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SENATE BILL No. 1378

November 27, 2012, Introduced by Senators NOFS and JANSEN and referred to the Committee on Insurance.

A bill to amend 1980 PA 350, entitled
"The nonprofit health care corporation reform act,"
by amending sections 502 and 502a (MCL 550.1502 and 550.1502a), as amended by 2009 PA 225.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 502. (1) A health care corporation may enter into participating contracts for reimbursement with professional health care providers practicing legally in this state for health care services or with health practitioners practicing legally in any other jurisdiction for health care services that the professional health care providers or practitioners may legally perform. A participating contract may cover all members or may be a separate and individual contract on a per claim basis, as set forth in the provider class plan, if, in entering into a separate and individual contract on a per claim basis, the participating provider certifies

- 1 ALL OF THE FOLLOWING to the health care corporation:
- 2 (a) That the provider will accept payment from the corporation
- 3 as payment in full for services rendered for the specified claim
- 4 for the member indicated.
- 5 (b) That the provider will accept payment from the corporation
- 6 as payment in full for all cases involving the procedure specified,
- 7 for the duration of the calendar year. As used in this subdivision,
- 8 provider does not include a person licensed as a dentist under part
- 9 166 of the public health code, 1978 PA 368, MCL 333.16601 to
- **10** 333.16648.
- 11 (c) That the provider will not determine whether to
- 12 participate on a claim on the basis of the race, color, creed,
- 13 marital status, sex, national origin, residence, age, disability,
- 14 or lawful occupation of the member entitled to health care
- 15 benefits.
- 16 (2) A contract entered into pursuant to UNDER subsection (1)
- 17 shall provide that the private provider-patient relationship shall
- 18 be maintained to the extent provided for by law. A health care
- 19 corporation shall continue to offer a reimbursement arrangement to
- 20 any class of providers with which it has contracted prior to BEFORE
- 21 August 27, 1985 and that continues to meet the standards set by the
- 22 corporation for that class of providers.
- 23 (3) A health care corporation shall not restrict the methods
- 24 of diagnosis or treatment of professional health care providers who
- 25 treat members. Except as otherwise provided in section 502a, each
- 26 member of the health care corporation shall at all times have a
- 27 choice of professional health care providers. This subsection does

- 1 not apply to limitations in benefits contained in certificates, to
- 2 the reimbursement provisions of a provider contract or
- 3 reimbursement arrangement, or to standards set by the corporation
- 4 for all contracting providers. A health care corporation may refuse
- 5 to reimburse a health care provider for health care services that
- 6 are overutilized, including those services rendered, ordered, or
- 7 prescribed to an extent that is greater than reasonably necessary.
- 8 (4) A health care corporation may provide to a member, upon
- 9 request, a list of providers with whom the corporation contracts,
- 10 for the purpose of assisting a member in obtaining a type of health
- 11 care service. However, except as otherwise provided in section
- 12 502a, an employee, agent, or officer of the corporation, or an
- 13 individual on the board of directors of the corporation, shall not
- 14 make recommendations on behalf of the corporation with respect to
- 15 the choice of a specific health care provider. Except as otherwise
- 16 provided in section 502a, an employee, agent, or officer of the
- 17 corporation, or a person on the board of directors of the
- 18 corporation who influences or attempts to influence a person in the
- 19 choice or selection of a specific professional health care provider
- 20 on behalf of the corporation, is guilty of a misdemeanor.
- 21 (5) A health care corporation shall provide a symbol of
- 22 participation, which can be publicly displayed, to providers who
- 23 participate on all claims for covered health care services rendered
- 24 to subscribers.
- 25 (6) This section does not impede the lawful operation of, or
- 26 lawful promotion of, a health maintenance organization owned by a
- 27 health care corporation.

- (7) Contracts entered into under this section with
 professional health care providers licensed in this state are
- 3 subject to the provisions of sections 504 to 518.
- 4 (8) A health care corporation shall not deny participation to
- 5 a freestanding surgical outpatient facility on the basis of
- 6 ownership if the facility meets the reasonable standards set by the
- 7 health care corporation for similar facilities, is licensed under
- 8 part 208 of the public health code, 1978 PA 368, MCL 333.20801 to
- 9 333.20821, and complies with part 222 of the public health code,
- 10 1978 PA 368, MCL 333.22201 to 333.22260.
- 11 (9) Notwithstanding any other provision of this act, if a
- 12 certificate provides for benefits for services that are within the
- 13 scope of practice of optometry, a health care corporation is not
- 14 required to provide benefits or reimburse for a practice of
- 15 optometric OPTOMETRY service unless that service was included in
- 16 the definition of practice of optometry under section 17401 of the
- 17 public health code, 1978 PA 368, MCL 333.17401, as of May 20, 1992.
- 18 (10) Notwithstanding any other provision of this act, a health
- 19 care corporation is not required to reimburse for services
- 20 otherwise covered under a certificate if the services were
- 21 performed by a member of a health care profession, which health
- 22 care profession was not licensed or registered by this state on or
- 23 before January 1, 1998 but that becomes a health care profession
- 24 licensed or registered by this state after January 1, 1998. This
- 25 subsection does not change the status of a health care profession
- 26 that was licensed or registered by this state on or before January
- **27** 1, 1998.

- 1 (11) Notwithstanding any other provision of this act including
- 2 subsections (1) to (10), if a certificate provides for benefits for
- 3 services that are within the scope of practice of chiropractic, a
- 4 health care corporation is not required to provide benefits or
- 5 reimburse for a practice of chiropractic service unless that
- 6 service was included in the definition of practice of chiropractic
- 7 under section 16401 of the public health code, 1978 PA 368, MCL
- 8 333.16401, as of January 1, 2009.
- 9 Sec. 502a. (1) For the purpose of doing business as an
- 10 organization under the prudent purchaser act, 1984 PA 233, MCL
- 11 550.51 to 550.63, a health care corporation may enter into prudent
- 12 purchaser agreements with health care providers pursuant to this
- 13 section and the prudent purchaser act, 1984 PA 233, MCL 550.51 to
- **14** 550.63.
- 15 (2) A health care corporation may offer group contracts under
- 16 which subscribers shall be required, as a condition of coverage, to
- 17 obtain services exclusively from health care providers who have
- 18 entered into prudent purchaser agreements.
- 19 (3) An individual who is a member of a group who is offered
- 20 the option of being a subscriber under a contract pursuant to UNDER
- 21 subsection (2) shall also be offered the option of being a
- 22 subscriber under a contract pursuant to UNDER subsection (4). This
- 23 subsection applies only if the group in which the individual is a
- 24 member has 25 or more members or if the provider panel that is
- 25 providing the services under the contract is limited by the
- 26 organization to a specific number pursuant to UNDER section 3(1) of
- 27 the prudent purchaser act, 1984 PA 233, MCL 550.53.

- 1 (4) A health care corporation may offer group contracts under
- 2 which subscribers who elect to obtain services from health care
- 3 providers who have entered into prudent purchaser agreements shall
- 4 realize a financial advantage or other advantage by selecting such
- 5 providers WHO HAVE ENTERED INTO PRUDENT PURCHASER AGREEMENTS.
- 6 Contracts offered pursuant to UNDER this subsection shall not, as a
- 7 condition of coverage, require subscribers to obtain services
- 8 exclusively from health care providers who have entered into
- 9 prudent purchaser agreements.
- 10 (5) An—SUBJECT TO SUBSECTION (6), AN individual who is a
- 11 member of a group who is offered the option of being a subscriber
- 12 under a contract pursuant to UNDER subsection (2) or (4) shall also
- 13 be offered the option of being a subscriber under a contract that
- 14 DOES NOT DO ANY OF THE FOLLOWING:
- 15 (a) Does not, as AS a condition of coverage, require
- 16 subscribers to obtain services exclusively from health care
- 17 providers who have entered into prudent purchaser agreements.
- 18 (b) Does not give GIVE a financial advantage or other
- 19 advantage to a subscriber who elects to obtain services from health
- 20 care providers who have entered into prudent purchaser agreements.
- 21 (6) Subsection (5) applies only if the group in which the
- 22 individual is a member has 25 or more members and if the group on
- 23 December 20, 1984 had health care coverage through the group
- 24 sponsor.
- 25 (7) A health care corporation may offer individual contracts
- 26 under which subscribers shall be required, as a condition of
- 27 coverage, to obtain services exclusively from health care providers

- 1 who have entered into prudent purchaser agreements. A person to
- 2 whom such a contract **DESCRIBED IN THIS SUBSECTION** is offered shall
- 3 also be offered a contract that DOES NOT DO ANY OF THE FOLLOWING:
- 4 (a) Does not, as AS a condition of coverage, require
- 5 subscribers to obtain services exclusively from health care
- 6 providers who have entered into prudent purchaser agreements.
- 7 (b) Does not give GIVE a financial advantage or other
- 8 advantage to a subscriber who elects to obtain services from health
- 9 care providers who have entered into prudent purchaser agreements.
- 10 (8) A health care corporation may offer individual contracts
- 11 under which subscribers who elect to obtain services from health
- 12 care providers who have entered into prudent purchaser agreements
- 13 shall—realize a financial advantage or other advantage by selecting
- 14 such-providers WHO HAVE ENTERED INTO PRUDENT PURCHASER AGREEMENTS.
- 15 Contracts offered pursuant to UNDER this subsection shall not, as a
- 16 condition of coverage, require subscribers to obtain services
- 17 exclusively from health care providers who have entered into
- 18 prudent purchaser agreements. A person to whom such a contract
- 19 DESCRIBED IN THIS SUBSECTION is offered shall also be offered a
- 20 contract that DOES NOT DO ANY OF THE FOLLOWING:
- 21 (a) Does not, as AS a condition of coverage, require
- 22 subscribers to obtain services exclusively from health care
- 23 providers who have entered into prudent purchaser agreements.
- 24 (b) Does not give GIVE a financial advantage or other
- 25 advantage to a subscriber who elects to obtain services from health
- 26 care providers who have entered into prudent purchaser agreements.
- 27 (9) The rates charged by a corporation for coverage under

- 1 contracts issued under this section shall not be unreasonably lower
- 2 than what is necessary to meet the expenses of the corporation for
- 3 providing this coverage and shall not have an anticompetitive
- 4 effect or result in predatory pricing in relation to prudent
- 5 purchaser agreement coverages offered by other organizations.
- 6 (10) Contracts entered into under this section are not subject
- 7 to the provisions of sections 504 to 518.
- 8 (11) A **HEALTH CARE** corporation shall not discriminate against
- 9 a class of health care providers when entering into prudent
- 10 purchaser agreements with health care providers for its provider
- 11 panel. This subsection does not DO ANY OF THE FOLLOWING:
- 12 (a) Prohibit the formation of a provider panel consisting of a
- 13 single class of providers when IF a service provided for in the
- 14 specifications of a purchaser may be legally provided only by a
- 15 single class of providers.
- 16 (b) Prohibit the formation of a provider panel that conforms
- 17 to the specifications of a purchaser of the coverage authorized by
- 18 this section so long as IF the specifications do not exclude any
- 19 class of health care providers who may legally perform the services
- 20 included in the coverage.
- 21 (c) Require an organization that has uniformly applied the
- 22 standards filed pursuant to UNDER section 3(3) of the prudent
- 23 purchaser act, 1984 PA 233, MCL 550.53, to contract with any
- 24 individual provider.
- 25 (12) Nothing in the 1984 amendatory act that added this
- 26 section PA 230 applies to any contract that was in existence before
- 27 December 20, 1984, or the renewal of such-THAT contract.

- 1 (13) Notwithstanding any other provision of this act, if
- 2 coverage under a prudent purchaser agreement provides for benefits

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- 3 for services that are within the scope of practice of optometry, a
- 4 health care corporation is not required to provide benefits or
- 5 reimburse for a practice of optometric OPTOMETRY service unless
- 6 that service was included in the definition of practice of
- 7 optometry under section 17401 of the public health code, 1978 PA
- 8 368, MCL 333.17401, as of May 20, 1992.
- 9 (14) Notwithstanding any other provision of this act, a health
- 10 care corporation offering coverage under a prudent purchaser
- 11 agreement is not required to reimburse for services otherwise
- 12 covered if the services were performed by a member of a health care
- 13 profession, which health care profession was not licensed or
- 14 registered by this state on or before January 1, 1998 but that
- 15 becomes a health care profession licensed or registered by this
- 16 state after January 1, 1998. This subsection does not change the
- 17 status of a health care profession that was licensed or registered
- 18 by this state on or before January 1, 1998.
- 19 (15) Notwithstanding any other provision of this act including
- 20 subsections (1) to (14), if a certificate provides for benefits for
- 21 services that are within the scope of practice of chiropractic, a
- 22 health care corporation is not required to provide benefits or
- 23 reimburse for a practice of chiropractic service unless that
- 24 service was included in the definition of practice of chiropractic
- 25 under section 16401 of the public health code, 1978 PA 368, MCL
- 26 333.16401, as of January 1, 2009.