

## AMENDMENTS TO HOUSE BILL NO. 1862

Sponsor: REPRESENTATIVE ROTHMAN

Printer's No. 2795

1 Amend Bill, page 4, line 7, by striking out "accurate" and  
2 inserting

3 reasonable

4 Amend Bill, page 4, lines 11 through 15, by striking out all  
5 of said lines and inserting

6 (2) In determining whether the payment amount for the health  
7 care service rendered by an out-of-network provider is  
8 reasonable, the arbitrator shall select either the insurer's or  
9 the out-of-network provider's best and final proposal for a  
10 reasonable payment amount without change based on which of the  
11 amounts is most consistent with the criteria specified under  
12 subsection (g).

13 (g) The determination of the arbitrator in selecting either  
14 the insurer's or the out-of-network provider's proposal for a  
15 reasonable payment amount shall be based exclusively on the  
16 following factors:

17 (1) If applicable, the previous contract history between the  
18 insurer and the out-of-network provider, including any  
19 disparities between the insurer's payment for the health care  
20 service or the Current Procedural Terminology (CPT) code in  
21 dispute and the applicable payment rate for the same health care  
22 service or CPT code under any previous contractual agreement as  
23 adjusted from the time of the previous contract history.

24 (2) Whether there is a gross disparity between the out-of-  
25 network provider's proposal for a reasonable payment amount for  
26 the health care service or CPT code in dispute as compared to  
27 the payment received by the out-of-network provider for the same  
28 health care service or CPT code from other insurers in which the  
29 out-of-network provider is not under contract.

30 (3) Whether there is a gross disparity in the amount paid by  
31 the insurer to the out-of-network provider as compared to the  
32 amount paid to other health care providers in the same specialty  
33 for the same health care service or CPT code and in the same  
34 geographic area which are not under contract with the insurer.

35 (4) The level of training, education, experience, quality  
36 and outcome measurements of the out-of-network provider.

1 (5) Other relevant economic aspects of the insurer and out-  
2 of-network provider payments as adduced by either party in  
3 arbitration.

4 (6) The previous history of arbitration disputes by the  
5 parties.

6 (7) The circumstances and complexity of the particular case,  
7 including the insured's medical history and the time, cost and  
8 place of the provision of the health care service.

9 (8) Any final judgment of an award rendered by the  
10 arbitrator between the insurer and the out-of-network provider  
11 for the same health care service or CPT code within the prior  
12 year.

13 (h) The parties in arbitration may bundle a single health  
14 care service type or CPT code in multiple cases between the same  
15 insurer and out-of-network provider within 180 days before the  
16 date of initiation of an independent dispute resolution.

17 (i) The arbitration fees shall be paid by the losing party  
18 in the arbitration dispute, except if the arbitration dispute is  
19 resolved as a result of a negotiation between the parties after  
20 the initiation of the arbitration process, the arbitration fees  
21 shall be shared equally by the parties.

22 Amend Bill, page 4, line 16, by striking out "(g)" and  
23 inserting

24 (j)