DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB–2313/1dn
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August 6, 1999

1. Should the $500 triggering value for the services or treatment be the amount that the insured has to pay or the total value of the services or treatment? Note that, under the definition of adverse determination, a reduction in payment for services or a shortening of a hospital stay may be the triggering factor. If the $500 refers to the value of the services, a minor reduction in payment could be a triggering event as long as the value of the services exceeded $500. From the current language, it is not clear exactly *what* must exceed $500.

2. Do you want to specify how an independent review organization is chosen if an insurer contracts with more than one?

3. Notice that, although OCI no longer appoints an independent review organization, I retained the requirement that a health benefit plan notify OCI when an independent review is requested. Okay? Since an insurer must notify OCI if it does not renew a contract with an independent review organization, do you want an insurer to inform OCI of the contracts that it enters into?

4. The experimental treatment definition in the Georgia law required the health care provider to be a physician. I retained this requirement. Is this what you want?

5. I revised the experimental treatment definition of the Georgia law quite extensively because so much of it seemed redundant and parts even seemed inconsistent. Let me know if I revised it too much. The definition refers to "proposed treatment". Would the treatment always be proposed? Is it possible that the treatment might already be provided but that payment is denied because the treatment is considered experimental?

6. In s. 632.835 (1) (b) 1., should the substantial probability of death within 2 years from the date of the independent review request apply only if the experimental treatment is withheld? Or should the substantial probability of death apply even with the treatment?

7. Because the definition of "experimental treatment determination" referred to *treating* health care provider, I added "treating" in front of other instances of "health care provider" in the draft. Okay?

8. Now that we have added as a triggering event a determination that a proposed treatment is experimental, might there be a problem with requiring a decision of an independent review organization to be consistent with the terms of the health benefit

plan? What if the terms were that treatment determined to be experimental is not a covered benefit? Section 632.835 (1) (b) 4. and the requirement that a decision be consistent with the terms of the policy would seem to result in no coverage for treatment determined to be experimental if the policy had such a provision. Is this what you want?

9. Please make sure that "insurer" and "health benefit plan" are used appropriately in the draft for your purposes.

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