DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB–2313/P3dn
PJK:wlj:jf

April 20, 1999

1. In addition to requiring group or blanket insurance described in s. 600.01 (1) (b) 3. and 4. to be subject to the independent review requirement, I made it subject to the internal grievance procedure requirement. Is this okay?

2. I made s. 601.42 (4) apply only to independent review organizations that are certified by the commissioner. Is this okay?

3. I kept a few "clinical peer reviewers" in the draft. See s. 632.835 (6) and (7). Is this okay?

4. Do you want to specify a date by which OCI must submit its report on independent reviews? Notice that I made the report include the insurers and health benefit plans for which independent reviews were requested. See s. 632.835 (4) (e).

5. On the issue of confidentiality of medical records (I assumed the issue was whether medical records used in a review would remain confidential), ss. 51.30, 146.82 and 252.15 provide that certain types of health care records are confidential. Section 146.82 (2) (b) specifically prohibits redisclosure of identifying information from patient health care records by any recipient who obtains the information without informed consent under s. 146.82 (2) (a). If the information is obtained with informed consent under s. 146.82 (1), presumably the consent limits to whom the information may be disclosed (the recipient). Section 51.30 (4) (a) provides that mental health records are confidential and may be released only with the informed consent of the individual who is the subject of the records, except for the situations specified in s. 51.30 (4) (b), under which the records may be released without informed consent. Section 252.15 (5) (a) provides that HIV test records may not be disclosed except by the individual who is the subject of the test and except in the situations specified in s. 252.15 (5) (a) 1. to 19. I think that there are sufficient safeguards under current law for keeping health care records in the possession of an independent review organization confidential.

6. Is s. 632.835 (2) (c) okay as drafted? I specified that the condition of the insured would be determined by the insured's health care provider, as in the rule under s. 632.835 (5) (c).

7. Section 632.835 (6) (b) 1. and 2. were changed to the insurer that issued the health benefit plan. Should s. 632.835 (6) (a) 1. or 2. be changed similarly to an insurer that offers a health benefit plan?

8. I moved the ch. 609 internal grievance procedure requirement to s. 632.83. Under ch. 609, the requirement applied to preferred provider plans, limited service health

organizations and managed care plans. I believe that the definition in s. 632.745 (11) for health benefit plan includes all three (the definition in s. 609.01 (1g) does not). Please verify this with OCI.

9. I specified in s. 632.835 (3) (b) that any previous record and any additional *typed or printed* evidence may be considered. Do you want to allow filmed depositions? Do you want to require that a party provide a copy to the other party of any evidence submitted to the independent review organization, especially since new evidence may be submitted? If so, the other party should have some time to submit evidence in response.

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