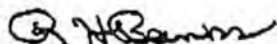
As you know, SB 197 makes three important changes to current law:

- Clarifies guidelines on access to chiropractic care by allowing patients direct access to a chiropractor of their choice and does not require prior consent of a medical doctor or registered nurse;
- Prohibits HMOs from having "gag" orders which prohibit physicians from discussing alternative treatment options; and
- Requires HMOs to clearly identify treatments that may be denied a patient which will minimize confusion about treatments that are not covered.

As evidenced by thousands of patient signatures on petitions in support of SB 197 and letters submitted under separate cover by Alaska's chiropractic community, this legislation is widely supported throughout Alaska.

On behalf of Alaskans throughout the state who value the benefits of chiropractic and Alaska's chiropractic community, thank you for your leadership and support on this issue.

Sincerely,



Dr. R. H. Banks
President
Alaska Chiropractic Society

Support

**Alaska Nurse
Practitioner Association**

Alaska Nurse Practitioner Association
237 East Third Avenue
Anchorage, AK 99501

Lynn Hartz, Legislative Representative
lhartz@micronet.net
(hm) 907-248-4877
fax 907-561-1257

(wk) 907-562-2965
(wk) 907-343-4623, press 0

February 12, 1998

The Honorable Dave Donley
State Capitol, Room 508
Juneau, AK 99801-1182
Fax 907-465-6595

Dear Senator Donley:

Thank-you for your timely response to our letter re: including Advanced Nurse Practitioners in section 2 of Senate Bill 197. We have reviewed your amendment (ref. O-LS0905\B7) to SB197 and feel that it addresses our concerns.

Your bill has important consumer protections in sections 1 and 3 such as banning HMO gag orders and requiring HMOs to identify treatments that may be denied. Based on what we are hearing from around the country, these protections are needed. Hopefully those sections can be added to the House version (HB 219) in the future.

We appreciate your efforts on behalf of the health care consumers of Alaska, both in the consumer protection aspects of SB 197 and assuring consumers continued access to their health care provider of choice.

Sincerely,
Lynn Hartz, MSN, ANP
ANPA Legislative Representative

SANDRA T. JACQUES, D. C.

4316 KINGSTON DRIVE
ANCHORAGE, AK. 99504
TELEPHONE (907) 337-6770
FAX (907) 337-9604

Senator Gary Wilken
State Capitol, Room 510
Juneau, AK 99801

7 November, 1997

Dear Senator Wilken,

I would like to address House Bill 219 and Senate Bill 197 currently passing through the Legislature. I understand that these bills are designed to allow patients enrolled in HMOs to self-refer for chiropractic services if their HMOs do not offer this type of referral service.

I fully support both bills. I feel that it is of utmost importance for patients to be able to select the type of treatment they desire. HMOs should consider patient choice when referring them to health care providers. Additionally, HMOs should be required to utilize funds paid by patients in the form of health care premiums to pay for the treatment of the patients' choice first.

Please consider both of these bills favorably when they come to vote.

Thank You,

Sandra Talt, D.C.

Sandra Talt, D.C.



Northern Chiropractic

Gregory M. Culbert, D.C.

11723 Old Glenn Highway, Suite 101

(Parkgate Building)

Eagle River, Alaska 99577

Telephone: (907) 696-1878

November 10, 1997

Senator Gary Wilken, Chair

State Capitol, Room 510

Juneau, AK 99801

RE: SB 197

Dear Senator Wilken:

Senator Dave Donley is sponsoring SB 197, a bill prohibiting HMO's from placing "gag orders" on physicians, requiring HMO's to identify medical treatments that may be denied, and clarifying access to chiropractic care.

I urge you to support this bill. Currently, there are no HMO's in the State of Alaska, but it is only a matter of time. Being proactive in dealing with HMO's would benefit Alaskans.

This bill will also allow patient's direct access to chiropractic care by a licensed chiropractor of their choice without prior consent from a gate keeper. Most gate keepers, as they often do not understand chiropractic care, do not refer the patient for chiropractic care when it may indeed be warranted. Senate bill 197 would prevent "gag orders" from being placed on physicians and would allow direct access to chiropractic care when appropriate.

By March of 1997, all but 14 states had enacted legislation or passed rules banning gag clauses. Including Alaska, 12 of the remaining states are in the process of doing this. Alaska Senate Bill 197 would ban gag clauses on physicians, would require HMO's to identify treatment that is denied, and further clarify access to chiropractic care.

Please support this bill.

Sincerely,

Gregory M. Culbert, D.C.

kd



NORTHERN LIGHTS CHIROPRACTIC

AMBER ALEXANDER, D.C.
1867 Airport Way, Ste. 140-C
Fairbanks, Alaska 99701
Telephone: (907) 452-3309

RECEIVED
NOV 17 1997

November 14, 1997

Senator Gary Wilken, Chair
State Capitol
Room 510
Juneau, AK 99801

Dear Mr. Wilken,

I would like to encourage your support for House Bill 219 and Senate Bill 197, allowing patients in HMO's to self-refer for chiropractic services. This legislation is necessary to allow patients freedom of choice in health care and to help keep HMO's responsible for preventative health care as well as crisis care.

Very truly yours,

Dr. Amber Alexander

Dr. Amber Alexander

gd/aa

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

TONY KNOWLES, GOVERNOR

3601 C STREET, SUITE 722
ANCHORAGE, ALASKA 99503-5986
PHONE: (907) 269-8160
FAX: (907) 269-8156
TDD: (907) 465-5437


September 30, 1997

Senator Dave Donley
716 West Fourth Avenue Suite 430
Anchorage AK 99501

Senator Donley, the Alaska State Medical Board reviewed your letter and SB 197 at its board meeting on September 25, 1997.

The board asked me to advise you that they are in favor of and support the changes provided in SB 197, Sections 1 and 3 of the statute. The board did not feel it could render an opinion on Section 2 and suggested that perhaps you may wish to refer this section to the Board of Chiropractic for their review.

The board asked me to also convey to you their appreciation for soliciting their opinion of this important legislation and to wish you success in your endeavors.



Leslie G. Abel
Executive Administrator
Alaska State Medical Board

Ketchikan Chiropractic Center
R. Clark Davis, D.C.
320 Bawden, Suite 306
Ketchikan, Alaska 99901

RECEIVED
NOV 14 1997

November 12, 1997

Senator Gary Wilken, Chair
State Capitol, Room 510
Juneau, AK 99801
FAX: 465-4714

Dear Senator Gary Wilken,

I am writing to encourage your support of Senate Bill 197. This bill will allow patients to self refer themselves for chiropractic care if an HMO health maintenance organization gatekeeper (medical doctor) refuses to refer the patient for chiropractic care. Many conditions, for example back pain, are helped by chiropractic care when medical care has failed. Medical school curriculum does not regularly teach chiropractic methods, chiropractic research, or chiropractic referral. Some people also prefer chiropractic care over medical or surgical treatment. The Alaskan public deserves proper access to chiropractic care. Thank you for your time on this important matter.

Please let me know your thoughts on this issue so I can inform my patients.
Thanks again.

Sincerely,

R Clark Davis, D.C.

R. Clark Davis, D.C.

FISCAL NOTE

No. 1

STATE OF ALASKA
1998 LEGISLATIVE SESSION

Bill Version: SB 197

(S) Publish Date: 1-21-98

Revision Date (Note if correction) _____ Dept. Affected Commerce & Economic Development
 Title Regulating Health Maintenance Orgs. Insurance
 Component Insurance
 Sponsor Senator Donley
 Requester Senate HESS Component Serial No. 354

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITURES	FY 99	FY 00	FY 01	FY 02	FY 03	FY 04
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY98) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
 Although there has been enabling legislation since 1990, there are no HMOs in Alaska.

Prepared by Lianne K. Burke, Director Phone 465-2515
 Division Insurance Date 1/13/98
 Approved by Commissioner Deborah Sedwick Date 1/13/98
 Agency Commerce and Economic Development

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**Alaska Nurse
Practitioner Association**

Alaska Nurse Practitioner Association
237 East Third Avenue
Anchorage, AK 99501

Lynn Hartz, Legislative Representative
lhartz@micronnet.net
907-248-4877
fax 907-561-1257

April 28, 1998

The Honorable Con Bunde
House of Representatives
Fax 907-465-3871

Testimony to House Health, Education and Social Services Committee re. SB 197:

The Alaska Nurse Practitioner Association is pleased to support SB 197. Unfortunately, we will not be able to testify in person and appreciate the opportunity to submit written testimony. SB 197 provides important consumer protections including the right to full disclosure regarding treatment options and assuring Alaskans continued access to their clinician of choice.

There are over 300 Advanced Nurse Practitioners in Alaska. Most of us work in an outpatient setting and provide direct patient care. Section 4 in SB 197 will guarantee in law what we were taught to be our ethical responsibility in dealing with patients. That is, that each person seeking care from us is entitled to a full explanation of their diagnosis and the pros and cons of treatments available. A third party, even if it is the reimbursing party should not be able to intrude on this responsibility.

We consider health consumer protection in legislation crucial to offset what appears to be the increasingly unilateral power of insurance companies to dictate health care policy to consumers and providers alike. As such, we support SB 197 and urge it's passage.

Thank-you,
Lynn Hartz, ANP
ANPA Legislative Representative

cc: Senator Donley