

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Insurance.

HB22-1284 be amended as follows:

- 1 Amend printed bill, page 15, strike lines 26 and 27, and substitute "UP TO
2 ~~NINETY days from AFTER the date a participating provider is terminated~~
3 ~~by the plan without cause, when proper notice as specified~~".
- 4 Page 16, line 2 after ~~person~~ insert "CARRIER HAS PROVIDED NOTICE TO AN
5 INDIVIDUAL ENROLLED IN SUCH PLAN PURSUANT TO SUBSECTION
6 (4)(d)(II)(A) OF THIS SECTION THAT THE CONTRACT IS TERMINATED.".
- 7 Page 16, strike lines 5 and 6 and substitute "PERIOD BEGINNING ON THE
8 DATE ON WHICH THE NOTICE OF TERMINATION IS GIVEN PURSUANT TO
9 SUBSECTION (4)(d)(II)(A) OF THIS SECTION AND ENDING ON THE EARLIER
10 OF THE NINETY-DAY PERIOD BEGINNING ON SUCH DATE OR THE DATE ON
11 WHICH THE COVERED PERSON IS NO LONGER A CONTINUING CARE PATIENT
12 WITH THE PROVIDER OR HEALTH-CARE FACILITY.".
- 13 Page 16, line 21, strike "MANAGED CARE" and substitute "GROUP
14 HEALTH".
- 15 Page 16, line 22, strike "MANAGED CARE" and substitute "GROUP
16 HEALTH".
- 17 Page 16, line 26, strike "PERSON." and substitute "PERSON IN COMPLIANCE
18 WITH THE FEDERAL "No SURPRISES ACT".".
- 19 Page 18, after line 19, insert:
20 "(C) "TERMINATED", WITH RESPECT TO A CONTRACT, MEANS THE
21 EXPIRATION OR NONRENEWAL OF THE CONTRACT; EXCEPT THAT
22 "TERMINATED" DOES NOT INCLUDE A CONTRACT TERMINATED FOR FAILURE
23 TO MEET APPLICABLE QUALITY STANDARDS OR FOR FRAUD.".

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